



*The Niagara Catholic District School Board through
the charisms of faith, social justice, support and leadership,
nurtures an enriching Catholic learning community for all
to reach their full potential and become living witnesses of Christ.*

AGENDA AND MATERIAL

BOARD MEETING

**TUESDAY, FEBRUARY 26, 2019
7:00 P.M.**

*FATHER KENNETH BURNS, C.S.C. BOARD ROOM
CATHOLIC EDUCATION CENTRE, WELLAND, ONTARIO*



SEEDS OF FAITH
MASS · MERCY · MISSION
2018-2021

A. ROUTINE MATTERS

1. Opening Prayers – Trustee Prince -
2. Roll Call -
3. Approval of the Agenda -
4. Declaration of Conflict of Interest -
5. Minutes of the Board Meeting
 - 5.1 January 29, 2019 A5.1
 - 5.2 February 19, 2019 A5.2
6. Consent Agenda Items
 - 6.1 Unapproved Minutes of the Committee of the Whole Meeting of February 12, 2019 and Consideration of Recommendations A6.1
 - 6.1.1 Transportation and School Operations for Inclement Weather Policy (500.1) A6.1.1
 - 6.1.2 Employee Attendance During Inclement Weather and Workplace Closure Policy (201.9) A6.1.2
 - 6.1.3 Student Senate – Secondary Policy (100.6.1) A6.1.3
 - 6.1.4 Student Senate – Elementary Policy (100.6.2) A6.1.4
 - 6.1.5 Supporting Children and Students with Prevalent Medical Conditions Policy A6.1.5
 - 6.1.6 Student Transportation Policy (500.2) A6.1.6
 - 6.1.7 Fundraising Policy (301.4) A6.1.7
 - 6.1.8 Prior Learning Assessment and Recognition (PLAR) Policy (400.4) A6.1.8
 - 6.1.9 Elementary and Secondary School Year Calendars 2019-2020 A6.1.9
 - 6.2 Extended Overnight Field Trip, Excursion and Exchange A6.4
 - 6.3 In-Camera Agenda Items F1, F2, F4, F5, F6, & F7

B. DELEGATIONS/PRESENTATIONS

C. COMMITTEE AND STAFF REPORTS

1. Financial Reports as at January 31, 2019 C2

D. TRUSTEE ITEMS, OPEN QUESTION PERIOD & OTHER BUSINESS

1. Correspondence -
2. Report on Trustee Conferences Attended -
3. General Discussion to Plan for Future Action -

- | | |
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| 4. Trustee Information | |
| 4.1 Spotlight on Niagara Catholic – February 19, 2019 | D4.1 |
| 4.2 Calendar of Events – March 2019 | D4.2 |
| 4.3 Speak Out – March 5, 2019 | D4.3 |
| 4.4 16 th Annual Technological Skills Competition – March 7, 2019 | D4.4 |

5. Open Question Period

(The purpose of the Open Question Period is to allow members of the Catholic school supporting public to ask about items on that night's public agenda or any previous agendas, and the Board to answer and react.)

E. NOTICES OF MOTION

Deferred to March 26, 2019

- | | |
|--|---|
| 1. Board Involvement in Appointment and of Personnel to Leadership Positions | - |
| 2. Building on Today Survey | - |

F. BUSINESS IN CAMERA

G. REPORT ON IN CAMERA SESSION

H. FUTURE MEETINGS AND EVENTS

I. MOMENT OF SILENT REFLECTION FOR LIFE

J. ADJOURNMENT

**TO: NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
BOARD MEETING
FEBRUARY 26, 2019**

PUBLIC SESSION

**TITLE: MINUTES OF THE BOARD MEETING OF
JANUARY 29, 2019**

RECOMMENDATION

THAT the Niagara Catholic District School Board approve the Minutes of the Board Meeting of January 29, 2019, as presented.



MINUTES OF THE BOARD MEETING

TUESDAY, JANUARY 29, 2019

Minutes of the Meeting of the Niagara Catholic District School Board, held on Tuesday, January 29, 2019, in the Father Kenneth Burns c.s.c. Board Room, at the Catholic Education Centre, 427 Rice Road, Welland.

The meeting was called to order at 7:10 p.m. by Chair Fera.

A. ROUTINE MATTERS

1. Opening Prayer

Opening Prayers were led by Trustee Fera

2. Roll Call

Chair Fera noted that Trustees Huibers, Moody and Sicoli joined electronically and Student Trustee McKinney asked to be excused.

Trustee	Present	Present Electronically	Absent	Excused
Rhianon Burkholder	✓			
Kathy Burtnik	✓			
Frank Fera	✓			
Larry Huibers		✓		
Daniel Moody		✓		
Leanne Prince	✓			
Dino Sicoli		✓		
Paul Turner	✓			
Student Trustees				
Jade Bilodeau	✓			
Madison McKinney				✓

The following staff were in attendance:

John Crocco, Director of Education; **Yolanda Baldasaro**, **Ted Farrell**, **Lee Ann Forsyth-Sells**, **Frank Iannantuono**, **Pat Rocca**, Superintendents of Education; **Giancarlo Vetrone**, Superintendent of Business & Financial Services; **Scott Whitwell**, Controller of Facilities Services; **Anna Pisano**, Recording Secretary/Administrative Assistant, Corporate Services & Communications

3. Approval of the Agenda

Moved by Trustee Burkholder

Seconded by Trustee Prince

THAT the Niagara Catholic District School Board approve the Agenda of the Board Meeting of January 29, 2019, as presented.

CARRIED

4. Declaration of Conflict of Interest

A Disclosure of Interest was declared by Trustees Fera, Huibers and Moody with sections of Item F8.2 of the In Camera Agenda. These trustees have family members who are employees of the Board. They left the meeting during discussion of this item.

5. Approval of Minutes of the Board Meeting of December 18, 2018

Moved by Trustee Burtnik

Seconded by Trustee Burkholder

THAT the Niagara Catholic District School Board approve the Minutes of the Board Meeting of December 18, 2018, as presented.

CARRIED

6. Consent Agenda Items

6.1 Unapproved Minutes of the Committee of the Whole Meeting of January 15, 2019 and Consideration of Recommendations

THAT the Niagara Catholic District School Board receive the unapproved Minutes of the Committee of the Whole of January 15, 2019, as presented.

6.1.1 Proposed Joint-Use School Wainfleet – Staff Report

THAT the Niagara Catholic District School Board, pending the approval of a new Joint-Use School Agreement in Wainfleet with the District School Board of Niagara approves a Niagara Catholic District School Board/District School Board of Niagara new Joint-Use School, and with the receipt of Ministry of Education approval for capital funding, as amended.

6.1.2 Design of System Priorities and Budget 2019-2020 Consultation and Collaboration Schedule

THAT the Niagara Catholic District School Board approve the report on the Design of System Priorities and Budget 2019-2020 Consultation and Collaboration Schedule, as presented.

6.1.3 Board Committee Membership 2019

THAT the Niagara Catholic District School Board approve the Board Committee Membership 2019, as presented.

6.2 Approved Minutes of the Staff Wellness Committee Meeting of October 2, 2018

THAT the Niagara Catholic District School Board receive the Approved Minutes of the Staff Wellness Committee Meeting of October 2, 2018, as presented for information.

6.3 Approved Minutes of the Niagara Catholic Parent Involvement Committee (NCPIC) of November 1, 2018

THAT the Niagara Catholic District School Board receive the approved Minutes of the Niagara Catholic Parent Involvement Committee Meeting of November 1, 2018, as presented for information

6.4 Approved Minutes of the Special Education Advisory Committee (SEAC) Meeting of December 5, 2018

THAT the Niagara Catholic District School Board receive the Approved Minutes of the Special Education Advisory Committee Meeting of December 5, 2018, as presented for information.

6.5 In-Camera Items F1, F2, F4, F5, F6 and F7

Moved by Trustee Turner
Seconded by Trustee Burkholder

THAT the Niagara Catholic District School Board adopt the consent agenda items.

CARRIED

B. DELEGATIONS/PRESENTATIONS

Nil

C. COMMITTEE AND STAFF REPORTS

1. Niagara Catholic System Priorities Mid-Year Achievement Report 2018-2019

Director Crocco, on behalf of Senior Administrative Staff highlighted the Niagara Catholic System Priorities Mid-Year Achievement Report 2018-2019.

Director Crocco congratulated students, staff and the Board for the impressive achievement report on the multitude of focused initiatives for 2018-2019 to achieve the Board approved System Priorities and the Board's Vision 2020 Strategic Plan.

2. Financial Report as at December 31, 2018

Giancarlo Vetrone, Superintendent of Business & Financial Services presented the Financial Report for information.

D. TRUSTEE ITEMS, OPEN QUESTION PERIOD & OTHER BUSINESS

1. Correspondence

Director Crocco highlighted information contained in the following letters:

1.1 Letter from The Apostolic Nuncio

1.2 Letter from Shibley Righton LLP

2. Report on Trustee Conferences Attended

Deferred to the February 12, 2019 Committee of the Whole meeting.

3. General Discussion to Plan for Future Action

Director Crocco announced that staff is on schedule to continue to bring update reports on the design of the System Priorities and Budget for 2019-2020 as well as reports on the Boards long range plans to future Committee of the Whole meetings.

With the Board's approval of the Joint-Use school in Wainfleet, and with no requests to delegate to the January Board meeting, staff will inform the District School Board of Niagara and begin the next step in the process.

4. Trustee Information

4.1 Spotlight on Niagara Catholic – January 15, 2019

Director Crocco highlighted the January 15, 2019 Spotlight on Niagara Catholic.

4.2 Calendar of Events – February 2019

Director Crocco reviewed the Calendar of Events – February 2019 for Trustees information.

Pat Rocca, Superintendent of Education highlighted the Giving from the Heart out of Love: Kids Helping Kids Campaign taking place from February 11 to March 1, 2019.

4.3 Pathways Speaker Summit – February 6, 2019

Director Crocco extended an invitation to Trustees to attend the Pathways Speaker Summit on Wednesday, February 6, 2019 at Club Italia.

4.4 Niagara Foundation for Catholic Education's Annual Benefit Gala – March 30, 2019

Director Crocco presented the Annual Niagara Foundation for Catholic Education's Benefit Gala flyer and extended an invitation to Trustees.

Trustees wishing to attend can purchase tickets by contacting Sherry Morena.

4.5 CCSTA 2019 AGM – May 30, 2019 to June 1, 2019

Director Crocco presented the CCSTA 2019 AGM registration package and asked Trustees wishing to attend to contact Anna Pisano.

4.6 OCSTA Memorandum – Municipal Governance Review

Director Crocco highlighted the OCSTA Memorandum regarding Municipal Governance Review.

Director Crocco announced that Blaine MacDougall, Principal of Cardinal Newman Catholic Elementary School was nominated by staff at St. Michael Catholic Elementary School for Canada's Outstanding Principals Program. Principal MacDougall was recognized as one of 30 exceptional educators from across Canada as one of Canada's Outstanding Principals of 2019.

Director Crocco also announced that the Board received notification from Forbes Magazine and Statista, an analytics firm, that "Niagara Catholic District School Board has been recognized as one of Canada's Best Employers 2019".

Chair Fera offered congratulations and noted it was quite an accomplishment and testament to the Board.

5. Open Question Period

None Submitted

E. NOTICES OF MOTION

- 1. Board Involvement in Appointment and of Personnel to Leadership Positions**
- 2. Building on Today Survey**

In accordance with the Board Bylaws Item 21, Section xiii (c), the Notices of Motion will be presented to the February 26, 2019 Board meeting.

F. BUSINESS IN CAMERA

Moved by Trustee Burtnik
Seconded by Trustee Moody

THAT the Niagara Catholic District School Board move into the In Camera Session.

CARRIED

The Niagara Catholic District School Board moved into the In Camera Session of the Board Meeting at 7:35 p.m. and reconvened at 9:02 p.m.

G. REPORT ON THE IN-CAMERA SESSION

Moved by Trustee Burtnik
Seconded by Trustee Moody

THAT the Niagara Catholic District School Board report the motions from the In Camera Session of the Board Meeting of January 29, 2019.

CARRIED

SECTION A: STUDENT TRUSTEES PRESENT

Moved by Trustee Turner
Seconded by Trustee Burtnik

THAT the Niagara Catholic District School Board approve the Minutes of the In Camera Session of the Board Meeting - SECTION A: Student Trustees Present of December 18, 2018, as presented.

CARRIED (Item F1)

Moved by Trustee Turner
Seconded by Trustee Burtnik

THAT the Niagara Catholic District School Board receive the unapproved Minutes of the In Camera Session of the Committee of the Whole Meeting - SECTION A: Student Trustees Present of January 15, 2019, as presented.

CARRIED (Item F2)

SECTION B: STUDENT TRUSTEES EXCLUDED

Moved by Trustee Turner
Seconded by Trustee Burtnik

THAT the Niagara Catholic District School Board approve the Minutes of the In Camera Session of the Board Meeting - SECTION B: Student Trustees Excluded of December 18, 2018, as presented.

CARRIED (Item F4)

Moved by Trustee Turner
Seconded by Trustee Burtnik

THAT the Niagara Catholic District School Board receive the unapproved Minutes of the In Camera Session of the Committee of the Whole Meeting - SECTION B: Student Trustees Excluded of January 15, 2019, as presented.

CARRIED (Item F5)

H. FUTURE MEETINGS AND EVENTS

I. MOMENT OF SILENT REFLECTION FOR LIFE

J. ADJOURNMENT

Moved by Trustee Prince
Seconded by Trustee Sicoli

THAT the January 29, 2019 meeting of the Niagara Catholic District School Board be adjourned.

CARRIED

This meeting was adjourned at 9:03 p.m.

Minutes of the Meeting of the Niagara Catholic District School Board held on **January 29, 2019**.

Approved on **February 26, 2019**.

Frank Fera
Chair of the Board

John Crocco
Director of Education/Secretary -Treasurer

**TO: NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
BOARD MEETING
FEBRUARY 26, 2019**

PUBLIC SESSION

**TITLE: MINUTES OF THE SPECIAL BOARD MEETING OF
FEBRUARY 19, 2019**

RECOMMENDATION

THAT the Niagara Catholic District School Board approve the Minutes of the Special Board Meeting of February 19, 2019, as presented.



MINUTES OF THE SPECIAL BOARD MEETING

TUESDAY, FEBRUARY 19, 2019

Minutes of the Special Meeting of the Niagara Catholic District School Board, held on Tuesday, February 19, 2019 at 10:30 p.m. in the Father Kenneth Burns c.s.c Board Room, at the Catholic Education Centre, 427 Rice Road, Welland.

The meeting was called to order at 10:30 p.m. by Chair Fera.

A. ROUTINE MATTERS

1. Opening Prayer

Opening Prayer were led by Trustee Prince.

2. Roll Call

Chair Fera noted that Trustee Burtnik joined electronically.

Trustee	Present	Present Electronically	Absent	Excused
Rhianon Burkholder	✓			
Kathy Burtnik		✓		
Frank Fera	✓			
Larry Huibers	✓			
Daniel Moody	✓			
Leanne Prince	✓			
Dino Sicoli	✓			
Paul Turner	✓			

The following staff were in attendance:

John Crocco, Director of Education/Secretary-Treasurer

3. Approval of the Agenda

Moved by Trustee Sicoli
Seconded by Trustee Moody

THAT the Niagara Catholic District School Board approve the Agenda of the Special Board Meeting of February 19, 2019, as presented.

CARRIED

4. Disclosure of Interest

No Disclosures of Interest were declared with any items on the agenda.

B. BUSINESS IN CAMERA

Moved by Trustee Moody
Seconded by Trustee Turner

THAT the Niagara Catholic District School Board move into the In Camera Session.

CARRIED

The Niagara Catholic District School Board moved into the In Camera Session of the Special Board Meeting at 10:34 p.m. and reconvened at 11:40 p.m.

C. REPORT ON THE IN-CAMERA SESSION

Moved by Trustee Burkholder
Seconded by Trustee Huibers

THAT the Committee of the Whole report the motions from the In Camera Session of the Special Board Meeting of February 19, 2019.

CARRIED

D. MOMENT OF SILENT REFLECTION FOR LIFE

E. ADJOURNMENT

Moved by Trustee Huibers
Seconded by Trustee Prince

THAT the February 19, 2019 Special Meeting of the Niagara Catholic District School Board be adjourned.

CARRIED

This meeting was adjourned at 11:41 p.m.

Frank Fera
Chair of the Board

John Crocco
Director of Education/Secretary -Treasurer

**TO: NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
BOARD MEETING
FEBRUARY 26, 2019**

PUBLIC SESSION

**TOPIC: UNAPPROVED MINUTES OF THE COMMITTEE OF THE
WHOLE MEETING OF FEBRUARY 12, 2019**

RECOMMENDATION

THAT the Niagara Catholic District School Board receive the unapproved Minutes of the Committee of the Whole Meeting of February 12, 2019, as presented.

The following recommendation is being presented for the Board's consideration from the Committee of the Whole Meeting of February 12, 2019:

6.1.1 Transportation and School Operations for Inclement Weather Policy (500.1)

THAT the Niagara Catholic District School Board approve the Transportation and School Operations for Inclement Weather Policy (500.1), as presented.

6.1.2 Employee Attendance During Inclement Weather and Workplace Closure Policy (201.9)

THAT the Niagara Catholic District School Board approve the Employee Attendance During Inclement Weather and Workplace Closure Policy (201.9), as presented.

6.1.3 Student Senate – Secondary Policy (100.6.1)

THAT the Niagara Catholic District School Board approve the Student Senate – Secondary Policy (100.6.1), as presented.

6.1.4 Student Senate – Elementary Policy (100.6.2)

THAT the Niagara Catholic District School Board approve the Student Senate – Elementary Policy (100.6.2), as presented.

6.1.5 Supporting Children and Students with Prevalent Medical Conditions Policy

THAT the Niagara Catholic District School Board approve the Supporting Children and Students with Prevalent Medical Conditions Policy, as presented.

6.1.6 Student Transportation Policy (500.2)

THAT the Niagara Catholic District School Board approve the Student Transportation Policy (500.2), as presented.

6.1.7 Fundraising Policy (301.4)

THAT the Niagara Catholic District School Board approve the Fundraising Policy (301.4), as presented.

6.1.8 Prior Learning Assessment and Recognition (PLAR) Policy (400.4)

THAT the Niagara Catholic District School Board approve the Prior Learning Assessment and Recognition (PLAR) Policy (400.4), as presented.

6.1.9 Elementary and Secondary School Year Calendars 2019-2020

THAT the Niagara Catholic District School Board approve the Elementary and Secondary School Year Calendars for the 2019-2020 school year, as presented.



MINUTES OF THE COMMITTEE OF THE WHOLE MEETING TUESDAY, FEBRUARY 19, 2019

Minutes of the Meeting of the Committee of the Whole of the Niagara Catholic District School Board, held on Tuesday, February 19, 2019 in the Father Kenneth Burns c.s.c. Board Room, at the Catholic Education Centre, 427 Rice Road, Welland.

The meeting was called to order at 7:36 p.m. by Vice-Chair Sicoli.

A. ROUTINE MATTERS

1. Opening Prayer

Opening Prayer was led by Trustee Moody

2. Roll Call

Vice-Chair Sicoli noted that Trustee Burtnik joined electronically.

Trustee	Present	Present Electronically	Absent	Excused
Rhianon Burkholder	✓			
Kathy Burtnik		✓		
Frank Fera	✓			
Larry Huibers	✓			
Daniel Moody	✓			
Leanne Prince	✓			
Dino Sicoli	✓			
Paul Turner	✓			
Student Trustees				
Jade Bilodeau	✓			
Madison McKinney	✓			

The following staff were in attendance:

John Crocco, Director of Education; **Yolanda Baldasaro**, **Ted Farrell**, **Lee Ann Forsyth-Sells**, **Frank Iannantuono**, **Pat Rocca**, Superintendents of Education; **Giancarlo Vetrone**, Superintendent of Business & Financial Services; **Scott Whitwell**, Controller of Facilities Services; **Anna Pisano**, Recording Secretary/Administrative Assistant, Corporate Services & Communications

3. Approval of the Agenda

Moved by Trustee Burkholder

THAT the Committee of the Whole approve the Agenda of the Committee of the Whole Meeting of February 19, 2019, as presented.

CARRIED

4. Declaration of Conflict of Interest

No Declaration of Conflict of Interest was declared with any items on the Agenda.

5. Approval of Minutes of the Committee of the Whole Meeting of January 15, 2019

Moved by Trustee Moody

THAT the Committee of the Whole approve the Minutes of the Committee of the Whole Meeting of January 15, 2019, as presented.

CARRIED

6. Consent Agenda Items

6.1 Unapproved Minutes of the Policy Committee Meeting of January 29, 2019

THAT the Committee of the Whole receive the Unapproved Minutes of the Policy Committee Meeting of January 29, 2019, as presented.

6.2 Approval of Policies

6.2.1 Transportation and School Operations for Inclement Weather Policy (500.1)

THAT the Policy Committee recommend to the Committee of the Whole approval of the Transportation and School Operations for Inclement Weather Policy (500.1), as presented.

6.2.2 Employee Attendance During Inclement Weather and Workplace Closure Policy (201.9)

THAT the Policy Committee recommend to the Committee of the Whole approval of the Employee Attendance During Inclement Weather and Workplace Closure Policy (201.9), as presented.

6.2.3 Student Senate – Secondary Policy (100.6.1)

THAT the Policy Committee recommend to the Committee of the Whole approval of the Student Senate – Secondary Policy (100.6.1), as presented.

6.2.4 Student Senate – Elementary Policy (100.6.2)

THAT the Policy Committee recommend to the Committee of the Whole approval of the Student Senate – Elementary Policy (100.6.2), as presented.

6.2.5 Supporting Children and Students with Prevalent Medical Conditions Policy

THAT the Policy Committee recommend to the Committee of the Whole approval of the Supporting Children and Students with Prevalent Medical Conditions Policy, as presented.

6.2.6 Student Transportation Policy (500.2)

THAT the Policy Committee recommend to the Committee of the Whole approval of the Student Transportation Policy (500.2), as presented.

6.2.7 Fundraising Policy (301.4)

THAT the Policy Committee recommend to the Committee of the Whole approval of the Fundraising Policy (301.4), as presented.

6.2.8 Prior Learning Assessment and Recognition (PLAR) Policy (400.4)

THAT the Policy Committee recommend to the Committee of the Whole approval of the Prior Learning Assessment and Recognition (PLAR) Policy (400.4), as presented.

6.3 Elementary and Secondary School Year Calendars 2019-2020

THAT the Committee of the Whole recommend that the Niagara Catholic District School Board approve the Elementary and Secondary School Year Calendars for the 2019-2020 school year, as presented.

6.4 Staff Development Department Professional Development Opportunities

Presented for information.

6.5 Capital Projects Update

Presented for information.

6.6 In Camera Items F1 and F3

Moved by Trustee Prince

THAT the Committee of the Whole adopt consent agenda items.

CARRIED

B. PRESENTATIONS

Nil

C. COMMITTEE AND STAFF REPORTS

1. Committee of the Whole System Priorities and Budget 2018-2019 Update

Director Crocco and members of Senior Administrative Council presented Committee of the Whole System Priorities and Budget 2018-2019 Update.

Director Crocco and Senior Administrative Council answered questions of Trustees.

2. Student Support Services

Pat Rocca, Superintendent of Education presented the Student Support Services report for information.

Superintendent Rocca introduced Anna Racine and Kristin Baker, Niagara Catholic parent representatives.

Ms. Racine and Ms. Baker highlighted the Student Support Services from the perspective of a parent of a special needs child.

Superintendent Rocca answered questions of Trustees.

3. Accountability Financial Report 2018-2019

Giancarlo Vetrone, Superintendent of Business & Financial Services presented the Accountability Financial Report 2018-2019.

4. Monthly Updates

4.1 Student Trustees' Update

Jade Bilodeau and Madison McKinney, Student Trustees, presented a brief verbal update on the current activities of the Student Senate.

4.2 Senior Staff Good News Update

Senior Staff highlights included:

Superintendent Farrell

- Saint Michael Catholic High School's 2008 Senior Boys Soccer Team will be inducted into the Niagara Falls Sports Wall of Fame on Saturday April 13, 2019.

D. INFORMATION

1. Trustee Information

1.1 Spotlight on Niagara Catholic – January 29, 2019

Director Crocco highlighted the Spotlight on Niagara Catholic – January 29, 2019 issue for Trustees information.

1.2 Calendar of Events – February 2019

Director Crocco presented the February 2019 Calendar of Events for Trustees information.

1.3 OCSTA – Pre-Budget Submission 2019

Director Crocco highlighted the OCSTA Presented for information-Budget Submission 2019.

1.4 NCPIC & CSC's Faith Formation – February 28, 2019

Director Crocco presented the invitation to the NCPIC & CSC's Faith Formation being held on February 28, 2019 and asked Trustees to confirm their attendance with Anna Pisano.

1.5 2019 OCSTA/OCSBOA Business Seminar – April 25, 2019

Director Crocco reminded Trustees of the 2019 OCSTA/OCSBOA Business Seminar being held on April 25, 2019 and asked Trustees wishing to attend to notify Anna Pisano.

1.6 OCSTA 2019 AGM & Conference – April 25-April 27, 2019

Director Crocco reminded Trustees of the OCSTA 2019 AGM & Conference on April 25-April 27, 2019 and asked Trustees to notify Anna Pisano if they wish to register.

1.7 OCSTA 2019 AGM & Conference – Silent Auction Flyer

Director Crocco highlighted the Silent Auction Flyer requesting a door prize donation for the OCSTA 2019 AGM & Conference in support of the Toonies for Tuition.

Vice-Chair Sicoli offered to donate personal works of art.

1.8 OCSTA Memorandum – Bill 68 Municipal Conflict of Interest Requirements Update

Director Crocco highlighted the OCSTA Memorandum regarding Bill 68 – Municipal Conflict of Interest Requirements requiring all boards to establish a registry of declared conflict of interests from Trustees that are open to the public.

Director Crocco noted that a package of Statements of Declaration forms have been left at each Trustees desk for completion and at the end of each meeting the forms will be collected and filed in a public registry binder.

2. Report on Trustee Conferences Attended

Trustee Huibers participated in the Wellness Committee Meeting and noted the Board Staff Volleyball Tournament being held on Friday, February 22, 2019 at Brock University which is a great opportunity to promote staff wellness and encouraged all to attend.

Trustee Sicoli attended the 2019 Catholic Trustees Seminar in January and announced he will be forwarding notes on Laura Hughes presentation to all the Trustees.

E. OTHER BUSINESS

1. General Discussion to Plan for Future Action

1.1 Director Crocco informed the Board of the continued implementation of this years system priorities.

1.2 Consultation continues towards the designing of the System Priorities for the 2019-2020 school year.

1.3 Updates on the design of the Joint-Use school agreement with the District School Board of Niagara will be provided at future meetings.

F. BUSINESS IN CAMERA

Moved by Trustee Fera

THAT the Committee of the Whole move into the In Camera Session.

CARRIED

The Committee of the Whole moved into the In Camera Session of the Committee of the Whole Meeting at 9:02 p.m. and reconvened at 10:29 p.m.

G. REPORT ON THE IN-CAMERA SESSION

Moved by Trustee Fera

THAT the Committee of the Whole report the motions from the In Camera Session of the Committee of the Whole Meeting of February 19, 2019.

CARRIED

SECTION A: STUDENT TRUSTEES INCLUDED

Moved by Trustee Prince

THAT the Committee of the Whole approve the Minutes of the Committee of the Whole Meeting - In Camera Session (Section A: Student Trustees Included) held on January 15, 2019, as presented.

CARRIED (Item F1)

SECTION B: STUDENT TRUSTEES EXCLUDED

Moved by Trustee Prince

THAT the Committee of the Whole approve the Minutes of the Committee of the Whole Meeting - In Camera Session (Section B: Student Trustees Excluded) held on January 15, 2019, as presented.

CARRIED (Item F3)

H. ADJOURNMENT

A Declaration of Conflict of Interest was declared by Trustees Fera, Huibers and Moody with Item F4.1 of the In Camera Agenda. These trustees have family members who are employees of the Board. They left the meeting during discussion of this item.

Moved by Trustee Turner

THAT the February 19, 2019 Committee of the Whole Meeting be adjourned.

CARRIED

This meeting was adjourned at 10:30 p.m.

Minutes of the Committee of the Whole Meeting of the Niagara Catholic District School Board held on **February 19, 2019.**
Approved on **March 5, 2019.**

**TO: NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
BOARD MEETING
FEBRUARY 26, 2019**

PUBLIC SESSION

**TOPIC: TRANSPORTATION AND SCHOOL OPERATIONS FOR
INCLEMENT WEATHER POLICY (500.1)**

RECOMMENDATION

THAT the Niagara Catholic District School Board approve the Transportation and School Operations for Inclement Weather Policy (500.1), as presented.

Prepared by: John Crocco, Director of Education/Secretary-Treasurer
Presented by: Policy Committee
Recommended by: Committee of the Whole
Date: February 26, 2019



Niagara Catholic District School Board

**SCHOOL OPERATIONS
FOR INCLEMENT WEATHER AND WORKPLACE CLOSURE POLICY**

STATEMENT OF POLICY

500 – Auxiliary Services

Policy No 500.1

Adopted Date: February 24, 1998

Latest Reviewed/Revised Date: March 19, 2013

In keeping with the Mission, Vision and Values of the Niagara Catholic District School Board, the Board supports the safe transportation and accommodation of students.

The Director of Education is authorized to modify or cancel student transportation for the Niagara Catholic District School Board due to anticipated or occurring inclement weather through the Executive Director of the Niagara Student Transportation Services.

For the health and safety of students, staff, bus drivers and building occupants and for the effective delivery of programs, supports and services the Director of Education is authorized to close a school, a group of schools, Board facilities or all schools and Board facilities due to inclement weather or when the normal operations of a Board facility are affected.

The Director of Education will inform the Chair of the Board and all Trustees of any school closures, change or alteration to the normal hours of operation of a school, group of schools, Board facilities or the system.

The Director of Education will issue Administrative Procedures for the implementation of this policy.

References

- ***Niagara Catholic District School Board Policies/Procedures***
 - ***[Employee Attendance During Inclement Weather and Workplace Closure Policy \(201.9\)](#)***
 - ***[Student Transportation Policy \(500.2\)](#)***



Niagara Catholic District School Board

SCHOOL OPERATIONS
FOR INCLEMENT WEATHER AND WORKPLACE CLOSURE POLICY

ADMINISTRATIVE PROCEDURES

500 – Auxiliary Services

Policy No 500.1

Adopted Date: February 24, 1998

Latest Reviewed/Revised Date: March 19, 2013

Notwithstanding the Niagara Catholic Transportation Policy and the Employee Attendance During Inclement Weather and Workplace Closure Policy, in accordance with these Administrative Procedures the Director of Education is authorized to cancel the transportation of students and close schools or Board facilities when safety issues arise due to anticipated or occurring inclement weather or when the normal operations of a Board facility are affected.

It shall be the responsibility of the Executive Director – Niagara Student Transportation Services, to monitor weather conditions in order to ensure the safe transportation of students. In the absence of the Executive Director – Niagara Student Transportation Services and/or the Director of Education, the Superintendent of Business and Financial Services shall assume all related responsibilities regarding transportation and school operations during inclement weather or when normal operations of a building are affected.

ENVIRONMENT CANADA WEATHER STATEMENTS

When weather warnings are announced by Environment Canada:

1. The Executive Director – Niagara Student Transportation Services shall contact one or more of the following agencies to obtain specific weather information regarding the affected areas served by Niagara Student Transportation Services.
 - Transportation Contractors serving the Board
 - Ontario Provincial Police
 - Niagara Regional Police
 - Weather Forecasting Sources
 - Other area School Board and Transportation contacts
2. Based on the information obtained, the Executive Director – Niagara Student Transportation Services will inform the Director of Education or designate regarding the cancellation of transportation in the area affected by the inclement weather.
3. It is the responsibility of the Director of Education or designate to make a decision to:
 - Keep schools open, close all schools, a group of schools, or Board facilities.
 - Modify the school or work day to permit early or late dismissal for inclement weather or when normal operations of a Board facility are affected.
4. Every effort will be made to announce transportation cancellations, school closures and Board facilities closures to the public by 6:00 am.
5. When the decision is made, staff shall implement the responsibilities outlined in Appendices A and B

APPENDICES

Appendix A *Cancel Transportation and Close Schools, a Group of Schools or Board facilities*

Appendix B *Modify the School or Work Day to Permit Early or Late Dismissal for Inclement Weather or when normal operations of a board facility are affected.*



**CANCEL TRANSPORTATION AND CLOSE SCHOOLS,
A GROUP OF SCHOOLS OR BOARD SITES**

RESPONSIBILITIES

THE DIRECTOR OF EDUCATION

The Director of Education shall communicate, via email, the decision when feasible before 5:45 a.m. to:

1. Executive Director – Niagara Student Transportation Services
2. Trustees
3. Senior Administrative Council
4. Communications Officer of Corporate Services & Communications

EXECUTIVE DIRECTOR – NIAGARA STUDENT TRANSPORTATION SERVICES

The Executive Director – Niagara Student Transportation Services shall communicate the decision to:

1. All local radio and TV stations, newspapers and on-line publishing for immediate broadcast
2. Bus Contractors
3. Taxi Operators
4. Niagara Student Transportation Services website, automated phone attendant and Twitter

COMMUNICATIONS OFFICER OF CORPORATE SERVICES AND COMMUNICATIONS

The Communications Officer of Corporate Services and Communications will ensure that:

1. The Board and schools website reflects the decision
2. The Catholic Education Centre voice mail system message states the decision
3. An email message is sent to CEC staff, Principals, Vice-Principals and Administrators of the decision
4. A voice message will be sent to staff through School Messenger to staff through the contact number provided to Human Resource Service along with an email.
5. The Board website, Facebook and Twitter states the decision
6. Smart Find Express – Human Resources Administrator is informed

FAMILY OF SCHOOLS SUPERINTENDENT

Through the Family of Schools communication process, the Family of Schools Superintendent shall communicate the appropriate decisions to all Principals in the areas affected by the decision.

SUPERINTENDENT OF HUMAN RESOURCE SERVICES

The Superintendent of Human Resource Services shall communicate the decisions and appropriate staff direction to Human Resources staff.

SUPERINTENDENT OF BUSINESS & FINANCIAL SERVICES

The Superintendent of Business & Financial Services shall communicate the decisions and appropriate staff direction to Business and Finance staff.

CONTROLLER OF FACILITIES SERVICES

The Controller of Facilities Services shall communicate the appropriate decision to snow removal providers and Facilities Services staff.



TO MODIFY THE SCHOOL OR WORK DAY TO PERMIT EARLY OR LATE DISMISSAL FOR INCLEMENT WEATHER

RESPONSIBILITIES

DIRECTOR OF EDUCATION

The Director of Education shall communicate all decisions regarding modifications to the regular day student transportation due to inclement weather to the Executive Director – Niagara Student Transportation Services as required.

PRINCIPAL

Based on information received, the Principal may recommend to the Family of Schools Superintendent or in their absence, the Director of Education, that the students be dismissed early or late.

FAMILY OF SCHOOLS SUPERINTENDENT

Based on information received, the Family of Schools Superintendent will contact the Director of Education to consider early or late dismissal for the schools affected by inclement weather.

THE DIRECTOR OF EDUCATION

The Director of Education shall communicate, via email, the decision when feasible to:

1. Executive Director – Niagara Student Transportation Services
2. Trustees
3. Senior Administrative Council
4. Communications Officer of Corporate Services & Communications

EXECUTIVE DIRECTOR – NIAGARA STUDENT TRANSPORTATION SERVICES

The Executive Director – Niagara Student Transportation Services shall communicate the decision to:

1. All radio and TV stations, newspapers and on-line publishing for immediate broadcast
2. Bus Contractors
3. Taxi Operators
5. Niagara Student Transportation Services website, automated phone attendant and Twitter

COMMUNICATIONS OFFICER OF CORPORATE SERVICES AND COMMUNICATIONS

The Communications Officer of Corporate Services and Communications will ensure that:

1. The Board and school website reflects the decision
2. The Catholic Education Centre voice mail system message states the decision
3. Email message is sent to CEC staff, Principals, Vice-Principals and Administrators of the decision
4. The Board website, Facebook and Twitter states the decision
5. Smart Find Express – Human Resources Administrator is informed

FAMILY OF SCHOOLS SUPERINTENDENT

The Family of Schools Superintendent shall communicate the appropriate decisions to all Principals in the areas affected by the decision.

SUPERINTENDENT OF HUMAN RESOURCE SERVICES

The Superintendent of Human Resource Services shall communicate the decisions and appropriate staff direction to Human Resources staff.

SUPERINTENDENT OF BUSINESS & FINANCIAL SERVICES

The Superintendent of Business & Financial Services shall communicate the decisions and appropriate staff direction to Business and Finance staff.

CONTROLLER OF FACILITIES SERVICES

The Controller of Facilities Services shall communicate the appropriate decisions to snow removal providers and Facilities Services staff.

PRINCIPALS

Principals and/or designate shall ensure that:

1. Through school-based phone trees if required, all staff are contacted in a timely manner and informed of the decision to modify the school day.
2. Prior to an early or late dismissal, contact is made with all parents or guardians to confirm that parental arrangements have been made for students to return home safely following dismissal during a modified school day.
3. Staff must remain at the school until the Principal is satisfied that the students have been dismissed safely.
4. The Principal may authorize some staff members to leave earlier than others due to travelling distance and severity of weather conditions in certain municipalities.

**TO: NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
BOARD MEETING
FEBRUARY 26, 2019**

PUBLIC SESSION

**TOPIC: EMPLOYEE ATTENDANCE DURING INCLEMENT WEATHER
AND WORKPLACE CLOSURE POLICY (201.9)**

RECOMMENDATION

THAT the Niagara Catholic District School Board approve the Employee Attendance During Inclement Weather and Workplace Closure Policy (201.9), as presented.

Prepared by: Frank Iannantuono, Superintendent of Education/Human Resources

Presented by: Policy Committee

Recommended by: Committee of the Whole

Date: February 26, 2019



Niagara Catholic District School Board

**EMPLOYEE ATTENDANCE DURING
INCLEMENT WEATHER AND WORKPLACE CLOSURE POLICY**

STATEMENT OF POLICY

200 – Human Resources

Policy No 201.9

Adopted Date: March 26, 2002

Latest Reviewed/Revised Date: February 27, 2018

In keeping with the Mission, Vision, and Values of the Niagara Catholic District School Board, all employees of the Niagara Catholic District School Board are expected to be at their place of employment during the required working hours as defined by the Education Statutes and Regulations of Ontario, respective Collective Agreements, or Terms of Employment.

During periods of inclement weather or authorized school, workplace or a system closure, employees will comply with the expectations provided within the accompanying operational procedures.

During inclement weather or any other conditions which could affect the health and safety of students and staff, the Director of Education is authorized to change the working location of employees, change or alter the normal hours of operation of a school, group of schools or the system or close all or part of the Niagara Catholic District School Board.

For the health and safety of students and staff, bus drivers and building occupants and the effective delivery of programs, supports and services, the Director of Education is authorized to close a school, a group of schools, board facilities or all schools and board facilities due to inclement weather or when the normal operations of a board facility are affected.

The Director of Education will inform the Chair of the Board and all Trustees of any closures, change or alteration to the normal hours of operation of a school, group of schools or the system.

The Director of Education will issue Administrative Procedures for the implementation of this policy.

References

- [*Education Statutes and Regulations of Ontario*](#)
- [*Niagara Catholic District School Board Policies/Procedures/Documents*](#)
 - [*Transportation & School Operations for Inclement Weather Policy \(500.1\)*](#)



Niagara Catholic District School Board

EMPLOYEE ATTENDANCE DURING INCLEMENT WEATHER AND WORKPLACE CLOSURE POLICY

ADMINISTRATIVE PROCEDURES

200 – Human Resources

Policy No 201.9

Adopted Date: March 26, 2002

Latest Reviewed/Revised Date: February 27, 2018

INCLEMENT WEATHER

Inclement weather is defined as severe, harsh or stormy weather conditions which will vary throughout the Region of Niagara and could delay travel to schools as well as effect the normal operations of schools, worksites or the system which includes, but not limited to, the delay or cancellation of bus transportation by bus companies; travel advisories or road closures by the Niagara Regional Police and/or Ontario Provincial Police; or extreme weather warnings issued by Environment Canada to local municipalities in the Region of Niagara.

In consultation with members of Senior Administrative Council and as required, but not limited to, Niagara Student Transportation Services, Niagara Regional Police, Ontario Provincial Police and coterminous school boards, the Director of Education will determine any alterations and/or closures to the normal operations of the Niagara Catholic District School Board due to inclement weather or any other conditions which would affect the normal operations of a school, group of schools or the system.

REGULAR WORK LOCATION/ALTERNATE WORK LOCATION

1. With the exception of school closures, in periods of inclement weather, it is an expectation that all staff will attempt to reach their work location in time for normal hours of operation.
2. If travel to work from the employee's location is impeded by inclement weather within the Board's jurisdiction and may cause lateness, the employee will notify their Principal or immediate Supervisor upon arrival at the alternate pre-determined location(s), indicating their time of arrival.
3. On an annual basis, the Principal or Supervisor will create a Pre-Determined *Alternate Location List* for staff to attend should the school or Board Facility be closed. The *Alternative Location List* will be provided to the Family of Schools Superintendent and Human Resources Services for distribution to the Principal or Supervisor of the alternate location.
4. If inclement weather conditions are so severe as announced by the Ministry of Transportation, the Niagara Regional Police, and/or the Ontario Provincial Police as to delay travel to the employee's regular usual work location, the employee will report to the nearest school or work location within the Niagara Catholic District School Board and report to the Principal and/or Supervisor of that location for their normal hours of duty. Upon arrival at the alternate location, the employee is responsible to contact by phone their Principal and/or Supervisor to inform them of their location.
5. When an employee reports to an alternative work location, they are under the authority of the Principal and/or Supervisor of that school or facility for their normal hours of duty.
6. The Principal/Supervisor is required to report all employees who have attended an alternate work location to the Family of Schools' Superintendent of Education who will inform Human Resources Services.

7. When the school buses are cancelled due to inclement weather as announced through local media and on the Board website, all daily occasional and/or casual replacements assigned for the specific day are not to report to the daily assignment and will not be paid for this cancellation. (Unless otherwise notified, on days when bus transportation is cancelled, all professional development in-services will be cancelled.)

ABSENCE FROM REGULAR WORK LOCATION AND/OR ALTERNATE WORK LOCATION

1. Where an employee deems it impossible to report to any school or alternate work location within the Niagara Catholic District School Board in time for the commencement of normal hours of operation they must notify by phone their immediate Principal/Supervisor. The Principal/Supervisor will discuss a delay in the time to report to any school or alternate work location within the Board.
2. All employees must report to their regular school or work location or in its alternative any other school or work location, if open, within the Niagara Catholic District School Board as weather conditions change throughout the day.
3. Employees who are unable to report to any school or alternate work location within the Niagara Catholic District School Board are required to record their absence on the Smart Find Express (SFE) system using the inclement weather code.
4. Principals/Supervisors are required to report all employees who have contacted them indicating that they deemed it impossible to report to any school or alternate work location within the Niagara Catholic District School Board to the Family of Schools Superintendent of Education by the end of the school day.
5. Employees unable to report to a school or alternate work location, must provide the Senior Administrator of Human Resources a signed and dated written explanation of the reason for the absence on their return to active duty. The decision of remuneration shall be determined by the Superintendent of Human Resources in consultation with the appropriate supervisor.

SCHOOL CLOSURE

1. Where the school, group of schools, or workplace is declared closed prior to the commencement of a scheduled workday, as announced through local media and the board website, all daily occasional and/or casual replacements, with the exception of long term occasional teachers assigned to the school or workplace for the specific day will not be paid for the day of the closure.
2. Where a school, a group of schools, or a workplace site is closed by the Director of Education, employees are required to attend a work location or alternate location determined by the Director of Education in consultation with members of Senior Administrative Council, the Family of Schools Superintendent of Education and the Principal and/or Principals(s) affected by a school closure. The alternate location(s) for school or workplace staff will be communicated to staff by the Principal or Supervisor through staff phone communication procedures, announced on local media services and posted on the Board website. Where the school or workplace is declared closed prior to the commencement of a scheduled workday, as announced through local media and the board website, all occasional and/or casual replacements assigned to the school or workplace for the specific day will not be paid for the day of the closure, with the exception of long term occasional teachers. Daily Occasional and casual staff that are placed in an assignment for more than ten (10) consecutive days for the same employee will be paid for the day of closure of school or workplace site.

SYSTEM CLOSURE

1. When the Director of Education closes the entire system, employees are not required to report to any work location. For system closures employees are;

- not required to record their absences on the Smart Find Express (SFE)
 - to remain in contact with their school Principal and/or Supervisor and/or the Board website for current information on the status of the system closure and the return to normal operations of the system.
2. Where the school or workplace is declared closed prior to the commencement of a scheduled workday, as announced through local media and the board website, all daily occasional and/or casual replacements, with the exception of long term occasional teachers assigned to the school or workplace for the specific day will not be paid for the day of the closure.

**TO: NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
BOARD MEETING
FEBRUARY 26, 2019**

PUBLIC SESSION

TOPIC: STUDENT SENATE – SECONDARY POLICY (100.6.1)

RECOMMENDATION

THAT the Niagara Catholic District School Board approve the Student Senate – Secondary Policy (100.6.1), as presented.

Prepared by: John Crocco, Director of Education/Secretary-Treasurer
Presented by: Policy Committee
Recommended by: Committee of the Whole
Date: February 26, 2019



Niagara Catholic District School Board
STUDENT SENATE – SECONDARY POLICY
STATEMENT OF POLICY

100 - Board

Policy No 100.6.1

Adopted Date: March 27, 2007

Latest Reviewed/Revised Date: May 27, 2014

In keeping with the Mission, Vision and Values of the Niagara Catholic District School Board, the Niagara Catholic District School Board values the leadership, perspectives and participation of students.

The Niagara Catholic District School Board recognizes the benefits accrued when students have an opportunity to share and represent the perspectives and insights from their various school populations.

To assist the Student Trustees on the Board, and the Student Representative to the Niagara Catholic Parent Involvement Committee and the Special Education Advisory Committee (SEAC), the Niagara Catholic Student Senate has been established with representatives from each of the Board's Catholic secondary schools.

The Student Senate provides a forum for student servant leadership, the exchange of ideas, discussion, consultation, and communication through its Co-Chairs/Student Trustees with the Board, Director of Education, Senior Administrative Council and all students in the Niagara Catholic District School Board.

The Director of Education will issue Administrative Procedures for the implementation of this policy.

References

- [*Education Statutes and Regulations of Ontario*](#)
- [*Ontario Municipal Conflict of Interest Act*](#)



Niagara Catholic District School Board
STUDENT SENATE – SECONDARY POLICY
ADMINISTRATIVE PROCEDURES

100 - Board

Policy No 100.6.1

Adopted Date: March 27, 2007

Latest Reviewed/Revised Date: May 27, 2014

1. The Student Senate will consist of:
 - a. two (2) senior secondary student members from each of the Board's Catholic secondary schools, and,
 - b. up to four (4) student representatives who attends one (1) of the Board's Catholic secondary schools. The community representative will be selected at large by the Student Senate through an application process prior to the annual Niagara Catholic Student Leadership Symposium.

Unless otherwise indicated, the term of office for all positions on the Secondary Student Senate are for one (1) school year.

2. At the annual Niagara Catholic Student Leadership Symposium, two members of the Student Senate will be elected by the newly elected Student Senate to serve as Student Trustees on the Board and Co-Chairs of the Student Senate.
3. Through an election process, the Student Senate will annually determine the selection of Student Senate representatives to the Special Education Advisory Committee (SEAC) and the Niagara Catholic Parent Involvement Committee (NCPIC).
4. In the event that a Student Trustee is unable to fulfill their duty as a Student Trustee and Co-Chair of Student Senate or as a student representative on the Special Education Advisory Committee (SEAC) or the Niagara Catholic Parent Involvement Committee (NCPIC), a newly appointed Student Senate representative will be determined through a by-election process.
5. The Student Senate will assist the Student Trustees, the student representative on the Special Education Advisory Committee (SEAC) and on the Niagara Catholic Parent Involvement Committee (NCPIC) in determining student issues, gathering student opinion and communication with students.

The Student Trustees on the Board and the student representatives on the Special Education Advisory Committee (SEAC) and the Niagara Catholic Parent Involvement Committee (NCPIC) will be responsible for reporting back to the Student Senate on a regular basis.

6. In addition to providing the student voice throughout the vetting of Board Policies and Administrative Procedures, the Student Senate will annually be responsible for leadership in the organization of Board student conference(s) as requested, the annual system Graduation Celebration and the Niagara Catholic Student Leadership Symposium.
7. In accordance with the Niagara Catholic Student Trustee Policy, prior to the Friday of Catholic Education Week of each school year, the election of the new school year's Student Council members will occur in all secondary schools within the Niagara Catholic District School Board.
8. Prior to the annual Niagara Catholic Student Leadership Symposium;
 - each Secondary Principal will select (1) Administrative Appointee in accordance to applications for the new school year's Student Senate; and

- each secondary Student Council will elect (1) member of the new school year's elected Student Council to serve on the new school year's Student Senate.
9. In compliance with the Student Trustee Policy, to be eligible to serve as a Niagara Catholic Student Trustee and Co-Chair of the Student Senate, the following qualifications are required:
 - The pupil must be a Roman Catholic who is a witness to our faith.
 - The pupil must be enrolled as a resident, full-time, senior division student at the time of their term in one of the Board's Catholic Secondary Schools and have signed parental permission to be a Student Trustee if under 18 years of age.
 - The pupil must provide a written letter of endorsement from their Catholic secondary school Principal.
 - As a Student Trustee, Co-Chair of the Student Senate and a representative of Niagara Catholic, the pupil is expected to conduct themselves with proper demeanor at all times in accordance with the Mission, Vision, Values and Policies of the Niagara Catholic District School Board.
 10. To be eligible to serve as a Community Representative on the Student Senate, the following qualifications are required:
 - The pupil must be enrolled as a resident, full-time, Grade 9, 10, 11 or 12 student at the time of their term in one of the Board's Catholic Secondary Schools, and have signed parental permission to be a Community Representative if under 18 years of age.
 - The pupil is expected to conduct themselves with proper demeanor at all times in accordance with the Mission, Vision, Values and Policies of the Niagara Catholic District School Board.
 - The pupil must complete a Student Senate Community Representative Application Form and provide evidence of community involvement.
 - The pupil must provide a written letter of endorsement from their Catholic secondary school Principal.
 - The pupil must provide a written letter of endorsement attesting to their community involvement from an individual or an organization.
 11. Prior to May 20th of each year, the Niagara Catholic Student Senate will host a Student Leadership Symposium where the newly elected Student Senate will elect two (2) Co-Chairs of the Student Senate who will also serve as the Board's two (2) Student Trustees from August 1 to July 31 inclusive. A Student Trustee has the opportunity to seek re-election, but may not participate in any meetings or preparation plans relating to the election process.
 12. Given the importance placed on the role of Student Trustees in serving on the Board of Trustees and as Co-Chairs of the Niagara Catholic Student Senate, one of the two (2) elected Student Trustees by the Student Senate should have at least one year of experience as a Student Trustee before the start of the new term.
 13. In the fall of each year, a retreat may be organized for all students elected to the Student Senate facilitated by the Board's Chaplaincy Leader.
 14. A minimum of two secondary administrators will be appointed by the Director of Education to facilitate the operation of the Student Senate and to act as a resource. The administrators and Student Senate will dialogue with and report to the Director of Education.

**TO: NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
BOARD MEETING
FEBRUARY 26, 2019**

PUBLIC SESSION

TOPIC: STUDENT SENATE – ELEMENTARY POLICY (100.6.2)

RECOMMENDATION

THAT the Niagara Catholic District School Board approve the Student Senate – Elementary Policy (100.6.2), as presented.

Prepared by: John Crocco, Director of Education/Secretary-Treasurer

Presented by: Policy Committee

Recommended by: Committee of the Whole

Date: February 26, 2019



Niagara Catholic District School Board

STUDENT SENATE – ELEMENTARY POLICY

STATEMENT OF POLICY

100 - Board

Policy No 100.6.2

Adopted Date: April 23, 2013

Latest Reviewed/Revised Date: NIL

In keeping with the Mission, Vision and Values of the Niagara Catholic District School Board, the Niagara Catholic District School Board values the leadership, perspectives and participation of students.

The Niagara Catholic District School Board recognizes the benefits accrued when students have an opportunity to share and represent the perspectives and insights from their school communities.

To assist the Student Trustees on the Board and the Student Representatives to the Niagara Catholic Parent Involvement Committee and the Special Education Advisory Committee (SEAC), the Niagara Catholic Elementary Student Senate has been established with elementary representatives from each Family of Schools within the Board.

The Elementary Student Senate provides a forum for student servant leadership, the exchange of ideas, discussion, consultation, peer mentorship and communication through its Co-Chairs to the Secondary Student Senate, the Student Trustees on the Niagara Catholic District School Board and the Director of Education.

The Director of Education will issue Administrative Procedures for the implementation of this policy.

References

- [*Education Statutes and Regulations of Ontario*](#)
- [*Ontario Municipal Conflict of Interest Act*](#)
- [*Niagara Catholic District School Board Policies/Procedures*](#)
 - [*Student Senate – Secondary Policy \(100.6.1\)*](#)



1. The Elementary Student Senate will consist of:
 - a. two (2) intermediate elementary student members from each of the Board's eight Family of Schools' Elementary Student Councils for a total of sixteen (16) members, and,
 - b. up to four (4) student representatives consisting of a student who attends one (1) of the Board's Catholic elementary schools. The community representative will be selected at large by the Student Senate through an application process prior to the commencement of the new school year.

The term of office for all positions on the Elementary Student Senate and Family of Schools' Elementary Student Council are for one (1) school year.

2. The Elementary Student Senate will meet a minimum of two (2) times during each secondary semester at the Catholic Education Centre.
3. Annually, and prior to the Niagara Catholic Student Leadership Symposium, all Elementary Principals will select one (1) intermediate student and coordinate the school's intermediate students to elect one (1) intermediate student to represent the school on its Family of Schools' Elementary Student Council for the following school year. To be considered for a Family of Schools' Elementary Student Council, intermediate students who are selected or elected must meet the eligibility requirements to serve as an Elementary Student Senator.
4. To be eligible to serve as an Elementary Student Senator, the following qualifications are required:
 - The pupil must be a Roman Catholic who is a witness to our faith.
 - The pupil must be enrolled as a resident, full-time, intermediate division student at the time of their term in one of the Board's Catholic Elementary Schools and have signed parental permission to be an Elementary Student Senator.
 - The pupil must provide a written letter of endorsement from their Catholic elementary school Principal.
 - As an Elementary Student Senator and a representative of Niagara Catholic, the pupil is expected to conduct themselves with proper demeanor at all times in accordance with the Mission, Vision, Values and Policies of the Niagara Catholic District School Board.
5. To be eligible to serve as a Community Representative on the Student Senate, the following qualifications are required:
 - The pupil must be enrolled as a resident, full-time, Grade 7 or 8 student at the time of their term in one of the Board's Catholic Elementary Schools, and have signed parental permission to be a Community Representative.
 - The pupil is expected to conduct themselves with proper demeanor at all times in accordance with the Mission, Vision, Values and Policies of the Niagara Catholic District School Board.
 - The pupil must complete an Elementary Student Senate Community Representative Application Form and provide evidence of community involvement.
 - The pupil must provide a written letter of endorsement from their Catholic elementary school Principal.

- The pupil must provide a written letter of endorsement attesting to their community involvement from an individual or an organization.
6. Each Family of Schools' Elementary Student Council will meet a minimum of three (3) times during the school year at the Family of Schools' Catholic secondary school.
 7. The two (2) secondary Student Senators from the Catholic secondary school within the Family of Schools will serve as ex-officio members of the Family of Schools Elementary Student Council.
 8. At the annual Niagara Catholic Student Leadership Symposium, students from each Family of Schools' Elementary Student Council will:
 - a. elect two (2) student Co-Chairs who will represent their respective Family of Schools' Elementary Student Council on the Elementary Student Senate, and,
 - b. select one (1) Community Representative for the Family of Schools' Elementary Student Council consisting of a student who attends one (1) of the Board's Catholic elementary schools. The community representative will be selected by the Family of Schools' Elementary Student Council through an application process prior to the commencement of the new school year. The qualifications to serve and the duration of the term of office for a Community Representative on the Family of Schools' Elementary Student Council will be the same as the Community Representative on the Elementary Student Senate as referenced within these Administrative Procedures.
 9. At the same annual Niagara Catholic Student Leadership Symposium, two (2) student members of the newly elected Elementary Student Senate will be elected to serve as Co-Chairs of the Elementary Student Senate and to serve as members of the Secondary Student Senate.
 10. The two (2) elected Elementary Student Senators of the Secondary Student Senate will be entitled to a binding vote and full membership privileges with the exception of being elected as a Student Trustee and Co-Chair of the Secondary Student Senate.
 11. In the event that a member of the Family of Schools Elementary Student Council or Elementary Student Senate is unable to fulfill their duty, a newly appointed representative will be determined through consultation with the elementary administrative liaison and a by-election process.
 12. The Co-Chairs of the Elementary Student Senate on the Secondary Student Senate will assist the Student Trustees, the student representatives on the Special Education Advisory Committee (SEAC) and on the Niagara Catholic Parent Involvement Committee (NCPIC) in determining student issues, gathering student opinion and communication with students.
 13. Through the Co-Chairs of the Elementary Student Senate, the Student Trustees on the Board and the student representatives on the Special Education Advisory Committee (SEAC) and the Niagara Catholic Parent Involvement Committee (NCPIC) will be responsible for reporting back to the Elementary Student Senate on a regular basis.
 14. In addition to providing the student voice throughout the vetting of Board Policies and Administrative Procedures, the Elementary Student Senate will assist the Secondary Student Senate in the organization of Board student conference(s) as requested and the Niagara Catholic Student Leadership Symposium.
 15. In the fall of each year, a retreat may be organized for all students elected to the Elementary and Secondary Student Senate facilitated by the Board's Chaplaincy Leader.
 16. A minimum of two (2) elementary administrators will be appointed by the Director of Education to facilitate the operation of the Elementary Student Senate and to act as a resource. The administrators and Elementary Student Senate will dialogue with and provide advice to the Secondary Student Senate through the Secondary Student Senate Co-Chairs.

17. A minimum of two (2) elementary administrators will be appointed by the Family of Schools Superintendent of Education to facilitate the operation of the Family of Schools Elementary Student Council and to act as a resource. The administrators and Family of Schools Elementary Student Council will dialogue with and provide advice to the Elementary Student Senate through the Elementary Student Senate Co-Chairs.
18. The Student Trustees report to the Board of Trustees and the Co-Chairs of the Elementary and Secondary Student Senate report to the Director of Education.

Appendix A [*Elementary Family of Schools' Student Council
and Elementary Student Senate Organizational Flowcharts*](#)

**TO: NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
BOARD MEETING
FEBRUARY 26, 2019**

PUBLIC SESSION

**TOPIC: SUPPORTING CHILDREN AND STUDENTS WITH
PREVALENT MEDICAL CONDITIONS POLICY**

RECOMMENDATION

THAT the Niagara Catholic District School Board approve the Supporting Children and Students with Prevalent Medical Conditions Policy, as presented.

Prepared by: Pat Rocca, Superintendent of Education

Presented by: Policy Committee

Recommended by: Committee of the Whole

Date: February 26, 2019



Niagara Catholic District School Board

**SUPPORTING CHILDREN AND STUDENTS WITH PREVALENT
MEDICAL CONDITIONS POLICY**

STATEMENT OF POLICY

300 – School/Students

Policy No

Adopted Date: NEW

Latest Reviewed/Revised Date: NEW

In keeping with the Mission, Vision, and Values of the Niagara Catholic District School Board, the Board recognizes that the support of students with prevalent medical conditions is complex requiring a whole-school approach to promote student health and safety and to foster and maintain healthy and safe environments in which students can learn. A safe, accepting, and healthy environment empowers students to reach their full potential for self-management of their medical condition(s) according to their Plan of Care.

Supporting Children and Students with Prevalent Medical Conditions Policy: Anaphylaxis, Asthma, Diabetes, Epilepsy, – articulates the role and responsibilities of parents, guardians, and school staff in supporting students. It also articulates the roles and responsibilities of the students themselves. The policy provides a framework for the development of strategies that reduce the risk to students suffering from a prevalent medical condition and to ensure school staff and others in contact with these students are prepared to handle an emergency situation.

The Director of Education will issue Administrative Procedures for the implementation of the policy.

References

- [*Allergy Asthma Information Association*](#)
- [*Anaphylaxis Canada*](#)
- [*Anaphylaxis in Schools & Other Settings, 3rd Edition, Canadian Society of Allergy and Clinical Immunology*](#)
- [*Sabrina's Law, 2005, S.O. 2005, c.7*](#)
- [*Ryan's Law, Ensuring Asthma Friendly Schools-2015*](#)
- [*Ontario Lung Association \(www.on.lung.ca\)*](#)
- [*Education Act Section 265-Duties of Principal*](#)
- [*Regulation 298 s20-Duties of Teachers*](#)
- [*Ministry of Education Policy Program Memorandum No, 161 – Supporting Children and Students with Prevalent Medical Conditions*](#)
- [*Ministry of Education Policy Program Memorandum No, 81 – Provision of Health Support Services in School Settings*](#)
- [*Ministry of Education Policy Program Memorandum No. 149*](#)
- [*Niagara Catholic District School Board Policies/Procedures*](#)
 - [*400.2: Educational Field Trip Policy*](#)
 - [*300.2: Administration of Oral Medication to Students*](#)



Niagara Catholic District School Board

SUPPORTING CHILDREN AND STUDENTS WITH PREVALENT MEDICAL CONDITIONS POLICY

ADMINISTRATIVE PROCEDURES

300 – School/Students

Policy No

Adopted Date: NEW

Latest Reviewed/Revised Date: NEW

PURPOSE

1.1 The purpose of the Supporting Children and Students with Prevalent Medical Conditions policy and procedures is intended to ensure that school staff and others in contact with students diagnosed with prevalent medical conditions are prepared to handle an emergency.

1.2 The Board recognizes that students with prevalent medical conditions need a safe environment in which to learn. They have the right to participate fully in opportunities and experiences that all children enjoy and are available to all students.

1.3 Parent(s)/guardian(s) have the primary responsibility to inform school authorities about their child's/student's medical condition(s) and to transmit relevant information.

1.4 Open, ongoing communication between parent(s)/guardian(s), volunteers, and school staff regarding medical needs of students is necessary to ensure a safe, caring, and inclusive learning environment.

1.5 When responding to a medical emergency, a staff member is acting according to the principle of “in loco parentis” and is not acting as a health professional.

1.6 A Plan of Care for each student with a prevalent medical condition shall include:

- Details informing employees and others who are in direct contact with the student on a regular basis of monitoring and avoidance strategies and appropriate treatment
- Information regarding any medication that the pupil is taking is kept up-to-date by the pupil's parent(s)/guardian(s) and/or the pupil
- A readily accessible emergency procedure for the pupil, including emergency contact
- Details related to the storage of the pupil's medication including whether the pupil is permitted to carry their medication and whether any spare medication is kept in the school and, if so, where it is stored.

ROLES AND RESPONSIBILITIES

2.1 Parent(s)/Guardian(s):

2.1.1 As primary caregivers of their child/student, parent(s)/guardian(s) are expected to be active participants in supporting the management of their child's medical condition(s). At a minimum, parent(s)/guardian(s) should:

2.1.2 Educate their child about their medical condition(s) with support from their child's health care professional as needed.

2.1.3 Guide and encourage their child to reach their full potential for self-management and self-advocacy.

2.1.4 Inform the school of their child's medical condition(s) and co-create the Plan of Care for their child with the Principal/Designate.

2.1.5 Communicate, to the Principal or the Principal/Designate, changes to the Plan of Care, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage the medical condition(s).

2.1.6 Confirm annually to the Principal/Designate that their child's medical status is unchanged.

2.1.7 Initiate and participate in annual meetings to review their child's Plan of Care.

2.1.8 Supply their child and/or 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 Plan of Care.

2.1.9 Track expiration dates of all medication supplied.

2.1.10 Seek medical advice from health care professionals (medical doctor, nurse practitioner, or pharmacist) as needed.

2.2 Students:

Depending on their cognitive, emotional, social, and physical stage of development, and their capacity for self-management, students are expected to actively support the development and implementation of their Plan of Care. Students should:

2.2.1 Take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of developmental and their capacity for self-management.

2.2.2 Participate in the development of their Plan of Care.

2.2.3 Participate in meetings to review their Plan of Care.

2.2.4 Carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g., carry their medication and medical supplies, follow school board policies on disposal of medication and medical supplies).

2.2.5 Set goals on an ongoing basis for self-management of their medical condition(s), in conjunction with their parent(s)/guardian(s) and health care professional.

2.2.6 Communicate with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical condition(s) at school.

2.2.7 Wear medical alert identification that they and/or their parent(s)/guardian(s) deem appropriate.

2.2.8 If possible, inform school staff and/or their peers if a medical incident or medical emergency occurs.

2.3 School Staff

2.3.1 Review the contents of the Plan of Care for any student with whom they have direct contact.

2.3.2 Annually, participate in training, during the instructional day, on prevalent medical conditions.

2.3.3 Share information on a student's signs and symptoms, with other students, if the parent(s)/guardian(s) give consent to do so and as outlined in the Plan of Care and authorized by the Principal in writing.

2.3.4 Support 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 Plan of Care.

2.3.5 Support a student's daily or routine management, and respond to medical incidents and medical emergencies.

2.3.6 Support inclusion by allowing students with prevalent medical conditions to perform daily or routine activities in a school location and to enable students with prevalent medical condition(s) to participate in school to their full potential.

2.3.7 Post the Plan of Care in the classroom and any other designated areas in the school as necessary, while being aware of confidentiality and the dignity of the student.

2.3.8 Communicate with parent(s)/guardian(s) in advance regarding classroom celebrations, parties, or other special activities where food may be served.

2.3.9 Communicate with parent(s)/guardian(s) after unplanned exercise or extra-curricular activity.

2.3.10 If student becomes unresponsive at any time or their condition requires medical judgement, immediately contact the office to call 911.

2.4 Principal

In addition to the responsibilities outlined under "School Staff", the Principal should:

2.4.1 Clearly communicate to parents/guardians and appropriate staff the process for parent(s)/guardian(s) to notify the school of their child's medical condition(s) as well as the expectation for parent(s)/guardian(s) to co-create, review, and update a Plan of Care. This process should be communicated to parent(s)/guardian(s):

- During the time of registration;
- Each year during the first week of school;
- When a child is diagnosed and/or returns to school;

2.4.2 Co-create, review, or update the **Plan of Care** for a student with a prevalent medical condition with the parent(s)/guardian(s) in consultation with the appropriate school staff, Board staff, and with the student when appropriate.

2.4.3 Maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition.

2.4.4 Provide relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with student) including any revisions that are made to the Plan of Care.

2.4.5 Communicate with parent(s)/guardian(s) of any medical emergencies as outlined in the Plan of Care.

2.4.6 Encourage the identification of staff who can support the daily or routine management needs of students in the school with a prevalent medical condition.

2.4.7 Ensure that the Plan of Care for each student with a prevalent medical condition is posted in the classroom, staff room, office area, health room, attendance, and storage area for medications.

2.4.8 Establish procedures for informing occasional staff of students with prevalent medical condition(s).

2.4.9 Invite health related experts to address/inform classes generally on prevalent medical conditions.

2.5 School Board:

2.5.1 The Niagara Catholic District School Board is responsible for:

- Providing training and resources on prevalent medical conditions;
- Developing strategies that reduce the risk of student exposure to triggers or causative agents;
- Developing expectations to support the safe storage and disposal of medication and medical supplies;
- Communicating the expectation that students can carry their medication and supplies to support management of their medical condition;



Niagara Catholic District School Board

SUPPORTING CHILDREN AND STUDENTS WITH PREVALENT MEDICAL CONDITIONS POLICY - ANAPHYLAXIS

ADMINISTRATIVE PROCEDURES

300 – School/Students

Policy No 302.1

Adopted Date: April 28, 1998

Latest Reviewed/Revised Date: May 27, 2014

DEFINITION

Anaphylaxis is a **severe life threatening form of allergic reaction**. Anaphylactic reactions occur when the body's sensitized immune system overreacts in response to the presence of a particular allergen. An allergen is a substance capable of causing an allergic reaction. Possible allergic symptoms are many and may rapidly lead to severe permanent injury, coma and/or death. While there is no clinical method to predict the severity or progression of a reaction, there is a need to ensure the safety of students who suffer from extreme allergies (anaphylaxis) and empower school administrators to respond to their needs consistently but at the same time recognize individual differences from case to case.

Certain foods, insect stings, latex products and medications are the most common allergens that produce anaphylaxis.

Anaphylaxis requires **immediate** first aid response and **immediate** medical intervention.

The terms student and pupil are interchangeable in these administrative procedures.

ANAPHYLACTIC REACTION – POSSIBLE SIGNS AND SYMPTOMS

Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an allergen. In rarer cases, the time frame can vary up to several hours after exposure. The ways these symptoms occur can vary from person to person and even from episode to episode in the same person.

An anaphylactic reaction can involve any of the following symptoms, which may appear alone or in any combination, regardless of the triggering allergen:

- **Skin system:** hives, swelling, itching, warmth, redness, rash
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing, swelling of tongue
- **Gastrointestinal system (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of “impending doom”, headache, weakness, uterine cramps, metallic taste (Canadian Pediatric Society & Food Allergy Canada websites)

Since reactions are unpredictable, early symptoms should never be ignored, especially if the person has suffered an anaphylactic reaction in the past. Symptoms do not always occur in the

same order, even in the same individuals. Even when symptoms have subsided after initial treatment, they can return as much as 8 hours after exposure, regardless of the initial reaction severity.

It is important to note that anaphylaxis can occur without hives. If an allergic person expresses any concern that a reaction might be starting, the person should always be taken seriously.

PURPOSE

The procedures outlined will establish an appropriate response when a parent/guardian or adult student indicates to the Principal, in writing, that the student is at risk for anaphylaxis and that the student will require assistance at the first sign of any allergic reaction.

When in doubt, administer appropriate medication unless otherwise specified in writing by the student's allergist or physician.

1. The parent/guardian or adult student must inform the Principal, in writing, that their child or they are at risk for anaphylaxis, and must outline the possible symptoms and requested intervention by school staff on the Anaphylaxis Emergency Plan of Care form (*Appendix C*).
2. The parent/guardian or adult student shall familiarize themselves with Board Policy and School Anaphylaxis Administrative Procedures (Board Policy No. 302.1).
3. The parent/guardian or adult student shall provide the required medication to the school with instructions for intervention on a completed copy of the Anaphylaxis Emergency Plan of Care form (*Appendix C*).
4. The Emergency Plan will include a completed copy of the Anaphylaxis Emergency Plan of Care form (*Appendix C*).
5. A copy of the current Anaphylaxis Emergency Plan of Care form (*Appendix C*) must be filed in the student's OSR and copies must be located in the areas designated by the Principal. The form must be readily available in the event of emergency.
6. The Principal shall establish and maintain a School Anaphylaxis Management Plan. The plan shall include the development and maintenance of strategies that reduce the risk of exposure to anaphylactic agents in all areas of the school (*Appendix A*).
7. In a school, where a student has been identified as at risk for anaphylaxis, the Principal shall enlist the support and co-operation of all staff, students and parents/guardians so as to reduce the potential risk to the student.
8. Elementary Principals shall send a letter to the parents/guardians of the other students in the classroom of the at risk student informing them of the situation and requesting that the specific allergens not be sent to school (*Appendices E, F: Sample Letter to Parents/Guardians*).
9. Elementary and Secondary Principals shall also send communication home to all members of the school community (*Elementary & Secondary School Newsletter Insert – Appendix F*) indicating the presence of a student(s) with a life threatening allergic condition outlining the need to take appropriate action by requesting parents/guardians and students to cooperate by refraining from sending specific foods to school. In addition, Elementary and Secondary Principals shall inform the school community about the Anaphylaxis Policy and Administrative Procedures in the Student Handbook (*Appendix B*).

10. Prior to or on the 1st day of school each year, it is the responsibility of the parent/ guardian or student (at the age of majority) to initiate the process again and present the school with updated information and appropriate and up-to-date medication (check expiry date).
11. At the end of the school year the parent/guardian will be contacted to pick up the unused medication. If the parent/guardian does not comply, the Principal/Designate will take the medication to a local pharmacy.

SCHOOL STAFF TRAINING

All teaching, support staff and others at the school must familiarize themselves with students/staff members who are at risk for anaphylaxis. They will receive training in recognizing and responding to the signs and symptoms to anaphylactic reaction on an annual basis.

A Niagara Region Public Health Nurse from the School Health Program shall be contacted to provide training to all staff on giving the epinephrine auto-injector (e.g. EpiPen®) at the beginning of each school year or as soon as an at-risk individual(s) has been identified at the school.

Should staff change at any time throughout the year, it is the responsibility of the Principal to inform and provide training for new staff member(s) and occasional teachers.

GENERAL ANAPHYLAXIS EMERGENCY PROCEDURES: INDIVIDUALS KNOWN TO BE AT RISK FOR ANAPHYLAXIS

When a person is known to be at risk of anaphylaxis displays initial symptoms, then it must be presumed that the person is in need of the assistance outlined in the Anaphylaxis Emergency Plan form (*Appendix C*). IMMEDIATE intervention is essential, unless otherwise specified by the student's allergist/physician. No ill side effects will result from the administration of emergency medication if they are not experiencing an anaphylactic reaction. Unless otherwise specified in writing, the following steps are to be followed when a student is experiencing a known or suspected anaphylactic reaction:

- GIVE EPINEPHRINE AUTO-INJECTOR (e.g. EpiPen®) immediately (*Appendix G*). Note the time the epinephrine auto- injector was administered.
- CALL 911 (AMBULANCE) and inform the dispatcher that an individual is having a life threatening allergic reaction (anaphylactic reaction).
- NOTIFY PARENT/GUARDIAN.

In a Case where an Ambulance Does Not Arrive:

- If the ambulance has not arrived within 5 to 15 minutes and if the reaction continues or worsens, give a second epinephrine auto-injector (e.g. EpiPen®).
- Even if symptoms subside entirely, this student must be taken to the hospital by ambulance.

INDIVIDUALS NOT KNOWN TO BE AT RISK OF ANAPHYLAXIS

A student/person not known to be at risk for anaphylaxis may also display symptoms of severe allergic reaction. In such circumstances, school staff should assess the situation and take action as would be appropriate for any other illness/injury/emergency incident, including administration of epinephrine.

EMERGENCY USE OF EPINEPHRINE AUTO-INJECTOR

In either case, where individuals are known or not known to be at risk of anaphylaxis, and should ANAPHYLAXIS appear imminent, any available epinephrine auto-injector (e.g. EpiPen®) must be used. Please follow the General Anaphylaxis Emergency Procedures (*Appendix G*).

In this circumstance, the parent/guardian of the student or adult student whose epinephrine auto-injector was used in the above emergency situation must be notified immediately by the Principal/designate. The Principal will make arrangements with the parent/guardian/adult student for a replacement epinephrine auto-injector at the Board's expense.

- Appendix A** *Division of Responsibilities*
- Appendix B** *General Information*
- Appendix C** *Anaphylaxis Emergency Plan of Care*
- Appendix D** *Sample Letter [A] to Parents/Guardians*
- Appendix E** *Sample Letter [B] to Parents/Guardians*
- Appendix F** *Elementary & Secondary Newsletter Insert*
- Appendix G** *General Anaphylaxis Emergency Procedures*

DIVISION OF RESPONSIBILITIES

Increased safety for students at risk for anaphylaxis in a school setting depends on the cooperation of the entire school community.

To minimize risk of exposure, and to ensure rapid response to emergency, parents/guardians, students and school personnel must understand and fulfill their responsibilities.

RESPONSIBILITIES OF PARENTS/GUARDIANS OF AN ANAPHYLACTIC CHILD

- Be informed of the Niagara Catholic District School Board's Anaphylaxis Administrative Procedures and School Anaphylaxis Management Plan.
- Complete and authorize Anaphylaxis Emergency Plan of Care form (*Appendix C*) that has been approved by the student's allergist/physician.
- Review both the Anaphylaxis Emergency Plan of Care form (*Appendix C*) and the procedures for reducing risk with school personnel annually.
- Provide transportation for their child until emergency procedures are in place for busing.
- Provide a MedicAlert[®] bracelet for their child as per parental consideration.
- Inform the school of their child's allergies.
- Provide the school with current medical instructions from their physician for administering auto-injector.
- Provide the school with up-to-date and sufficient number of epinephrine auto-injectors (e.g. EpiPen[®]) for the entire school year.
- Provide and maintain up-to-date emergency contact information to the school.
- Provide support to school and teachers, as requested.
- Provide in-service for staff, if requested.
- Assist in school communication plans.
- Be willing to provide safe foods for special occasions (if appropriate).
- Teach their child:
 - to recognize the signs and symptoms of an anaphylactic reaction;
 - to know where medication is kept and who can get it;
 - to carry their own epinephrine auto-injectors (e.g. EpiPen[®]) in a fanny-pack;
 - to not share snacks, lunches or drinks;
 - to understand the importance of hand-washing, and to wash hands before and after eating;
 - to report bullying/threats/harassment to an adult in authority;
 - to take as much responsibility as possible for their own safety.
- Welcome other parent/guardian calls with questions about safe foods.
- Participate in advisory/support groups.

RESPONSIBILITIES OF THE SCHOOL PRINCIPAL

With Parent/Guardians and Students:

- Develop an individual Anaphylaxis Emergency Plan for each student who has an anaphylactic allergy, in consultation with student's parent(s)/guardian(s).
- Work closely with the parents/guardians of anaphylactic students.
- Develop a School Anaphylaxis Management Plan to implement the Board Policy and Procedures for reducing risk of anaphylaxis in all areas of the school, reviewed on an annual basis with school staff at the beginning of each school year.

- Ensure completion of all necessary forms by parents/guardians: *Appendix C – Anaphylaxis Emergency Plan of Care* at registration and to update the information on an annual basis.
- Direct parents/guardians of anaphylactic students to relevant Board and school policies and procedures and provide the opportunity to review them together.
- Inform all students, staff and parents/guardians that students with life-threatening allergies are in attendance and ask for their support.
- Communicate with the Catholic School Council to increase awareness of anaphylaxis and the role of the school in helping to protect students with life-threatening allergies.
- Advise the parents/guardians of other students on the school bus, explaining anaphylaxis and the need for their cooperation.
- Post a board provided “Anaphylaxis Aware” sign at entrances of the school.

With School Staff:

- Maintain a file for each anaphylactic pupil of current treatment and other information, including a copy of any prescriptions and instructions from the student’s physician and a current emergency contact list.
- Inform all students, staff and parents/guardians that students with life-threatening allergies are in attendance and ask for their support.
- Share the plan of care with all school staff as well as occasional staff members. Plans of care should be posted in the Staff Room for all to reference while maintaining student privacy.
- Post allergy-alert forms in the staff room, classroom, office and other appropriate rooms.
- Post Anaphylaxis Emergency Plans at appropriate places in the school (*Appendix C*).
- Maintain up-to-date emergency contacts and telephone numbers in the school office.
- Ensure that staff and volunteers have received instructions with giving an epinephrine auto-injector (e.g. EpiPen®).
- Practice emergency procedures with all staff.
- In cooperation with the parents/guardians and classroom teacher, may implement a “buddy” system to enhance safety.
- Ensure that occasional teachers and support staff are informed of the presence of an anaphylactic student and procedures.
- Arrange for annual in-services with all staff.
- Store epinephrine auto-injectors (e.g. EpiPen®), labeled and in an easily accessible location known to all staff.
- Ensure that surfaces such as tables, toys, etc. are carefully cleaned of contaminating foods.

With Executive Director, Niagara Student Transportation Services:

- Complete and submit the annual memorandum from Transportation Services regarding Anaphylactic Students Using Transportation to the Executive Director, Niagara Student Transportation Services.
- Ensure that the medical field of the Maplewood Student Information system has been completed.
- Inform the Executive Director, Niagara Student Transportation Services of any problems reported regarding busing and the safety of anaphylactic students.
- Reinforce current procedures prohibiting eating on the school bus.
- Through the Niagara Student Transportation Services advise the bus driver of the presence of a student with life-threatening allergies on their bus as well as share the Plan of Care with the driver.
- Advise the parents/guardians of other students on the school bus, explaining anaphylaxis and the need for their cooperation.

Other:

- Establish safety procedures for field trips and extra-curricular activities as it applies to the student. Additional epinephrine auto-injectors (e.g. EpiPen®), should be brought on field trips. Communicate with parent/guardian prior to activity.

- Conduct spot checks along with staff to reinforce the student’s responsibility to carry epinephrine auto-injectors (e.g. EpiPen®) and wear MedicAlert® notification.
- In the event, an elementary student who has a known food allergen in their lunch shares a classroom with a student with life-threatening allergies, the Principal must provide an alternate eating location for them to eat separately. Secondary School Principals must provide an alternate eating location for students with life-threatening allergies on request.
- Caterers or other businesses that supply food or food services to cafeterias within the jurisdiction of the Niagara Catholic District School Board must, as part of their contractual agreement, ensure personnel are trained to reduce the risk of cross-contamination through purchasing, handling, preparation and serving of food and clearly identify the contents of foods served.
- Principals, parents and food service staff should work closely together to ensure that food being served during lunch and snack programs is appropriate. If there is any uncertainty, food-allergic children should only eat food which parents have approved.
- Ensure a safe eating environment for children with food allergies which is agreeable to the allergic child and their parents/guardians.

RESPONSIBILITIES OF THE CLASSROOM TEACHER

- Participate in the review of the Anaphylaxis Emergency Plan of Care (*Appendix C*) for students in their classroom with life-threatening allergies.
- Participate in regular training about anaphylaxis and epinephrine auto-injectors (e.g. EpiPen®).
- Display a photo-poster in the classroom, with parental approval and regard to the privacy needs of older students.
- Discuss anaphylaxis with the class in age-appropriate terms.
- Advise students not to share lunches, food implements or trade snacks.
- Choose alternatives to using food as a reward.
- Establish procedures to encourage the anaphylactic student to eat only what they bring from home.
- Reinforce hand-washing with soap and water before and after eating for all students.
- Advise students of disposing all food refuse properly.
- Facilitate communication with other parents/guardians.
- In cooperation with the parents/guardians and the Principal, may implement a “buddy” system to enhance safety.
- Follow Board policies and school procedures for reducing risks in classrooms and common areas.
- Conduct spot checks to reinforce the student’s responsibility to carry epinephrine auto-injectors (e.g. EpiPen®) and wear MedicAlert® notification.
- Leave the Anaphylaxis Emergency Plan(s) in an organized, prominent and accessible format for occasional teachers, parent/guardian volunteers, or others who may have occasional contact.
- Plan appropriately for field trips. Communicate with parent/guardian prior to activity.
- Ensure that Anaphylaxis Emergency Plan of Care (*Appendix C*) is considered, and epinephrine auto-injectors (e.g. EpiPen®) are taken.

RESPONSIBILITY OF EXECUTIVE DIRECTOR, NIAGARA STUDENT TRANSPORTATION SERVICES

- Ensure that the bus company is familiar with the Board’s Policy and Administrative Procedures on Anaphylaxis (Board Policy No. 302.1).
- Note: Niagara Student Transportation Services is responsible to provide their staff with First Aid training and Auto-Injector training.

RESPONSIBILITIES OF BUS OPERATORS AND BUS DRIVERS

- Ensure that all bus drivers are familiar with the Board's Policy and Administrative Procedures on Anaphylaxis (Board Policy No.302.1) related Niagara Student Transportation Services contractual requirements, and follow bus company policy procedures for anaphylactic students.
- Participate in training offered by the bus company.

RESPONSIBILITIES OF PUBLIC HEALTH/SCHOOL NURSE

- Consult with and provide information to parents/guardians, students, and school personnel.
- Participate and/or conduct in-services, including training, in the use of epinephrine auto-injectors (e.g. EpiPen®).
- Assist in developing Anaphylaxis Emergency Plan of Care form (*Appendix C*) when requested.
- Refer known cases of anaphylaxis to the school principal.
- Be available as a school resource.

RESPONSIBILITIES OF ANAPHYLACTIC STUDENTS

- Take as much age-appropriate responsibility as possible for avoiding allergens.
- Eat only foods brought from home or approved by parents/guardians for consumption.
- Take responsibility for checking labels and monitoring intake (as age appropriate).
- Wash hands frequently with soap and water and always before eating.
- Learn to recognize symptoms of an anaphylactic reaction (as age appropriate).
- Promptly inform an adult, as soon as suspected accidental exposure occurs or symptoms appear.
- Carry epinephrine auto-injectors (e.g. EpiPen®) at all times as soon as age appropriate.
- Wear MedicAlert® identification.
- Know how to use the epinephrine auto-injector (e.g. EpiPen®) (as age appropriate).

RESPONSIBILITY OF SCHOOL COMMUNITY

- Respond co-operatively to requests from the school to reduce allergens from packed lunches, snacks and special occasions etc.
- Participate in parent/guardian information sessions.
- Encourage students to respect an anaphylactic student and school policies.

RESPONSIBILITIES OF ALL STUDENTS (AS AGE APPROPRIATE)

- Learn to recognize symptoms of anaphylactic reaction.
- Do not share food, especially with anaphylactic students.
- Follow school rules about reducing allergens in the classroom.
- Refrain from bullying/teasing/harassing a student with a food allergy.
- Wash hands with soap and water before and after eating.
- Dispose all food refuse properly.
- Respect the rights and needs of others.

GENERAL INFORMATION

DEFINITION - ANAPHYLAXIS

Anaphylaxis (pronounced *anna-fill-axis*) is a serious allergic reaction that is rapid in onset and may cause death. An allergen is a substance capable of causing an allergic reaction. Upon first exposure, the immune system treats the allergen as something to be rejected and not tolerated. This process is called *sensitization*. Re-exposure to the same allergen in the now-sensitized individual may result in an allergic reaction, which in its most severe form, is called *anaphylaxis*.

Foods such as peanuts, tree nuts (e.g. almond, cashew, hazelnut, pistachio), fish, shellfish, eggs, milk, sesame, soy and wheat as well as insect stings (e.g. yellow jackets, hornets, wasps, honey bees), latex products and medications, are the most common allergens that produce anaphylaxis. Anaphylaxis requires immediate first aid response and immediate medical intervention.

Although many substances have the potential to cause anaphylaxis, the most common triggers are foods and insect sting (e.g. yellow jackets, hornets, wasps, honey bees). In Canada, the most common food allergens that cause anaphylaxis are: peanut, tree nuts (almonds, Brazil nuts, cashews, hazelnuts, macadamia nuts, pecans, pine nuts, pistachios, walnuts), milk, egg, seafood (fish, shellfish, crustaceans), soy, wheat, mustard and sulphites (a food additive). Health Canada requires these ‘priority allergens’ to always be identified on food labels by their common names.

IDENTIFICATION

In many cases, the medical diagnosis of anaphylactic allergies is made at a pre-school age, on early exposure to the allergen. The severity of a reaction cannot be predicted. Signs and symptoms of a severe allergic reaction can occur within minutes of exposure to an allergen. In rarer cases, the time frame can vary up to several hours after exposure. The ways these symptoms occur can vary from person to person and even from episode to episode in the same person.

Symptoms of anaphylaxis generally include two or more of these four body systems: skin, respiratory, gastrointestinal and/or cardiovascular. However, low blood pressure alone (i.e. cardiovascular system), in the absence of other symptoms, can also represent anaphylaxis.

INITIAL SCHOOL INVOLVEMENT

Typically, the young child has previously had an unusual reaction to the allergen before entering the school system. The allergic reaction prompts the parent/guardian to seek medical treatment and subsequently a diagnosis of high risk for anaphylaxis is made. When the child reaches school age, the child’s parents/guardians notify the school of the condition and outline the expected response. While it is unlikely that the parent/guardian of a young child will fail to fully inform the school of the child’s high risk of anaphylaxis, school intake procedures should seek to identify those students at risk for anaphylaxis.

AVOIDANCE STRATEGIES

Avoidance is the cornerstone of preventing an allergic reaction. Much can be done to reduce the risk when avoidance strategies are developed. General recommendations for food and insect stings are provided in *Anaphylaxis in Schools & Other Settings, 3rd Edition*.

For food-allergic individuals, the key to remaining safe is avoidance of the food allergen. It must be stressed that very small or minute amounts of certain foods can cause severe reactions when ingested. This may happen if a person at risk touches an allergenic substance and then subsequently touches the mouth. Even a very small amount 'hidden' in a food or a trace amount of an allergen transferred to a serving utensil has the potential to cause a severe allergic reaction.

While it is difficult to completely eliminate all allergenic ingredients due to hidden or accidentally introduced sources, it is possible and extremely important to reduce the risk of exposure to them. Effective ingredient label reading, special precautions for food preparation, proper hand washing and cleaning go a long way toward reducing the risk of an accidental exposure.

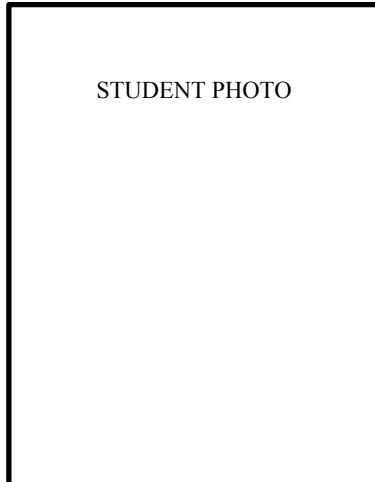
Examples of cross contamination:

1. A spoon is used to stir chocolate syrup into milk. The same spoon is accidentally used to stir chocolate syrup into soy beverage. The milk-allergic person reacts upon taking a sip of the chocolate soy beverage.
2. Students sharing food with an allergic child.

ANAPHYLAXIS EMERGENCY PLAN OF CARE

ANAPHYLAXIS EMERGENCY PLAN OF CARE: _____ (Student Name)

This person has a potentially life-threatening allergy (anaphylaxis) to:



(Check the appropriate boxes)

Food(s): _____

Insect stings

Other: _____

Food: The key to preventing an anaphylactic emergency is *absolute avoidance* of the allergen. People with food allergies should not share food or eat unmarked/ bulk foods or products with a “may contain” warning.

Epinephrine Auto-Injector: Expiry date: _____ / _____

Dosage: EpiPen® 0.15 mg 0.30 mg

Location of Auto-Injector(s): _____

- Previous anaphylactic reaction: Person is at greater risk.
- Asthmatic: Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- Skin system: hives, swelling, itching, warmth, redness
- Respiratory system (breathing): coughing, sneezing, shortness of breath, chest pain/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, pain/cramps, vomiting, diarrhea
- Cardiovascular system (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- Other: anxiety, feeling of “impending doom”, headache, uterine cramps, metallic taste
- Early recognition of symptoms and immediate treatment could save a person’s life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction. (See attached instruction sheet.) Note the time the epinephrine auto-injector was administered.
2. Call 9-1-1 or local emergency medical services, tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine in 5 to 15 minutes IF the reaction continues or worsens.

4. Go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 hours).
5. Call emergency contact person (e.g. parent, guardian).

Emergency Contact Information				
Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient’s physician.

This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the Authority of The Education Act, c. 129, s. 60 and will be used for the purposes of the Emergency Allergic Reaction Form and Obtaining Consent for Intervention during an Emergency Allergic Reaction. Questions about this collection should be directed to the Superintendent of Education at the Niagara Catholic District School Board, 427 Rice Road, Welland, Ontario L3C 7C1 Telephone 905-735-0240.

In accordance with the Municipal Freedom of Information and Protection of Privacy Act, I give consent for the pertinent medical information concerning my child to be released as required. I have read and reviewed Appendix A: Division of Responsibilities regarding Anaphylaxis, Policy No. 302.1.

Patient/Parent/Guardian Signature _____ Date _____

Physician Signature _____ Date _____

SAMPLE LETTER [A] TO PARENTS/GUARDIANS

[To inform school community about Anaphylaxis]

(Elementary)

Dear Parents/Guardians,

Within our school community, there are several students who have a potentially life-threatening allergy (anaphylaxis) to foods, predominantly to peanuts and tree nuts (e.g. almond, cashew, hazelnut, pistachio).

We feel the best way to reduce the risk of accidental exposure to these students is to respectfully ask for the co-operation of the parents/guardians within this school community to avoid sending peanut butter or products with peanuts listed in the ingredients.

There is a wide range of nutritious foods available to pack for your child. Visit www.eatrightontario.ca for suggestions.

For more information on anaphylaxis, visit www.anaphylaxis.ca or www.aaia.ca

What is the school doing to help?

We are talking to the students about Anaphylaxis and showing age appropriate videos. Young students view the video, “The Elephant Who Couldn’t Eat Peanuts.” We are working hard at preventing accidental exposure. It is also important that we have common routines throughout the entire school. Since there is team teaching and many shared areas (washrooms, fountains, gym, library, computers, etc.) students are at risk of coming in contact with allergens. The teachers will explain the importance of the following health and safety routines to the students in their classrooms:

1. Wash your hands with soap and water before and after eating.
2. Do not bring food that contains peanuts/tree nuts.
3. Do not accept food from other students especially if you have food allergies.
4. Snacks are not permitted outside in the schoolyard.
5. Dispose of all food refuse properly.

Preventative safety measures for Anaphylaxis are now commonplace in our schools. Our Board has a policy in place to help ensure the safety of our students.

We would ask you to talk to your children about these preventative safety measures, which are going into effect immediately. Please sign the tear off form below to ensure you have received this information and return it to the classroom teacher tomorrow. Your questions and suggestions are most welcome. Your co-operation in this matter is greatly appreciated.

Yours in Catholic Education,

Principal

ANAPHYLAXIS SAFETY NOTICE

Student's Name: _____

Teacher: _____

I have read the safety recommended notice and am aware of the Board's Anaphylaxis policy and precautions for the safety of students with Anaphylaxis.

Parent/Guardian's Signature: _____

Comments below:

**SAMPLE LETTER [B]
TO PARENTS/GUARDIANS**

[To inform school community about Anaphylaxis]

(Elementary)

Dear Parents/Guardians,

I hope you will consider this letter very carefully and join the staff in taking care to ensure the safety of all the students in the school.

A number of our students have a potentially life-threatening allergy (anaphylaxis) to peanuts and tree nuts (e.g. almond, cashew, hazelnut, pistachio). These students are in various grades and we must all join together to ensure their safety.

I ask respectfully that families cooperate by enjoying peanut/tree nut-containing products at home (please do not send to school).

1. All foods must be eaten in the classroom – absolutely not outside or on the bus.
2. Food is not to be shared with other students.
3. Utensils are not to be shared with other students.
4. Hands are to be washed before and after eating with soap and water.
5. Dispose of all food refuse properly.

On behalf of the students and their parents/guardians, I thank you for your co-operation.

Yours in Catholic Education,

Principal

ELEMENTARY & SECONDARY NEWSLETTER INSERT

[To inform school community about Anaphylaxis]

ANAPHYLAXIS POLICY

At the beginning of every school year, we remind all students and parents/guardians of our Board's Anaphylaxis Policy.

At _____ [school name] we have Emergency Procedures, which clearly state what medical procedures must occur for those students who have various life-threatening medical conditions.

We are reminding all students and parents/guardians that we have students in our school who are known to have a potentially life-threatening allergy called Anaphylaxis.

Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death. While fatalities are rare, anaphylaxis must always be considered a medical emergency requiring immediate treatment.

Symptoms of anaphylaxis generally include two or more of these four body systems: skin, respiratory, gastrointestinal and/or cardiovascular. However, low blood pressure alone (i.e. cardiovascular system), in the absence of other symptoms, can also represent anaphylaxis. Breathing difficulties and low blood pressure are the most dangerous symptoms and both can lead to death if untreated. Anaphylaxis is an unpredictable condition as signs and symptoms can vary from one person to the next and from one episode to another in the same person.

In Canada, the most common food allergens that cause anaphylaxis are: peanut, tree nuts (almonds, Brazil nuts, cashews, hazelnuts, macadamia nuts, pecans, pine nuts, pistachios, walnuts), milk, egg, seafood (fish, shellfish, crustaceans), soy, wheat, mustard and sulphites (a food additive).

Anaphylaxis requires immediate first aid response and immediate medical intervention.

GENERAL ANAPHYLAXIS EMERGENCY PROCEDURES

1. Administer the epinephrine auto-injector (e.g. EpiPen®).

Don't hesitate. It can be life saving. Note the time the epinephrine auto-injector was administered.

The student should rest quietly. DO NOT SEND THE STUDENT TO THE OFFICE.

To give epinephrine auto-injector:

EpiPen® (Blue safety cap)

- Flip open the yellow cap of the EpiPen® or green cap of the EpiPen® Jr and remove from carrying case.
 - Form a fist around the unit with orange tip point down – needle comes out this end; never put thumb, fingers or hand over orange tip.
 - With your other hand pull off blue safety release cap.
 - Swing at a 90 degree angle, firmly pushing in (so tip does not slide and unit is activated).
 - You will hear a click. Designed to go through clothing.
 - Hold firmly against thigh for approximately 10 seconds to make sure mechanism does not retract needle too soon and all medication is delivered.
 - Remove unit from thigh – the orange needle cover automatically extends to cover the used needle.
2. HAVE SOMEONE CALL 911 (AMBULANCE) and inform the dispatcher that an individual is having an anaphylactic reaction.
 - The student should be rushed to the hospital by ambulance after administration of epinephrine auto-injector (e.g. EpiPen®). Give used epinephrine auto-injector (e.g. EpiPen®) to ambulance crew to take to the hospital. Any additional epinephrine auto-injectors (e.g. EpiPens®) should accompany the student in case a second injection is required if symptoms persist or recur.
 - The time when the first epinephrine auto-injector was administered should be noted so that the second epinephrine auto-injector (e.g. EpiPen®) can be administered in 5 to 15 minutes, if symptoms persist or recur. The provision of an adequate number of EpiPens® is the responsibility of the parent/guardian.
 3. NOTIFY PARENT/GUARDIAN
 4. If the ambulance has not arrived within 5 to 15 minutes and if the reaction continues or worsens, give a second epinephrine auto-injector (e.g. EpiPens®) if available.
 5. Even if symptoms subside entirely, this student must go to the hospital by ambulance.



Niagara Catholic District School Board

**SUPPORTING CHILDREN AND STUDENTS WITH PREVALENT
MEDICAL CONDITIONS POLICY - ASTHMA**

ADMINISTRATIVE PROCEDURES

300 – Schools/Students

Policy No 302.9

Adopted Date: December 15, 2015

Latest Reviewed/Revised Date: Nil

DEFINITIONS

Definition of Asthma

According to the Ontario Lung Association (www.on.lung.ca), asthma is very common chronic (long-term) lung disease making it difficult for a person to breathe. Persons with asthma have sensitive airways that react to triggers including but not limited to air quality, allergies, cold/flu, physical activities, and pollen. When the airways react to a trigger, they become narrow due to swelling and squeezing of the airways resulting in less air getting through to the lungs and less air getting out.

Symptoms of Asthma

Symptoms of asthma include acute episodes of coughing, wheezing, difficulty breathing, shortness of breath and chest tightness. Symptoms can vary in severity, as they can be mild or moderate and affect activity levels, or they can be severe and life threatening.

It is the Niagara Catholic District School Board's policy to provide a safe environment for students who are susceptible to allergens, but it is not possible to reduce the risk to zero. This is particularly the case with asthma triggers.

Students with asthma have sensitive airways that react to triggers. A trigger is something that can make asthma worse, such as, but not limited to: air quality, mold, dust or dust mites, pollen, viral infections, animal and pet dander, smoke, scented products and cold air. Triggers vary widely from individual to individual and are sometimes situation-specific. To the extent possible, school staff will identify and minimize asthma triggers and implement strategies to reduce the risk of exposures in classrooms, common school areas and in planning field trips.

Common Outdoor Triggers:

Cold air – susceptible students with asthma may need to use a scarf to cover their mouth and nose, especially prior to and during physical activity; when outdoor cold temperatures are extreme, a well-ventilated indoor site should be used for physical activity;

Air Quality, Smog – outdoor air quality and smog alerts can be monitored through local news/air quality sites; well-ventilated indoor sites can be chosen for physical activity on days when air quality is poor. www.airhealth.ca;

Pollen, Leaves, Trees – May through August, (or until first frost) grassy or densely treed activity sites should be avoided for physical activity.

Common Indoor Triggers:

Physical activities indoors (e.g., classroom, gymnasium) should be planned to eliminate or minimize common triggers that may cause asthma symptoms: strong smells (e.g., perfumes, strongly-scented markers or paints, cleaning products) dust, chalk, furry or feathered animals.

Asthma and Exercise:

While exercise can be an asthma trigger, exercise is important for everyone. Teachers and coaches should be prepared to accommodate and modify activities to promote participation of students with asthma.

Guidelines for supporting students with asthma include the following:

- Have the student warm-up 10 – 15 minutes prior to exercising and cool down afterward;
- Some students may need to use their inhaler prior to exercise, as advised by the physician;
- Be aware of environmental triggers (e.g., extreme temperature, air quality , high pollen count) and be prepared to relocate or reschedule as required;
- The student should not participate in physical activity if already experiencing asthma symptoms. If the student has asthma symptoms during exercise, they should stop until they feel better and use reliever inhaler as necessary;

Responding to Asthma Symptoms - Action:

- Have the student use reliever inhaler as prescribed (use a spacer if provided);
- Remove the student from the trigger;
- Have the student remain in an upright position;
- Have the student breathe slowly and deeply;
- Check symptoms. When all the student’s symptoms are gone, then the student can resume school activities, but should be monitored closely. The student may require additional reliever medication.
- If symptoms get worse or do not improve within 5 – 10 minutes, follow the steps for an emergency response.

Strategies to Assist Schools and Classrooms to Minimize Common Triggers:

If area rugs or carpets are used, choose ones with low nap or ones easily washed. Remove furry or feathered animals (birds, gerbils, mice, etc.). Where possible, use scent-free products.

Signs and Symptoms

Symptoms of asthma are variable and can include but are not limited to the following: coughing, wheezing, difficulty breathing, shortness of breath, chest tightness.

Medication

“Medication” refers to any medication prescribed by a health care provider and may be administered to a student or taken by the student during school hours or school related activities.

Emergency Medication and Administration of Medication

“Emergency Medication” refers to medication that is administered by a staff member to a student at the time of an asthma exacerbation; i.e. reliever inhaler or stand-by-medication.

Employees of the Board may be preauthorized to administer medication or supervise a student while the student takes medication in response to an asthma exacerbation with the consent of the parent/ guardian or adult student.

If an employee of the Board has reason to believe that a student is experiencing an asthma exacerbation, the employee may administer asthma medication even if there is no authorization.

Emergency Response

It is an emergency situation if the student:

- Has used a reliever medication and it has not helped within 5-10 minutes;
 - Has difficulty speaking or is struggling for breath;
 - Appears pale, grey or is sweating;
 - Has greyish/blue lips or nail beds;
 - Has skin on neck or chest sucked in with each breath;
- OR
- You have any doubt about the student’s condition:

Emergency Procedure:

- Have the student use, or assist the student in using, fast-acting reliever inhaler;
- If a staff member has reason to believe that a student is experiencing an asthma exacerbation, they can administer asthma medication to the student for the treatment of the exacerbation, even if there is no preauthorization to do so;
- Call 911. Notify office. Remain with the student;
- Have the student sit upright or with arms resting on a table or other support if possible. Continue to give the reliever inhaler every 5 - 10 minutes until the ambulance arrives;
- Contact the parent/guardian as soon as possible;
- Stay calm and reassure the student. Tell the student to breathe slowly and deeply. Note: Students are transported to hospital by ambulance only.

Immunity

The Act to Protect Pupils with Asthma states that “No action or other proceeding for damages shall be commenced against a Board 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.”

The procedures outlined will establish an appropriate response when a parent/guardian or adult student indicates to the Principal, in writing, that a student/adult student has been diagnosed with asthma and that the student/adult student will require assistance or will have easy access to their prescribed reliever inhaler(s) medication at the first sign of an asthma attack with consent from the parent/guardian/student.

PROCEDURES

The Board shall:

- Ensure that all schools identify students with asthma as part of the registration process or following a diagnosis, to gather necessary asthma related information from parents/guardians and the student.
- Provide asthma education and training opportunities for all staff, employees and others, in direct contact with students on a regular basis, on recognizing and preventing asthma triggers, recognizing when symptoms are worsening, and managing asthma exacerbations. The Board will ensure that all administrative, teaching, support staff and others are familiar with the *Asthma Policy* and with students and staff who have asthma.
- Review the Board's Asthma Policy as part of the Board's regular policy review cycle.

SCHOOL STAFF TRAINING

All administrative, teaching, support staff and others at the school must familiarize themselves with students and staff members with asthma and the Board Asthma Policy.

A Niagara Region Public Health Nurse from the School Health Program shall be contacted by the Principal/Vice-Principal or designate to provide training to all staff on the use of reliever inhalers at the beginning of each school year or as soon as an at-risk individual(s), student/adult student has been identified at the school.

Should staff change at any time throughout the year, it is the responsibility of the Principal to inform and provide training for new staff member(s), occasional teachers and support staff.

APPENDIX A

DIVISION OF RESPONSIBILITIES

RESPONSIBILITIES OF THE PARENTS/GUARDIANS OF A STUDENT WITH ASTHMA

- Be familiar with the Board's *Asthma Policy*.
- Inform the Principal in writing that their student has been diagnosed with asthma and provide consent for the student to carry their asthma medication.
- Complete and authorize the *Student Asthma Management Plan of Care* (Appendix B) approved by the student's physician. Any changes to the student's medication will require a revised Student Asthma Management Plan (Appendix B) to be completed and authorized by the student's physician and parent/guardian.
- Continually provide the required medication to the school with administration direction provided by the student's physician/ health care provider.
- Ensure that any devices that are necessary for the administration of the prescribed medication are clean and free from defects.
- Annually review the *Student Asthma Management Plan of Care* and procedures with school personnel and others as required.
- Provide current emergency contact information to the school.
- Ensure that their student:
 - Recognizes early warning signs and symptoms of an asthma attack;
 - Carries their prescribed reliever inhaler(s) medication and understand how to take the medication;
- At the end of each school year it is the responsibility of the parent/guardian to pick-up any unused medication. If unused medication is not picked-up, the Principal/Designate will take the medication to a local pharmacy for disposal.

RESPONSIBILITIES OF THE SCHOOL PRINCIPAL

With Parents/Guardians and students, the Principal shall:

- Ensure that, upon registration, parents/guardians or adult student shall be asked to supply information about the diagnosis of asthma.
- Develop a *Student Asthma Management Plan of Care* (Appendix B) for each student with asthma based on the recommendations of the student's health care provider, including details about the monitoring and avoidance strategies, appropriate treatment, a readily accessible emergency procedure for the student, and storage of the student's asthma medication.
- Inform school board personnel and others who are in direct contact on a regular basis with a student with asthma about the contents of the student's *Student Asthma Management Plan of Care* (Appendix B).
- Allow students to carry their own asthma medication with the consent of their parents/guardians. If the student is 16 years or older, they are not required to have parental consent.
- Require that all school staff ensure that all students have easy access to their prescribed reliever inhaler(s) medication at all times in the schools of the Board.

- Identify each student with asthma in Maplewood.
- Maintain a file for each student with asthma, including current treatment and other information, a copy of the prescription and instructions from the student's physician, and a current emergency contact list.
- Inform the Executive Director, Niagara Student Transportation Services of any problems reported regarding busing and the safety of students with asthma.
- In conjunction with the Controller of Facilities Services and the Board's Facilities Services' Department, identify asthma triggers in school to reduce the risk of exposure, and to set and monitor consistent standards for school maintenance, ventilation, indoor air quality, and dust control at all Board sites. In addition, Facilities Services will ensure that repairs, renovations and cleaning will be scheduled to avoid exposing students and staff to dust and other irritants, with major projects scheduled when schools are not in operation.

RESPONSIBILITIES OF THE CLASSROOM TEACHER AND SUPPORT STAFF

- Participate in the review of the *Student Asthma Management Plan of Care* (Appendix B) for each student with asthma in their classroom.
- Conduct spot checks to reinforce the student's responsibility to carry their prescribed reliever inhaler(s) medication.
- Participate in training on recognizing asthma symptoms and managing asthma exacerbations.
- Discuss signs and symptoms of asthma with the class in age-appropriate terms.
- Provide *Student Asthma Management Plans* (Appendix B) to occasional teachers, parent/guardian volunteers, or others who are in direct contact with the student when required.
- Plan for field trips by communicating with parents/guardians/students prior to the activity. Field trips are an extension of learning. The classroom teacher shall ensure that the student's *Asthma Management Plan of Care* (Appendix B) accompanies the student on the field trip and is available during the field trip.

RESPONSIBILITIES OF STUDENTS WITH ASTHMA

The student shall:

- Take age-appropriate responsibility for avoiding asthma triggers.
- Recognize early warning signs and symptoms of an asthma attack.
- Carry their prescribed reliever inhaler(s) medication and understand how to take the medication with parental permission under the age of sixteen (16) years.

RESPONSIBILITY OF EXECUTIVE DIRECTOR, NIAGARA STUDENT TRANSPORTATION SERVICES

- Ensure that all bus drivers are familiar with the Board's *Asthma Policy* and provide training for bus drivers.

RESPONSIBILITIES OF PUBLIC HEALTH/SCHOOL NURSE

- Consult with and provide information to parents/guardians, students, and school personnel.

- Participate and/or conduct in-services, including training, on the use of reliever inhalers.
- Assist in developing the *Student Asthma Management Plan* (Appendix B) as required.
- Be available as a school resource.

APPENDIX B

Niagara Catholic Student Asthma Management Plan of Care

Place
Student
Photo
Here

Name of Student: _____ D.O.B.: _____

Name of Teacher: _____ Grade: _____

Emergency Contact Information (List in priority of contact)			
Name	Relationship	Daytime Phone	Alternate Phone
1.			
2.			
3.			

Known Asthma Triggers

- Air Quality
 Allergies (specify) _____
 Cold/flu
 Physical Activities
 Pollen
 Anaphylaxis (specify allergy) _____
 Other (specify) _____

RELIEVER INHALER

_____ has been diagnosed with asthma and has been prescribed a reliever inhaler.
(Name of student)

Instructions/Dosage: _____ **Expiry Date:** _____

Name of Physician: _____ **Phone No.** _____

Signature of Physician: _____ **Date:** _____

PARENT/GUARDIAN CONSENT

I, _____ confirm that my child _____
(Print Name) (Print Name of Student)

is responsible and has permission to carry their reliever inhaler at all times including outdoor activities and field trips.

Please Check One:

Student will be responsible to carry and administer their own reliever inhaler.

Student requires assistance to use their reliever inhaler. Make sure it is readily accessibility by teacher/supervisor.

Signature of Parent/Guardian: _____ **Date:** _____



NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
**SUPPORTING CHILDREN AND STUDENTS WITH PREVALENT
MEDICAL CONDITIONS POLICY - DIABETES**
ADMINISTRATIVE PROCEDURES

300 – Schools/Students

Policy No 302.8

Adopted Date: June 12,2012

Latest Reviewed/Revised Date: NIL

DEFINITION

Diabetes is a disease of the pancreas where a person is unable to create insulin or is unable to use the insulin that is produced. Insulin is a hormone produced by the pancreas that helps control the level of glucose or sugar in blood. Without insulin, carbohydrates (starch and sugars) food cannot be converted into stored energy (called blood glucose or blood sugar) required to sustain life. Instead, unused glucose is accumulated in the blood and spills out into the urine. See Appendix L Glossary of Terms.

Type 1 Diabetes (insulin-dependent)

Type 1 Diabetes can occur at any age. Children with Type 1 Diabetes must inject/receive insulin several times every day. Type 1 Diabetes cannot be prevented or cured.

Type 2 (non-insulin-dependent)

Type 2 Diabetes typically develops in adulthood, but can appear earlier. It has been appearing with more frequency in pubertal children and adolescents. Individuals who are inactive, overweight, with or without a family history of Type 2 diabetes are at greatest risk. Management includes lifestyle modification emphasizing healthy eating, increased physical activity and regular medical follow-up. Students with Type 2 Diabetes need to self-monitor their blood glucose and in some cases take oral medication or injected insulin.

PURPOSE

The procedures outlined will promote the safety and well-being of students with diabetes. The Ministry of Education expects all school boards to establish and maintain appropriate management procedures for students who have prevalent medical conditions.

PROCEDURES

In accordance with PPM 161 – SUPPORTING CHILDREN AND STUDENTS WITH PREVALENT MEDICAL CONDITIONS (ANAPHYLAXIS, ASTHMA, DIABETES AND/OR EPILEPSY) IN SCHOOLS (Appendix H) and PPM 81- PROVISION OF HEALTH SUPPORT SERVICES IN SCHOOL SETTINGS (Appendix I)

1. Creating a Positive Environment for Students with Diabetes

School personnel will foster a culture of collaborative professionalism to support students with diabetes by having frequent, open communication with parents, students, and school staff which will support a positive attitude toward students' full inclusion in all activities.

2. Considerations for Students Working Towards Self-Management

Support for daily management will be required for students working towards independently managing their diabetes. Development of the Student Diabetes Management Plan of Care (Appendix B) will take into consideration each individual's needs and level of self-management.

3. Facilitating and Supporting Daily Diabetes Management in Schools

Blood Glucose Monitoring/Insulin Injection

Students need a safe and hygienic location in the school where they are comfortable to perform self-blood glucose monitoring and insulin injections throughout the school day. In some instances, they may require support or supervision of these activities.

Some students may not be able to perform self-blood glucose monitoring and or insulin administration throughout the school day. As necessary, school staff will seek support from the parent/guardian/caregiver and/or the Local Health Integration Network (LHIN) or any other agency involved with the student. This will be discussed as part of the Student Diabetes Management Plan of Care and arrangements made where students are not able to self care.

Management of Diet Requirements

Proper timing of meals and snacks is important for a student with diabetes to maintain proper blood sugar levels. Students need the flexibility, and in some cases supervision, to eat all meals and snacks fully and on time. Food provided by the family should never be withheld from the student.

In addition, emergency food supplies or low blood sugar kit to respond to hypoglycaemia are to be available in the classroom and/or other locations in the school. The location of emergency supplies will be recorded on the Diabetes Management Plan. Staff should be aware of the location of emergency supplies.

Parent/guardian/caregiver is responsible for the provision of all food and low blood sugar kit for the student. Additional supplies should be provided for special events such as excursions or days with high levels of physical activity. The parent/guardian/caregiver should also inform LHIN of any upcoming field trips as the LHIN nurses are able to visit the child within the region.

4. Triggers

Low blood sugar is also called ***hypoglycemia***. Low blood sugar occurs when the amount of blood glucose (sugar) falls below 4 mmol/L. Blood sugars can change within minutes and must be treated right away. It can be caused by:

- Too much insulin, and not enough food;
- Delaying or missing a meal or a snack;
- Not enough food before an activity;
- Unplanned activity, without adjusting food or insulin.

High blood sugar is also called ***hyperglycemia***. Occurs when a student's blood sugar is higher than 15mmol/L. It is usually caused by:

- extra food, without extra insulin;
 - not enough insulin;
 - decreased activity;
 - illness, stress, excitement or other factors;
 - insulin pump malfunction;
- Usually, it is caused by a combination of factors.

5. Signs and Symptoms

Hypoglycemia (Low Blood Glucose less than 4mmol/L) Symptoms:

- Cold, clammy or sweaty skin;
- Paleness;
- Shakiness, tremor, lack of coordination;
- Dizziness;
- Hunger;
- Irritability, hostility, poor behaviour, tearfulness;
- A staggering gait;
- Confusion;
- Headache;
- Blurred vision;
- Weakness/fatigue;
- Loss of consciousness and possible seizure if not treated early.

Mild to moderate hypoglycemia (low blood sugar) is common in the school setting, so it is important for staff to know its signs/symptoms, treatment, and prevention.

Hyperglycemia (high blood sugar greater than 15 mmol/L) Symptoms:

- Extreme thirst;
- Frequent urination;
- Headache;
- Hunger;
- Abdominal pain;
- Blurry vision;
- Warm, flushed skin;
- Irritability.

6. Emergency Response

In the event that rescue medication is prescribed, it is essential that the *Individual Plan of Care* include the emergency response protocol, and that all staff are aware of how it is to be implemented. The *Individual Plan of Care* will clearly identify individual roles and be respectful of all applicable legislation, policies and collective agreements.

Emergency Responses: Severe hypoglycemia is an emergency.

If mild to moderate hypoglycemia is not treated right away, it can become life threatening. This is an emergency and immediate action is needed.

Symptoms:

- Uncooperative;
- Unresponsive;
- Loss of consciousness;
- Seizure.

Severe low blood sugar is an emergency situation and the following emergency protocol is to be followed:

- Roll student on left side (recovery position);

- Call 911 immediately;
- Notify parent/guardian;
- Do not put anything in the student's mouth, such as food or drink (choking hazard).

7. Field Trips

Field trips are an extension of the learning in the classroom and therefore, it is imperative that they are planned to include all students, including students with diabetes. The Principal must ensure that all appropriate documentation in the Student's Plan of Care is received in advance of the field trip and that plans are in place for any accommodations. Teachers will ensure that this information is available during field trips and that the *Individual Plan of Care* accompanies the student on the field trip.

Student Diabetes Management Plan of Care

The Principal or Designate in conjunction with the team (may include parent/guardian, the student if appropriate, school staff and other relevant professionals) will develop a Student Diabetes Management Plan of Care for each individual student who is identified with diabetes in accordance with their specific medical requirements (see Student Diabetes Management Plan of Care, Appendix B). All stakeholders will be invited to attend the Student Diabetes Management Plan of Care Case Conference, including Diabetes Education Centre or other relevant medical professionals.

Emergency Procedures

In emergency, life-threatening situations, where a student is unresponsive, unconscious or unable to self-administer the appropriate treatment, the school response shall be a 911 phone call to Emergency Medical Services, in accordance to the Student Diabetes Management Action Plan (Appendix C).

APPENDICES

- Appendix A:** *Roles and Responsibilities*
Appendix B: *Student Diabetes Management Plan of Care*
Appendix C: *Student Diabetes Emergency Action Plan*
Appendix D: *Student Diabetes Management Plan of Care Annual Review*
Appendix E: *Administration of Prescribed and Non-Prescribed Medication During School Hours*
Appendix F: *Parental Consent for Interscholastic Athletics*
Appendix G: *Consent to Use, Share, and Disclose Personal Information*
Appendix H: *Policy/Program Memorandum No. 161*
Appendix I: *Policy/Program Memorandum No. 81*
Appendix J: *Policy/Program Memorandum No. 149*
Appendix K: *Diabetes Resource Guide*
Appendix L: *Glossary of Terms*

ACKNOWLEDGEMENTS

Niagara Catholic District School Board would like to recognize and thank the Toronto District School Board (TDSB) for their permission to adapt these procedures from TDSB Diabetes Management: Operational Procedure PR60.

Niagara Catholic District School Board also acknowledges the Canadian Paediatric Society's Diabetes At School resource for providing the template from which the Student Diabetes Management Plan of Care (Appendix B), Student Diabetes Management Action Plan (Appendix C), and Student Diabetes Management Plan of Care Annual Review (Appendix D) were adapted.

DIABETES MANAGEMENT POLICY

ROLES AND RESPONSIBILITIES FOR ELEMENTARY AND SECONDARY SCHOOLS

SCHOOL PRINCIPAL

Operational Duties

1. Reviews Diabetes Administrative Procedures with entire staff each year in September and throughout the school year when required.
2. Notifies cafeteria staff, lunchroom supervisors, other school based staff and volunteers of the individual student's Student Diabetes Management Plan of Care.
3. Advises occasional teachers to review the Student Diabetes Management Plan of Care for students in their assigned classroom.
4. Ensures that the parent/guardian/caregiver is called and emergency action is taken as required when the student has not responded to the actions outlined in the Student Diabetes Management Plan of Care. Where necessary, arranges for transport of students to a hospital or emergency medical facility. Designates a staff person to accompany the student to the hospital.
5. Provides a location where the student feels comfortable to self-monitor and/or self-administer medication (this could be the student's classroom).
6. Provides an accessible location(s) for the student's emergency supplies in the school office and classroom, as necessary.
7. Informs Catholic School Council of the Board procedure on Diabetes Guidelines and provides information on diabetes identification and prevention.
8. Provides appropriate supervision, including during self-monitoring and/or self-administration of medication, as appropriate.
9. Sharps Containers: Communicates procedures to all staff for the safe disposal of sharps, lancets and testing strips. Upon the sharps container being filled, the principal will contact human resources to request replacement of the filled sharps container and removal of the current sharps container.
10. Communicates universal precautions for blood and bodily fluids.
11. Informs Niagara Student Transportation Services (NSTS) of the student's medical condition with parental consent and directs parents to provide a low blood sugar kit (glucose tablets) as per the Student Diabetes Management Plan of Care.
12. If medical professionals are unable to access the school (i.e. lockdown, inclement weather, etc...) an action plan will be developed to meet the individual student's needs.

Consent and Parental Involvement

1. Ensures that upon registration, parent/guardian/caregiver and students are asked to supply information on diabetes.
2. Meets with parent/guardian/caregiver to complete the following:
 - Student Diabetes Management Plan of Care (Appendix B)
 - Student Diabetes Emergency Action Plan (Appendix C)
 - Student Diabetes Management Plan of Care Annual Review (Appendix D) (when there have been no significant changes to the Student Diabetes Management Plan of Care)
 - Administration of Prescribed and Non-Prescribed Medication During School Hours (Appendix E)
 - Parental Consent for Interscholastic Athletics (Appendix F)
 - Consent to Disclose Personal Health Information (Appendix G)

3. Convenes a Case Conference which may include parent/ guardian/caregiver, the student if appropriate, and school staff to gather and share medical information related to the condition including identification and management of an individual student's diabetes. In some instances, Local Health Integration Network (LHIN) Case Manager, and/or Diabetes Education Centre Personnel may also be part of the Case Conference.
4. Works closely with the parent/guardian/caregiver and student with diabetes to provide ongoing support.
5. Requests parent/guardian/caregiver provides all required supplies and food for their children.
6. Ensures that LHIN is contacted for all students who are unable to manage their blood glucose (sugar) monitoring, insulin injections or pump independently as well as to request support from the student's medical managed care facility for training and education of involved school personnel.

Documentation

1. Ensures the annual completion of a file for each student including but not limited to:
 - Diabetes Management Plan of Care (which includes an Emergency Response Plan); and
 - Forms identified in 2.4(a) (ii) (B)
 - Copies will be maintained in the documentation file of the OSR.
2. Communicates information on diabetes to parent/guardian/caregiver, students, employees and volunteers and updates information as appropriate.
3. Ensures that Student Diabetes Emergency Action Plan is posted in non-public areas of the school (i.e. staff room and/or school office, etc.) and available in the classroom for the teacher, supply staff, and volunteers.
4. Ensures Student Management System reflects students identified with diabetes and is available to Niagara Student Transportation Services (NSTS).

Professional Learning

1. Provides information on managing diabetes to school-based staff and others who are in direct contact with students on a regular basis.
2. Provides information for school staff regarding how to respond to hypoglycemic incidents and other emergency situations related to diabetes.
3. Provides teachers with appropriate resources (available through the Diabetes Education Centre) to use in their classrooms.

TEACHERS AND CLASSROOM SUPPORT STAFF

1. Reviews and maintains Student Diabetes Management Plan of Care and the Student Diabetes Emergency Action Plan and ensures it is available in the classroom for review by staff and occasional teachers.
2. Participates in case conferences with parent/guardian/caregiver, principal and health professionals to receive information and resources on diabetes management.
3. Permit the student with diabetes to take action to prevent or treat low blood glucose (sugar).
4. Allows flexibility in class routine and school rules as required.
5. Informs parent/guardian/caregiver when the supply of fast acting sugar (oral glucose, juice etc.) is running low.
6. Develops open lines of communication and encourages student(s) to indicate low blood sugar when he/she feels the first symptoms or feels unwell.
7. Notifies parent/guardian/caregiver of the student with diabetes of school trips, special events, and athletic activities. Takes steps necessary to support the safety of the student (e.g. refer to Student Diabetes Emergency Action Plan).
8. Takes appropriate supplies and parent supplied Excursion Kit on all trips off the school property.
9. Provides an accessible, secure and safe location for items for blood sugar monitoring and insulin injections. The student's low blood sugar kit should be available in the classroom as well as in the gym.
10. Follows the Student Diabetes Management Plan of Care during school-sanctioned excursions

and provides it to other individuals as required.

PARENT/GUARDIAN/CAREGIVER OF A STUDENT WITH DIABETES

1. Informs the school of the student's diabetes and completes the following forms:
 - Student Diabetes Management Plan of Care (Appendix B)
 - Student Diabetes Emergency Action Plan (Appendix C)
 - Student Diabetes Management Plan of Care Annual Review (Appendix D) (when there have been no significant changes to the Student Diabetes Management Plan of Care)
 - Administration of Prescribed and Non-Prescribed Medication During School Hours (Appendix E)
 - Parental Consent for Interscholastic Athletics (Appendix F)
 - Consent to Disclose Personal Health Information (Appendix G)
2. Participates in case conferences with school principal, teacher, involved health professionals as required.
3. Informs school administration regarding changes in the student's health, lifestyle, diabetes procedures, management and updates emergency contact numbers on an on-going basis.
4. Provides and replenishes all necessary diabetes related supplies as listed on the Student Diabetes Management Plan of Care.
5. Teaches student about their diabetes and strategies to manage diabetes at school. Parents are encouraged to access community resources for support.

STUDENT WITH DIABETES

With an understanding of diabetes as age appropriate and according to ability:

- Recognizes and manages the symptoms of a low blood sugar reaction.
- Self-monitor and follow Student Diabetes Management Plan of Care.
- Has demonstrated their ability to self-inject as verified by their health care team, physician, or LHIN.
- Informs an adult promptly that he/she has diabetes as soon as symptoms of low blood sugar appear or when experiencing feelings of being unwell.



NIAGARA CATHOLIC DISTRICT SCHOOL BOARD

STUDENT DIABETES MANAGEMENT PLAN OF CARE **APPENDIX B** Page 1

1. STUDENT PROFILE and INFORMATION		School Year Completed	YYYY to YYYY	
Student Name	Enter Student Name	Birth Date	YYYY-MM-DD	Age 00
Current School	Enter School Name	Current Grade	Grade	OEN 000-000-000
Teacher(s)	Enter Teacher Name			
Parent/Guardian	Please include Parent(s)/Guardian(s) First and Last Names			
Home Address	Enter Street Address, Municipality, Postal Code		Preferred Phone	000-000-0000
Diabetes Type	Type	Additional Medical Diagnosis/Diagnoses	Specify	

2. EMERGENCY CONTACTS

	Name	Relationship to Student	Preferred Phone	Alternate Phone
1				
2				
3				

IN CASE OF ILLNESS: Blood glucose/sugar levels can drastically fluctuate when a student with diabetes becomes ill (nausea, vomiting, and other flu-like symptoms). In the event of illness/symptoms at school, Parent/Guardian will be contacted. In the event Parent/Guardian is not reached by the preferred phone number listed above, the identified Emergency Contacts will be notified in order of priority listed above.

3. SUPPLIES / EMERGENCY KITS

Parent: Provide supplies to school and maintain/refresh when low.
School: Ensure kit is accessible at all times during school day; advise parent when supplies run low.

Contents (Check all locations that apply)	Student	Classroom	Office	Other Location
Fast-acting sugars: Specify type of fast-acting sugars used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Name Location
Blood glucose meter, test strips, lancing device/lancets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Name Location
Carbohydrate snack(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Name Location
Insulin pen, pen needles, insulin syringe, insulin cartridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Name Location
Ketone strips/meter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Name Location
Extra batteries (for meter, pump, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Name Location
Sharps disposal container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Name Location
Glucagon (Expiry date: MM/YY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Name Location
Parent/Emergency names and contact information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Name Location
Continuous glucose monitoring system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Name Location
Other: If required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Name Location

*This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the Authority of the Education Act, and will be used by Student Support. Questions about this collection should be directed to the Superintendent of Education – Student Support, Niagara Catholic District School Board, 427 Rice Road, Welland, Ontario L3C 7C1, 905-735-0240.



NIAGARA CATHOLIC DISTRICT SCHOOL BOARD

STUDENT DIABETES MANAGEMENT PLAN APPENDIX B Page 2

Student Name *Enter Student Name*

School Year Completed YYYY to YYYY

4. BLOOD GLUCOSE/SUGAR (BG) MONITORING

Student's Independence Level: Select Independence Level that best represent student ability.

Support/Supervision provided by: Indicate who will support/supervise monitoring if student is not independently capable.

Student's target blood sugar (BG) range: 0.00 to 0.00 mmol/L **Call parent if blood sugar is:** Below 0.00 Above 00.00

Glucose meter(s) location: Student Classroom Office Other

Daily blood sugar monitoring schedule

- | | | | |
|-----------------------------------|-------------------|---|-------------------|
| <input type="checkbox"/> AM Break | Time: 00:00 AM/PM | <input type="checkbox"/> Before leaving school | Time: 00:00 AM/PM |
| <input type="checkbox"/> Lunch | Time: 00:00 AM/PM | <input type="checkbox"/> Before physical activity | |
| <input type="checkbox"/> PM Break | Time: 00:00 AM/PM | <input type="checkbox"/> Other time(s): | Time: 00:00 AM/PM |

Home-School BG communication method: Specify

Does the student use a continuous glucose monitoring (CGM) device? Choose (If Yes or Sometimes, complete Section 8.)

5. MEALS and NUTRITION BREAKS

Ensure student has their nutrition break and meals on time.
Allow enough time for them to eat. No food sharing.

Student's Independence Level : Select Independence Level that best represent student ability.

Nutrition break and meal times: Choose an item. Specified meal times (if required).

- Student requires food at end of day/dismissal.
- When treats or other food is provided in the classroom: Choose an item.
- Student has food restrictions (allergies, intolerances, etc.): Specify.
- Carbohydrate counting/calculations and labeling carb count on food is the responsibility of Parents/Guardians.

6. PHYSICAL ACTIVITY and EXCURSIONS AWAY FROM SCHOOL*

Student's Independence Level : Select Independence Level that best represent student ability.

Before physical activity: Choose an item.

- Physical Activity Plan:**
1. **LOW:** If BG is under ## mmol/L, treat for low blood sugar.
 2. If BG is between ## mmol/L and ## mmol/L, give a snack before physical activity
 3. **HIGH:** If BG is between ## mmol/L and ## mmol/L, no snack is needed before physical activity
- (If required)*

For students with an insulin pump: Choose an action item for insulin pump during physical activity.

***School and Home must determine an alternate plan for blood glucose/sugar monitoring and support (if student is not independently capable) for excursions away from school location or outside of the regular school day when LHIN-provided Nursing is not available.**



NIAGARA CATHOLIC DISTRICT SCHOOL BOARD

STUDENT DIABETES MANAGEMENT PLAN APPENDIX B Page 3

Student Name *Enter Student Name*

School Year Completed YYY to YYY

7. INSULIN ADMINISTRATION **Student does not take insulin at school** (Do not complete this section)

Insulin administration method: Choose a method.

Insulin administered by: Please choose. Specify Other

Insulin administration schedule

- | | | | |
|-----------------------------------|-------------------|-----------------------------------|-------------------|
| <input type="checkbox"/> AM Break | Time: 00:00 AM/PM | <input type="checkbox"/> PM Break | Time: 00:00 AM/PM |
| <input type="checkbox"/> Lunch | Time: 00:00 AM/PM | <input type="checkbox"/> Other | Time: 00:00 AM/PM |

PUMP ROUTINE and MANAGEMENT PLAN	PEN/SYRINGE ROUTINE and MANAGEMENT PLAN
<input type="checkbox"/> Parent provides a bolus calculator <input type="checkbox"/> Pump is always programmed at home Insulin administrator identified above will: 1. Check BG before student eats. The reading is: <input type="checkbox"/> Sent to pump by the meter. <input type="checkbox"/> Entered manually into the pump. 2. Enter the total number of carbohydrates to be eaten (provided by home) 3. Pump will calculate amount of insulin to be given. Press the button to accept and deliver the bolus. <p style="text-align: center;">If BG is above ## mmol/L:</p> <input type="checkbox"/> Check ketones <input type="checkbox"/> Call Parent(s) <input type="checkbox"/> Other: Specify.	Type of insulin used: List all insulin types used. Insulin calculator/administrator: Please choose. <input type="checkbox"/> Parent labels food with number of carbohydrates and provides bolus calculator to select appropriate insulin dose based on BG reading and number of carbohydrates. <input type="checkbox"/> Same as above, with dose calculated by glucose meter. <input type="checkbox"/> Parent send set number of carbohydrates for each meal each day. Parent provides an appropriate tool to help select appropriate insulin dose based on student's BG. <input type="checkbox"/> Parent send different number of carbohydrates for each meal each day. Parent provides an appropriate tool to help select appropriate insulin dose based on student's BG.

8. CONTINUOUS GLUCOSE MONITOR (CGM) ROUTINE AND MANAGEMENT

Student's target blood sugar (BG) range 0.00 to 0.00 mmol/L **Call parent if blood sugar is:** Below 0.00 Above 00.00

Student's Independence Level: Select Independence Level that best represent student ability.
*Excluding incidences of severe hypoglycemia

CGM Results are sent to: Insulin pump** Remote device Parent smart device

** Low Glucose Suspend is active on pump ** If LGC is active, threshold is set at ## mmol/L.

Low BG Alarm is set at: ## mmol/L.

Low BG alarm should be confirmed with a BG check. Respond as per Student Diabetes Emergency Action Plan (Appendix C).

High BG Alarm is set at: ## mmol/L.

High BG alarm should be confirmed with a BG check. Respond as per Student Diabetes Emergency Action Plan (Appendix C).

IN THE EVENT OF A CGM DEVICE MALFUNCTION, IMMEDIATELY CONTACT PARENT/GUARDIAN FOR INSTRUCTIONS.

*This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the Authority of the Education Act, and will be used by Student Support. Questions about this collection should be directed to the Superintendent of Education – Student Support, Niagara Catholic District School Board, 427 Rice Road, Welland, Ontario L3C 7C1, 905-735-0240.



Student Name Enter Student Name

School Year Completed YYYY to YYYY

9. PARENT PRE-AUTHORIZATION and CONSENT

Consent to release and share information*: I authorize and provide consent to school staff to use and/or share information in this plan for purposes related to the education, health, and safety of my child. This may include:

- 1. Displaying my child's photograph and/or additional information on paper notices or electronic formats(s) so that staff, volunteers, and school visitors will be aware of my child's medical condition
2. Communicating with bus operators
3. Sharing information in special circumstances to protect the health and safety of my child.

Consent to transfer to hospital: I consent in advance to my child's being transported to a hospital if required, based on the judgement of school staff. I also permit a staff member to accompany my child during transport. I agree that the school's administrator or designate shall decide if an ambulance is to be called.

Consent to treatment: I am aware that school staff are not medical professionals and perform all aspects of this plan to the best of their abilities and in good faith. I approve of the management steps and responses outlined in this care plan.

Consent for annual review (Appendix D): I am aware that school staff will request my involvement in an annual review of this management plan, and when requirements change significantly, they will request my involvement in completing a new plan.

10. AUTHORIZATION and SIGNATURES

Parent/Guardian (Print):

Parent/Guardian Signature(s):

Date Signed:

School Administrator (Print):

School Administrator Signature:

Date Signed:

Health Care Provider (Print):

Health Care Provider Signature: (optional)

Date Signed:

NIAGARA CATHOLIC DISTRICT SCHOOL BOARD

STUDENT DIABETES EMERGENCY ACTION PLAN: APPENDIX C

EMERGENCY PROCEDURES FOR LOW BLOOD SUGAR (HYPOGLYCEMIA)

Symptoms of low blood sugar (BG) may include any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Shakiness, poor coordination | <input type="checkbox"/> Irritability, mood changes |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Cold, clammy, sweaty, or pale skin |
| <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Weakness and fatigue |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Hunger |
| <input type="checkbox"/> Confusion / lack of concentration | <input type="checkbox"/> Other |

Symptoms of severe low BG:

- Unresponsive or unconscious
- Having a seizure
- Uncooperative; will not allow another to give fast-acting sugars by mouth

EMERGENCY ACTION PLAN

Stay with student at all times. Treat low blood sugar where they are.

1. Check blood sugar (BG) as per Management Plan; Students who are normally independent at checking BG may need help if their BG is low.

2. Treat by giving fast-acting sugars.

If BG is Under 4: **3. Repeat** BG check after 10-15 minutes.

4. Check-Treat-Repeat until BG is above 4.

- If BG Above 4:
- If snack is more than an hour away, give snack.
 - If snack is in less than an hour, take no action.

EMERGENCY ACTION PLAN

1. Place student in recovery position
2. Call 911
3. Call Parent/Guardian/Emergency Contact
4. Do not give food or drink to student
5. Stay with student until EMS arrives.
6. Provide EMS with student's medical information
7. Parent can administer glucagon

EMERGENCY PROCEDURES FOR HIGH BLOOD SUGAR (HYPERGLYCEMIA)

Symptoms of high blood sugar (BG) may include any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Excessive thirst and/or hunger | <input type="checkbox"/> Frequent urination |
| <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Warm, flushed skin |
| <input type="checkbox"/> Headache and/or abdominal pain | <input type="checkbox"/> Other |

Symptoms of severe high BG:

- Vomiting
- Rapid shallow breathing
- Fruity-smelling breath

EMERGENCY ACTION PLAN

1. Check blood sugar (BG); Students who are normally independent at checking BG may need help if their BG is low.

2. Treat by allowing student to drink as much water or sugar-free liquids as they like; Allow free access to washroom.

3. When symptoms of illness are present, or BG is above ## mmol/L, call parents immediately.

KETONES Student does not check for ketone at school. If BG is above ## mmol/L: Choose from drop-down:


	Urine Stick	Blood Meter	Action
If ketones are:	Negative to small	Less than 0.6	Proceed to treat as hyperglycemic as above.
	Moderate to large	At or above 0.6	Contact parents for further instructions.



NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
STUDENT DIABETES MANAGEMENT PLAN OF CARE ANNUAL REVIEW:
APPENDIX D

When there are no significant changes to Sections 3-8 of the Student Diabetes Plan of Care (Appendix B), school staff, parent(s), and student (where age-appropriate) can use this Annual Review Record to confirm that the plan has been reviewed, and any changes to Sections 1 and 2 (Student Profile and Information and Emergency Contacts) has been updated and included with the Plan of Care. When the Plan of Care requires significant changes, complete a new **Student Diabetes Management Plan of Care** (Appendix B).

<input type="checkbox"/> This plan remains in effect for the YYYY to YYYY school year without change.
Parent/Guardian: _____ Date: _____
Principal: _____ Date: _____
<input type="checkbox"/> This plan remains in effect for the YYYY to YYYY school year without change.
Parent/Guardian: _____ Date: _____
Principal: _____ Date: _____
<input type="checkbox"/> This plan remains in effect for the YYYY to YYYY school year without change.
Parent/Guardian: _____ Date: _____
Principal: _____ Date: _____
<input type="checkbox"/> This plan remains in effect for the YYYY to YYYY school year without change.
Parent/Guardian: _____ Date: _____
Principal: _____ Date: _____
<input type="checkbox"/> This plan remains in effect for the YYYY to YYYY school year without change.
Parent/Guardian: _____ Date: _____
Principal: _____ Date: _____

 <small>NIAGARA CATHOLIC DISTRICT SCHOOL BOARD</small>	<p>NIAGARA CATHOLIC DISTRICT SCHOOL BOARD</p> <p>ADMINISTRATION OF PRESCRIBED AND NON-PRESCRIBED MEDICATION DURING SCHOOL HOURS</p>
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*This information is being collected under the Authority of The Education Act, and will be used for the purposes of administering prescribed and non-prescribed medication during school hours. Questions about this collection should be directed to the Superintendent of Education - Special Education, Niagara Catholic District School Board
427 Rice Road, Welland, ON L3C 7C 1 Telephone (905) 735-0240*

TO BE COMPLETED BY PARENT/GUARDIAN		TO BE COMPLETED BY PHYSICIAN	
Name of Student		Name of Physician	
Student's Date of Birth	Grade	Street Address	
Day Month Year			
School		City	Postal Code
Student's OEN #		Telephone	
Parent/Guardian Telephone		Name of Medication	
Home: _____		Condition for Which Medication is Prescribed	
Mobile: _____		Possible Side Effects	
Business: _____			
e-mail: _____			
Emergency Contact		Times Per School Day for Administration	
Name: _____		Dosage Per Administration	
Telephone: _____			
Mobile: _____			
Parent/Guardian Approval		Administration Parameters (Dates)	
<i>I hereby request and give permission to</i>		From: _____ To: _____	
_____		Storage Requirements	
<i>school to administer the noted medication according to Board procedures and the instructions of the Physician.</i>			
<i>(Remaining Medication will be returned to the Parent/Guardian)</i>			
Date: _____		Date: _____	
Signature: _____		Signature: _____	
Parent/Guardian		Physician	

APRIL 2009

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NOTE: PLEASE RETAIN A COPY FOR THE DURATION OF THE STUDENT'S ATTENDANCE AT THE SCHOOL

Original kept in Documentation file in OSR

NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
PARENTAL CONSENT FORM FOR INTERSCHOLASTIC ATHLETICS
PHYSICAL EDUCATION AND ATHLETIC DEPARTMENT

SCHOOL: _____

This form is required of any student who wishes to participate in interscholastic sports, prior to his/her first practice or game, for each sport he/she plays.

PARENT

I believe that my son/daughter _____ is in good general health and does not or has not suffered from any diseases or disability which would limit or prevent him/her from being able to undertake the training and competition of interscholastic sports.

I give my son/daughter permission to participate in: _____
Name of Sport

Parental Signature _____	Date _____
-----------------------------	---------------


STUDENT

STUDENT SIGNATURE _____	FAMILY DOCTOR _____
ADDRESS _____ _____	ADDRESS _____ _____
PHONE _____	PHONE _____
HEALTH CARD NUMBER _____	MEDICAL ALLERGIES _____
ALTERNATE PHONE CALLS IN CASE OF ACCIDENT _____	

PLEASE NOTE

1. We strongly recommend that your son or daughter undergo an **annual medical examination** prior to participating in Physical Education and/or interscholastic athletics.
2. We strongly recommend that you investigate an Accident Policy which covers such possibilities as dental injuries.
3. Transportation to and from games and practices is the responsibility of the student or parents, although it may be arranged by the school on certain occasions.

Original kept in Documentation file in OSR

	<p>NIAGARA CATHOLIC DISTRICT SCHOOL BOARD</p> <p>CONSENT TO DISCLOSE PERSONAL HEALTH INFORMATION Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)</p>
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This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the Authority of the Education Act, and will be used by Special Education. Questions about this collection should be directed to the Superintendent of Education – Special Education, Niagara Catholic District School Board, 427 Rice Road, Welland, Ontario L3C 7C1, 905-735-0240.

I (name of Parent/Guardian)	
Authorize (Name of Physician and/or Medical Practice)	

<p>To disclose the personal health information of <i>*Please note: A substitute decision-maker is a person authorized under Personal Health Information Protection Act (PHIPA) to consent, on behalf of an individual, to disclose personal health information about the individual.</i></p>	<p>(indicate name of the child for whom the parent/guardian is the substitute decision maker).</p>
---	---

consisting of	
Describe the Personal Health Information to be disclosed below.	

To Niagara Catholic District School Board and	
<small>(name of school)</small>	<small>(address)</small>

I understand the purpose for disclosing this personal health information to the person(s) noted above. I understand that I can refuse to sign this consent form.

Name of Parent/Guardian:			
Address:		Tel. Home:	
Signature:		Date: (yyyy/mm/dd)	

Witness Name & Position:			
School :			
Address:		Tel. School	
Signature:		Date: (yyyy/mm/dd)	

(previously known as Form 14 – Ministry of Health)

September 2009 - Form 29

Original kept in Documentation file in OSR



Policy/Program Memorandum No. 161

Date of Issue:	February 28, 2018	Effective: September 1, 2018, until revoked or modified
Subject:	SUPPORTING CHILDREN AND STUDENTS WITH PREVALENT MEDICAL CONDITIONS (ANAPHYLAXIS, ASTHMA, DIABETES, AND/OR EPILEPSY) IN SCHOOLS	
Application:	Directors of Education Supervisory Officers and Secretary-Treasurers of School Authorities Principals of Elementary Schools Principals of Secondary Schools Principals of Provincial and Demonstration Schools	

INTRODUCTION

To promote the safety and well-being of students,¹ the Ministry of Education expects all school boards² in Ontario to develop and maintain a policy or policies to support students in schools³ who have asthma, diabetes, and/or epilepsy, and/or are at risk for anaphylaxis. These medical conditions, hereafter referred to as prevalent medical conditions,⁴ have the potential to result in a medical incident⁵ or a life-threatening medical emergency.

The purpose of this memorandum is to provide direction to school boards about the components that should be included in their policy or policies to support students with prevalent medical conditions in schools. This memorandum must not be implemented in a manner that violates existing provisions of collective agreements and related memoranda of understanding among parties to such agreements.

School board policies should be implemented as soon as possible, but no later than September 1, 2018.

As stipulated in Sabrina's Law, 2005, and Ryan's Law, 2015, all school boards must have policies to support students at risk for anaphylaxis and students with asthma. School boards should review their policies on anaphylaxis and asthma and ensure that their policies, at a minimum, meet the expectations outlined in this memorandum.

If school boards currently have policies to support students with diabetes or epilepsy, boards should ensure that their policies, at a minimum, meet the expectations outlined in this memorandum.

1. In this memorandum, unless otherwise stated, *student(s)* includes children in Kindergarten and students in Grades 1 to 12.
2. In this memorandum, *school board(s)* and *board(s)* refer to district school boards and school authorities.
3. In this memorandum, *school* refers to all school and school-board activities, including field trips, overnight excursions, board-sponsored sporting events, and board-operated before- and after-school programs for children aged 4 to 12 years.
4. In this memorandum, unless otherwise stated, *prevalent medical conditions* are limited to asthma, diabetes, epilepsy, and anaphylaxis, when diagnosed for a student by a medical doctor or a nurse practitioner.
5. A *medical incident* is a circumstance that requires an immediate response and monitoring, since the incident may progress to an emergency requiring contact with Emergency Medical Services. See also "Emergency Response" on page 8.

This memorandum complements other Ministry of Education policies and programs, including those that serve students with special education needs. Its implementation should be aligned with that of other memoranda, including Policy/Program Memoranda Nos. 81 and 149.⁶

ROLES AND COLLECTIVE RESPONSIBILITIES

Supporting students with prevalent medical conditions in schools is complex. A whole-school approach is needed where education and community partners, including health care professionals,⁷ have important roles to play in promoting student health and safety and in fostering and maintaining healthy and safe environments in which students can learn.

To support school boards, the Ministry of Education is providing evidence-based resources online, on the ministry's Prevalent Medical Conditions web portal. These resources have been developed by various health and education partners (Asthma Canada, Diabetes Canada, Canadian Paediatric Society, Epilepsy Ontario, Food Allergy Canada, The Lung Association – Ontario, Ophea, and Ontario Education Services Corporation).

The ministry will continue to engage in dialogue with school boards and education partners, sharing information and best practices, to ensure successful implementation of board policies.

SCHOOL BOARD POLICIES ON PREVALENT MEDICAL CONDITIONS

In developing, revising, implementing, and maintaining their policies to support students with prevalent medical conditions, school boards must respect their obligations under all applicable legislation, policies, and collective agreements. School boards should also take into account local needs and circumstances, such as geographical considerations, demographics, and cultural considerations, as well as the availability of supports and resources, including school staff,⁸ within the school board and the community.

A culture of collaborative professionalism is grounded in a trusting environment where schools, school boards, federations, unions, and the ministry create the necessary conditions, including consideration of time and resources, that enable education stakeholders to learn with, and from, each other.

In developing or revising their policies, school boards should consult with students, parents,⁹ principals' associations, teachers' federations, education workers' unions, school staff, volunteers working in the schools, their school councils, Joint Health and Safety Committees, and community health care

6. Policy/Program Memorandum No. 81, "Provision of Health Support Services in School Settings", July 19, 1984, and 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", September 25, 2009.

7. In this memorandum, *health care professional* refers to a member of a College under the Regulated Health Professions Act, 1991 (e.g., medical doctor, nurse practitioner, registered nurse, pharmacist).

8. In this memorandum, unless otherwise noted, *school staff* refers to all school staff, including occasional staff. This memorandum does not intend to prescribe, duplicate, or remove any duties already performed by these staff.

9. In this memorandum, *parent(s)* refers to parent(s) and guardian(s).

professionals. This consultation should also include Parent Involvement Committees¹⁰ and Special Education Advisory Committees.

Components of School Board Policies

All school board policies on supporting students with prevalent medical conditions are expected to contain, at a minimum, the following components.

1. Policy Statement

The school board policy statement on supporting students with prevalent medical conditions should, at a minimum, include the following goals:

- to support students with prevalent medical conditions to fully access school in a safe, accepting, and healthy learning environment that supports well-being
- to empower students, as confident and capable learners, to reach their full potential for self-management¹¹ of their medical condition(s), according to their Plan of Care¹²

2. Roles and Responsibilities

School board policies should clearly articulate the expected roles and responsibilities of parents and school staff in supporting students with prevalent medical conditions, as well as the roles and responsibilities of the students themselves. School board policies should also contain a requirement that schools communicate the roles and responsibilities clearly to parents, students, and school staff.

a) Parents of Children with Prevalent Medical Conditions

As primary caregivers of their child, parents are expected to be active participants in supporting the management of their child's medical condition(s) while the child is in school. At a minimum, parents should:

- educate their child about their medical condition(s) 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(s) and co-create the Plan of Care for their child with the principal or the principal's designate;

10. Parent Involvement Committees are established under O. Reg. 612/00.

11. "Self-management" of medical conditions can be understood to exist along a continuum where students' cognitive, emotional, social, and physical capacity and stage of development are determinants of their ability to confidently and independently manage their medical condition(s). The students' journey to reach their full potential along the self-management continuum is not linear and can require varying levels of support over time. A student's capacity for self-management may be compromised during certain medical incidents, and additional support will be required. As a student's needs change, the Plan of Care would need to be adjusted accordingly.

12. A Plan of Care is a form that contains individualized information on a student with a prevalent medical condition. See section 3 for details.

- communicate changes to the Plan of Care, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage the medical condition(s), to the principal or the principal's designate;
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged;
- initiate and participate in annual meetings to review their child's Plan of Care;
- supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled¹³ containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied;
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate.

b) Students with Prevalent Medical Conditions

Depending on their cognitive, emotional, social, and physical stage of development, and their capacity for self-management, students are expected to actively support the development and implementation of their Plan of Care. Students should:

- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management;
- participate in the development of their Plan of Care;
- participate in meetings to review their Plan of Care;
- carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g., carry their medication and medical supplies; 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 parent(s) and health care professional(s);
- communicate with their parent(s) and school staff if they are facing challenges related to their medical condition(s) at school;
- wear medical alert identification that they and/or their parent(s) deem appropriate;
- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs.

c) School Staff

School staff should follow their school board's policies and the provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff should, for example:

- review the contents of the Plan of Care for any student with whom they have direct contact;
- participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board;

13. In Ontario, the labelling requirements, i.e., identification markings on a container in which a drug is dispensed, are set out in section 156(3) of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H.4.

- share information on a student's signs and symptoms with other students, if the parents give consent to do so and as outlined in the Plan of Care and authorized by the principal in writing;
- 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 Plan of Care;
- 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 (in situations where school board staff already provide supports to students with prevalent medical conditions, and are already trained appropriately, this memorandum does not intend to prescribe, duplicate, or remove those duties or training);
- support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student;
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care.

d) Principal

In addition to the responsibilities outlined above under "School Staff", the principal should:

- clearly communicate to parents and appropriate staff the process for parents to notify the school of their child's medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care with the principal or the principal's designate. This process should be communicated to parents, at a minimum:
 - during the time of registration;
 - each year during the first week of school;
 - when a child is diagnosed and/or returns to school following a diagnosis;
- co-create, review, or update the Plan of Care for a student with a prevalent medical condition with the parent(s), in consultation with school staff (as appropriate) and with the student (as appropriate);
- maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition;
- provide relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan;
- communicate with parent(s) in medical emergencies, as outlined in the Plan of Care;
- encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions, while honouring the provisions within their collective agreements.

e) 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). At a minimum, school boards are expected to make their policies and their Plan of Care templates available on their public website in the language of instruction.

School boards are also expected to:

- provide training and resources on prevalent medical conditions on an annual basis;
- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- develop expectations for schools to support the safe storage¹⁴ and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations;
- communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, as outlined in their Plan of Care;
- consider this memorandum and related board policies when entering into contracts with transportation, food service, and other providers.

3. Plan of Care

A Plan of Care is a form that contains individualized information on a student with a prevalent medical condition. School board policies and procedures must include a Plan of Care form. The ministry is providing school boards with a sample Plan of Care, which is available online through the ministry's Prevalent Medical Conditions web portal. This sample has been developed in consultation with health and education partners.

If they are adapting the sample Plan of Care, school boards should include, at a minimum, all of the following elements:

- preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas
- identification of school staff who will have access to the Plan of Care
- identification of routine or daily management activities that will be performed by the student, parent(s), or staff volunteer(s), as outlined in school board policy, or by an individual authorized by the parent(s)
- a copy of notes and instructions from the student's health care professional, where applicable
- information on daily or routine management accommodation needs of the student (e.g., space, access to food) (where possible, a student should not be excluded from the classroom during daily or

14. Safe storage includes the recommended storage condition(s) for medication and medical supplies. Part of the purpose of safe storage is to enable students to have ready access to their medication and medical supplies when they are not carrying the medication and supplies with them. Safe storage should also include storage considerations when the student is attending board-sponsored activities and travelling to and from such activities.

- routine management activities, unless the student or the parent(s) indicate they prefer exclusion)
- information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g., field trips, overnight excursions, board-sponsored sporting events)
 - identification of symptoms (emergency and other) and response, should a medical incident occur
 - emergency contact information for the student
 - clear information on the school board's emergency policy and procedures
 - details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
 - parental permission for the student to carry medication and/or medical supplies
 - location of spare medication and supplies stored in the school, where applicable
 - information on the safe disposal of medication and medical supplies
 - requirements for communication between the parent(s) and the principal (or the principal's designate) and/or school staff, as appropriate, including format and frequency
 - parental consent (at the discretion of the parents) to share information on signs and symptoms with other students

The Plan of Care for a student with a prevalent medical condition should be co-created, reviewed, and/or updated by the parent(s) in consultation with the principal or the principal's designate, designated staff (as appropriate), and the student (as appropriate), during the first thirty school days of every school year and, as appropriate, during the school year (e.g., when a student has been diagnosed with a prevalent medical condition). Health care provider information and signature(s) are optional.

Parents have the authority to designate who is provided access to the Plan of Care. With authorization from the parents, the principal or the principal's designate should share the Plan of Care with school staff who are in direct contact with students with prevalent medical conditions and, as appropriate, others who are in direct contact with students with prevalent medical conditions (e.g., food service providers, transportation providers, volunteers).

4. Facilitating and Supporting Daily or Routine Management

In their policies, school boards should outline board expectations for providing supports¹⁵ to students with prevalent medical conditions in order to facilitate their daily or routine management activities in school.

Facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., within a classroom, gymnasium, library, schoolyard; on a school bus; at a field trip location), as outlined in their Plan of Care.

15. In situations where school board staff already provide supports (daily or routine management or other support) to students with diabetes and/or epilepsy, and are already trained appropriately, this memorandum does not intend to prescribe, duplicate, or remove those duties or training.

5. Emergency Response

In their policies, school boards should outline board expectations for school staff responses to medical incidents and/or medical emergencies at school that involve students with prevalent medical conditions. At a minimum, the response should align with existing school board medical emergency procedures (e.g., immediate response, including use of emergency medication, and monitoring and/or calling Emergency Medical Services). The response should also align with the Plan of Care established for the student.

School boards should review their medical emergency procedures, consulting evidence-based materials that have been developed by health and education partners. See the resources available online through the ministry's Prevalent Medical Conditions web portal, referred to on page 2 of this memorandum.

6. Raising Awareness of Board Policy and of Evidence-Based Resources

School boards should raise awareness of their policies on prevalent medical conditions. They should also raise awareness of the range of evidence-based resources that provide information on various aspects of prevalent medical conditions, including triggers or causative agents, signs and symptoms characteristic of medical incidents and of medical emergencies, and school board emergency procedures. As stated above, such resources have been developed by health and education partners, and are available through the ministry's Prevalent Medical Conditions web portal.

Schools, also, should raise awareness of prevalent medical conditions that affect students. They can do so, for example, through curriculum content in classroom instruction, other related learning experiences, and classroom leadership opportunities. Awareness is especially important at times of transition (e.g., the move to a new school, the move from elementary to secondary school), when students have to face social, physiological, and environmental changes.

School boards should also make appropriate resources available to occasional staff and service providers, such as food service and transportation providers.

7. Training

School board policies should include strategies for providing training related to prevalent medical conditions,¹⁶ at a minimum annually, for school staff who have direct contact with students with medical condition(s). Particular consideration should be given to the training needs of occasional staff. Training should take place within the student's first thirty days of school, where possible, to ensure the safety and well-being of the student, and should be reviewed as appropriate.

The scope of training should include the following:

- strategies for preventing risk of student exposure to triggers and causative agents
- strategies for supporting inclusion and participation in school
- recognition of symptoms of a medical incident and a medical emergency
- information on school staff supports, in accordance with board policy

16. As set out in Sabrina's Law, 2005, and Ryan's Law, 2015.

- medical incident response and medical emergency response
- documentation procedures

It is expected that school boards, in consultation with teachers' federations, principals' associations, and education workers' unions, will determine the scope of training required to support implementation of their policies, as well as the mode of delivery of the training and any privacy implications that may arise. The scope of training should be consistent with expected duties of school board staff, as outlined in school board policy.

To support school board training needs, evidence-based materials are available online through the ministry's Prevalent Medical Conditions web portal.

8. Safety Considerations

School board policies should:

- allow for students to carry their medication(s) (including controlled substances¹⁷) and supplies, as outlined in the Plan of Care;
- set expectations for schools to support the storage (according to the item's recommended storage conditions) and safe disposal of medication and medical supplies;
- include a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g., bomb threats, evacuation, fire, "hold and secure", lockdown)¹⁸ or for activities off school property (e.g., field trip, sporting event) (this process should also include considerations for occasional staff).

School boards are expected to provide schools with appropriate supplies to support safe disposal of medication and medical supplies.

In accordance with the requirement of the Child and Family Services Act, 1990, where board employees have reason to believe that a child may be in need of protection, board employees must call the Children's Aid Society and file a formal report.

9. Privacy and Confidentiality

School boards should have a policy in place regarding the confidentiality of students' medical information within the school environment, including practices for accessing, sharing, and documenting information. School boards must comply with applicable privacy legislation and obtain parental consent in the individual Plan of Care prior to sharing student health information with school staff or other students. Parents and school staff should be informed of the measures to protect the confidentiality of students' medical records and information.

17. A *controlled substance* is a drug or narcotic, as set out under the federal Controlled Drugs and Substances Act.

18. The process should be aligned with the requirements set out in "Appendix B: Provincial Policy for Developing and Maintaining Lockdown Procedures for Elementary and Secondary Schools in Ontario" of the ministry document *Provincial Model for a Local Police/School Board Protocol*, revised 2015.

10. Reporting

Subject to relevant privacy legislation, school boards should develop a process to collect data regularly, including, but not limited to, data on the number of students with prevalent medical conditions at their schools, and should monitor the number of occurrences of medical incidents and medical emergencies, as well as the circumstances surrounding these events. School boards should use these data as part of their cyclical policy reviews.

Under the authority of paragraph 27.1 of subsection 8(1) of the Education Act, school boards will be required to report to the Minister of Education upon implementation and, upon request thereafter, on their activities to achieve the expectations outlined in this memorandum.

11. 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 subsection 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.

As well, Sabrina's Law and Ryan's Law each include provisions limiting the liability of individuals who respond to an emergency relating to anaphylaxis or asthma, respectively, as cited below.

Subsection 3(4) of Sabrina's Law states:

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.

Subsection 4(4) of Ryan's Law states:

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.

POLICY/PROGRAM MEMORANDUM NO. 81
Issued Under the Authority of the Deputy Minister of Education

Date of Issue: July 19, 1984
Effective: Until revoked or modified
Subject: **PROVISION OF HEALTH SUPPORT SERVICES IN SCHOOL SETTINGS**
Application: Directors of Education
Superintendents of Schools
Principals of Schools

School boards, parents and local agencies have raised a concern regarding the provision of health support services to school-age children. This concern involves services that extend beyond educational services and are not included in the normal preventive health programs already provided by boards of health to school children.

As a result of a study of this matter, the Ontario Government has decided that the responsibility for ensuring the provision of such health support services will be shared among the Ministries of Education, Health, and Community and Social Services. Responsibility for the direct provision of these services at the local level will be shared by the school boards, the Home Care Program of the Ministry of Health, and agencies operating under the Ministry of Community and Social Services.

The attached chart, developed jointly by staff of the three ministries, summarizes the respective responsibilities.

The Home Care Program of the Ministry of Health, at the request of a school board, will be responsible for assessing pupil needs, and for providing such services as injection of medication, catheterization, manual expression of the bladder, stoma care, postural drainage, suctioning and tube feeding. The Ministry of Health will also be responsible for intensive physio-occupational and speech therapy, and for assisting school boards in the training and direction of school board staff performing certain other support services.

The Ministry of Community and Social Services will continue to be responsible for ensuring the provision of health support services in children's residential care and treatment facilities.

The school boards will be responsible for the administration of oral medication where such medication has been prescribed for use during school hours. For physically disabled pupils, the school boards will provide such services as lifting and positioning, assistance with mobility, feeding and toileting, and general maintenance exercises. Boards will also continue to be responsible for necessary speech remediation, correction and habilitation programs.

School boards should establish or update their policies for the provision of these support services. Such policies should define administrative procedures, personnel roles, and routine safeguards. The local boards of health, local Home Care Program administrators, and local medical societies can provide valuable assistance in the development of such policies. The procedures for the administering of oral medication, in particular, should provide:

1. That such procedures be applied only to those services, requested by the parent and prescribed by a physician or other health care professional, which must be provided during school hours.
2. That a request for the service and the authorization to provide such service be made in writing by the parent and the physician, specifying the medication, the dosage, the frequency and method of administration, the dates for which the authorization applies, and the possible side effects, if any.

3. That the storage and safekeeping requirements for any labelled medication be stated.
4. That a record of administration be maintained which includes the pupil's name, date, time of provision, dosage given, name of person administering, etc.
5. That the telephone numbers of the parent and physician be readily accessible in the school.
6. That the medication be administered in a manner which allows for sensitivity and privacy and which encourages the pupil to take an appropriate level of responsibility for his or her medication.

The assignment of these responsibilities is not intended to replace the provision of services which some school boards have already established and may choose to continue. The implementation of this policy, however, does ensure that, by 1985, no school-aged child should be denied access to education because of special health support needs during school hours.

Implementation of these services is expected to begin September 1, 1984, with full provision of services by September 1, 1985.

The designation of roles and responsibilities for health support services in school settings does not preclude, in emergency situations, the provision of a health service by designated school board personnel, administered in accordance with section 52(2a) of the Health Disciplines Act and section 10(c) of the Drugless Practitioners Act, and under the policies and procedures of the school board concerned.

Should a need develop for a service which has not already been designated, the matter should be referred by the school board to the Ministry of Education for its consideration in consultation with the Ministry of Health.

School boards will be informed as soon as possible of the procedures to be followed in obtaining the designated health support services from the Home Care Program of the Ministry of Health.

MODEL FOR PROVISION OF SCHOOL HEALTH SUPPORT SERVICES

MODEL FOR PROVISION OF SCHOOL HEALTH SUPPORT SERVICES				Policy/Program No. 81
Support Service	Administered by	Provided by	Training and Direction	Consultation
I. Oral Medication	Pupil as authorized or	Pupil	Attending Physician	local Board of Health
	Parent as authorized or	Parent	Attending Physician	local Board of Health
	Aide or other personnel	School Board	School Board/Physician	local Board of Health
II. Injection of Medication	Pupil as authorized	Pupil	Attending Physician	local Board of Health
	Parent as authorized	Parent	Attending Physician	local Board of Health
	Health Professional	Ministry of Health	Ministry of Health	School Board

III.	<ul style="list-style-type: none"> • Catheterization • Manual expression of bladder/stoma • Postural drainage/suctioning • Tube feeding 	Health Professional	Ministry of Health	Ministry of Health	School Board
IV.	<ul style="list-style-type: none"> • Lifting and positioning • Assistance with mobility • Feeding • Toileting 	Aide or other personnel	School Board	School Board and Ministry of Health	Ministry of Health
V. Therapies:					
a. Physio/Occupational:					
	<ul style="list-style-type: none"> • Intensive clinical (treatment) 	Qualified therapist	Ministry of Health	Ministry of Health	Ministry of Health
	<ul style="list-style-type: none"> • General maintenance exercises 	Aide	School Board	Ministry of Health	Ministry of Health
b. Speech:					
	<ul style="list-style-type: none"> • Speech pathology (treatment) 	Speech Therapists/Pathologists	Ministry of Health	Ministry of Health	Ministry of Health
	<ul style="list-style-type: none"> • Speech correction and remediation 	Speech and Language Teachers	School Board	School Board	Ministry of Health
VI.	All Services in Children's Residential Care /Treatment Facilities	Aides/Health Professionals	Ministry of Community and Social Services	Ministry of Community and Social Services	Ministry of Health



Policy/Program Memorandum No. 149

Date of Issue: September 25, 2009

Effective: Until revoked or modified

Subject: PROTOCOL FOR PARTNERSHIPS WITH EXTERNAL AGENCIES FOR PROVISION OF SERVICES BY REGULATED HEALTH PROFESSIONALS, REGULATED SOCIAL SERVICE PROFESSIONALS, AND PARAPROFESSIONALS

Application: Directors of Education
Secretary-Treasurers and Supervisory Officers of School Authorities
Superintendents of Schools
Principals of Elementary Schools
Principals of Secondary Schools

Introduction

The ministry is committed to promoting effective community-based partnerships with external agencies that foster continuous improvement in the delivery of programs and services for all students, including students with special needs. Closing achievement gaps for all students continues to be a major priority.

The purpose of this memorandum is to provide direction to school boards¹ concerning the review and/or development of a local protocol for partnerships with external agencies for the provision of services in Ontario schools by regulated health professionals, regulated social service professionals, and paraprofessionals. It outlines the requirements for reviewing and/or developing a local protocol, and specifies the requirements for implementing the protocol and for reporting on the protocol to stakeholders.

Requirements for Review and/or Development of a Board Protocol

School boards with an existing protocol will review their protocol to ensure that it is aligned with the requirements outlined in this memorandum. School boards without an existing protocol will develop a protocol that is aligned with those requirements. The protocol will be designed to support the school board's capacity to provide programs and services to all students, including students with special needs. The protocol will reflect local circumstances, including the language of the board.

1. In this memorandum, *school board(s)* and *board(s)* refer to district school boards and school authorities, with the exception of section 68 school authorities.

The protocol will outline the following:

- programs and services that are currently delivered by external agencies
- programs and services that are currently delivered by school board professional student services personnel (PSSP) and paraprofessionals
- programs and services that could be delivered by school board PSSP and paraprofessionals, but are not being delivered by them for financial reasons or because requirements do not match the job descriptions or qualifications of board PSSP and/or paraprofessionals

A distinction must be made in the protocol between long-term and short-term (time-limited) partnerships to ensure that long-term duplication of services already provided by school board PSSP and paraprofessionals does not occur.

The protocol must be aligned with the collective agreements of unionized school board staff and enhance the delivery of services. The protocol must provide for supplementing, but not duplicating, the services of school board PSSP and paraprofessionals. A protocol will be developed by each school board even if there are currently no unionized regulated health professionals, regulated social service professionals, and paraprofessionals on staff.

Where applicable, co-terminus and contiguous school boards must, at a minimum, explore the development of partnerships and protocols to facilitate the delivery of programs and services.

Boards must seek the advice of PSSP and paraprofessionals when reviewing and/or developing their protocol. Boards will also design a procedure for reviewing their protocol and projected services in consultation with external agencies and unionized school board staff at least once a year.

Boards will also ensure that their protocol is consistent with standard school board provisions related to:

- informed consent;
- criminal reference checks;
- appropriate insurance coverage;
- compliance with the Safe Schools Act;
- conflict of interest, confidentiality, equity, human rights, and other relevant policies.

Eligible Categories of Professionals and Paraprofessionals

A board's protocol will cover the following categories of PSSP and paraprofessionals:

- audiologists, as defined by the Audiology and Speech-Language Pathology Act, 1991
- speech-language pathologists, as defined by the Audiology and Speech-Language Pathology Act, 1991
- occupational therapists, as defined by the Occupational Therapy Act, 1991
- physiotherapists, as defined by the Physiotherapy Act, 1991
- psychologists, as defined by the Psychology Act, 1991

- psychological associates, as defined by the Psychology Act, 1991
- social workers, as defined by the Social Work and Social Service Work Act, 1998
- other regulated professionals and/or paraprofessionals who are deemed by the school board to be essential for the delivery of programs and services for students with special needs

Any future regulated categories will also be covered by the protocol.

Additional Requirements for the Board Protocol

In order to assist school boards and external agencies in the development, review, and maintenance of local protocols, a memorandum from the Deputy Minister of Education accompanies this policy/program memorandum and outlines the elements that each protocol must contain. Any changes to the elements required in the local protocols will be communicated in the future to boards through a similar memorandum.

Implementation and Reporting

School boards will implement their newly developed or reviewed protocol and post it on their website by January 1, 2010. Reviews of and revisions to established protocols will be completed and posted on school board websites by January 1 of each subsequent year.

Diabetes Resource Guide

Children with Diabetes

<http://www.childrenwithdiabetes.com>

Diabetes Canada

<http://www.diabetes.ca>

Diabetes at School

<https://www.diabetesatschool.ca>

Government of Canada - Diabetes

<https://www.canada.ca/en/public-health/services/chronic-diseases/diabetes.html>

Government of Ontario - Assistive Device Program

<https://www.ontario.ca/page/insulin-pumps-and-diabetes-supplies>

Health Canada - Canada Food Guide

<http://www.healthcanada.gc.ca/foodguide>

Hnhbhealthline

<http://www.hnhbhealthline.ca/listServices.aspx?id=10206>

Includes links to the following:

- Bridges Community Health Centre - Fort Erie - Diabetes Education Program
- Bridges Community Health Centre - Port Colborne - Diabetes Education Program
- Indigenous Diabetes Health Circle
- Niagara Health System - Greater Niagara General Site - Niagara Diabetes Centre
- Niagara Health Systems - St. Catharines Site - Niagara Diabetes Centre
- Niagara Health Systems - Welland Site - Niagara Diabetes Centre
- Niagara North Family Health Team - Diabetes Education Program
- Diabetes Canada - Toronto-D-Camps
- National Aboriginal Diabetes Association

Joslin Diabetes Center

<http://www.joslin.org/>

Juvenile Diabetes Research Foundation

<http://www.jdrf.ca>

McMaster Hospital

<http://www.mcmasterchildrenshospital.ca/body.cfm?id=393>

Niagara Health - Diabetes Education Centre

<https://www.niagarahealth.on.ca/site/diabetes-education-centre>

School and Diabetes - KidsHealth

<https://kidshealth.org/en/kids/school-diabetes.html>

SickKids

<http://www.sickkids.ca/Endocrinology/What-We-Do/Diabetes-Programs/index.html>

St. Joseph's HealthCare Hamilton - Centre for Diabetes Care and Education

<https://www.stjoes.ca/health-services/outpatient-services/centre-for-diabetes-care-and-education>

Sources: **Diabetes at School;** <https://www.diabetesatschool.ca/>
Diabetes Canada; <https://www.diabetes.ca/>

Blood glucose (BG) or blood sugar level: the amount of glucose (sugar) found in the blood at a given time. It is important that blood sugar levels do not go too low or too high. Checking blood sugar helps students with diabetes balance between food, activity and medication.

Blood glucose monitor (or glucometer): a medical device used to check blood glucose level. A drop of blood is placed on a test strip, which is inserted into a hand-held meter. Students with diabetes are encouraged to keep their meter with them at all times.

Bolus: A bolus is a single, large dose of medicine. For a person with diabetes, a bolus is a dose of insulin taken to handle a rise in blood glucose (a type of sugar), like the one that happens during eating. A bolus is given as a shot or through an insulin pump

Carbohydrate (CHO or carb): Sugars, fibres or starches found in many processed and unprocessed foods. Examples of carb-containing foods include breads, cereals, beans, pasta, fruits, milk, potatoes, and more. Carbohydrates provide the body with glucose(sugar), and are its main source of energy. Eating carbohydrates raises blood sugar level, but some carbs work more quickly than others (see Fast-acting sugar).

Continuous Glucose Monitor (CGM, sensor): A device that provides a blood glucose reading every 5 minutes through a small sensory inserted under the skin.

Correction Factor (CF) (or insulin sensitivity factor (ISF)): Unique to each person, it is the amount that 1 unit of fast-acting insulin will lower a person's blood sugar. People with diabetes use correction factors to adjust insulin doses for the blood sugar level at the time of the dose.

Diabetes Kit (also called Hypokit, Safe kit, Emergency Kit): a supply container, such as a plastic box, with all the supplies needed to treat high or low blood sugar (especially low) and any other equipment that a student with diabetes needs. The specific contents of a student's kit should be described in the Individual Care Plan.

Diabetic Ketoacidosis (DKA): a serious complication of diabetes caused by not having enough insulin and blood sugar levels are too high. Symptoms include abdominal pain, nausea, vomiting, high blood sugar and ketones (which cause fruity-smelling breath). Without treatment, DKA can be life threatening.

Fast-acting sugar (glucose): a source of carbohydrate (sugar) that the body can quickly absorb, raising blood sugar levels. Examples include juice and candy. Fast-acting sugars are used to treat mild to moderate low blood sugar levels (hypoglycemia). A student with diabetes should always have a source of fast-acting sugar close by as well as in easily accessed locations throughout the school.

Glucose (sugar): fuel that the body needs to produce energy. Glucose comes from carbohydrate-containing foods such as breads, cereals, fruit and milk. To us this sugar, the body needs insulin.

Glucagon: a hormone that raises blood sugar. An injectable form of glucagon is used to treat severe low blood sugar levels (hypoglycemia) when a person is not able to take fast-acting sugar by mouth (in the case of unconsciousness, for example).

Glucometer (or blood glucose meter): a medical device that is used to check blood sugar (glucose) level. A drop of blood is placed on a test strip, which is inserted into a hand-held meter. Students with diabetes are encouraged to keep their meter with them at all times.

Hyperglycemia: also called high blood sugar (glucose), hyperglycemia is when a person's blood sugar level is higher than the individual's target range. The individual may be thirsty, urinate more often, and be tired. Sometimes this condition needs an urgent response.

Hypoglycemia (mild or moderate): also called low blood sugar/glucose, mild or moderate hypoglycemia is an urgent situation and a potential emergency. It occurs when a person's blood sugar level drops below the target range. Hypoglycemia must be treated immediately with fast-acting sugar. Blood glucose must be monitored until the level is stable and returns to the target range. Hypoglycemia can be caused by: too much insulin, too little food, or too much physical activity without extra food.

Hypoglycemia (severe): an urgent and life-threatening emergency. Someone with severe low blood sugar needs another person's help immediately. Symptoms include confusion, fainting, seizure, and difficulty speaking.

Insulin: a hormone, released by the pancreas, which converts glucose (sugar) into energy for the body to use. Without insulin, glucose builds up in the blood instead of being used for energy. People with type 1 diabetes do not produce their own insulin, so must administer it by syringe, pen or pump. Some students with type 2 diabetes may also require insulin.

Insulin Pen: a device used to inject insulin.

Insulin Pump: a medical device that administers insulin continuously through a small tube inserted under the skin. The pump is also used to give extra insulin with meals or to correct high blood sugar levels.

Ketones: chemicals produced by the body when there is not enough insulin. The body uses fat for fuel instead of glucose and this makes ketones. Ketones can make a person with diabetes feel sick and can lead to serious illness. (see Diabetic ketoacidosis, DKA). Ketones can be checked using a meter (with a drop of blood) or with urine test strips. A student's care plan will have details on when to check for ketones.

Lancets: small needles that are inserted into a lancing device and used to prick the skin (Usually a finger) for a blood sugar check. Lancets are to be used only once. Used lancets must be safely disposed of in a sharps container.

Sharps; used insulin syringes, insulin pen needles and lancets for blood glucose monitoring are sharp items that must be disposed of carefully and in appropriate containers.

Target Range: desirable blood sugar (glucose) levels, which are personalized for the student. Target ranges are based on Diabetes Canada's Clinical Practice Guidelines.

Test Strip: a small disposable strip used to measure blood sugar (glucose) levels. The strip is inserted in a blood glucose meter, then a lancet is used to get a small drop of blood from a finger. Each test strip can be used only once.

Type 1 diabetes: a medical condition where the pancreas no longer produces insulin, the hormone that regulates blood glucose. Without insulin, blood glucose levels build up in the blood, leading to increased thirst and urination and decreased energy. Type 1 diabetes is an auto-immune disease and the cause remains unknown and it is not preventable.

Type 2 diabetes; a medical condition in which the pancreas does not produce enough insulin, or the body does not properly use the insulin it makes. Type 2 diabetes is more common in adults, however it is now being diagnosed in teens and even children.



Niagara Catholic District School Board

**SUPPORTING CHILDREN AND STUDENTS WITH PREVALENT
MEDICAL CONDITIONS POLICY - EPILEPSY**

ADMINISTRATIVE PROCEDURES

300 – School/Students

Policy No

Adopted Date:

Latest Reviewed/Revised Date:

DEFINITIONS

Epilepsy: results from sudden bursts of hyperactivity in the brain; this causes seizures which vary in form, strength, and frequency depending on where the brain abnormal activity is found. Epilepsy is the diagnosis and seizures are the symptom.

A seizure is a brief episode caused by a transient disruption in brain activity that interferes with one or more brain functions.

Epilepsy is a brain disorder associated with an increased susceptibility to seizures.

Common seizure types: there are many types of seizures. The different types begin in different areas of the brain and they are grouped into two categories: Focal (or partial) and generalized.

Focal (or Partial) Seizures occur when seizure activity is limited to a part of one brain hemisphere. There is a site, or a focus, in the brain where the seizure begins. Sometimes seizures begin as focal (or partial) and then spread and become generalized. These are referred to as focal (or partial) seizures secondarily generalized.

Simple Focal (or Partial Seizure): awareness remains intact. A simple focal (or partial) seizure usually begins suddenly, and lasts seconds to minutes.

Aura: an aura can take many different forms; e.g., an aura might be a distortion in sight, sound, or smell, sudden jerky movements of one area of the body, dizziness, or a sudden overwhelming emotion. An aura is a simple Focal (or partial) seizure that may occur alone or may progress to a focal dyscognitive seizure or a generalized seizure.

Complex Focal (or Partial) Seizure: a person experiences altered awareness and may appear dazed and confused. A dreamlike experience may occur. The seizure often begins with an aura just before awareness is altered and can be used as a warning.

Automatisms: random purposeless movements over which the individual has no control. These may include movements such as chewing motions, lip smacking, pulling at clothing, or random walking. The seizure usually lasts between one and two minutes and is often followed by a period of disorientation or confusion.

Generalized Seizures: is characterized by the involvement of the whole brain. The excessive electrical discharge is widespread and involves both sides of the brain. The seizure may or may not be convulsive. A generalized seizure commonly takes one of two forms: absence (without convulsions) or tonic clonic (with convulsions)

Absence seizures (formerly known as petit mal): result in a blank stare usually lasting less than 10 seconds. The seizure starts and ends abruptly, and awareness is impaired during the seizure. These seizures are

sometimes misinterpreted as daydreaming or inattentiveness. Following the seizure, alertness is regained quickly. In an absence seizure, epileptic activity occurs throughout the entire brain. It is a milder type of activity that causes unconsciousness without convulsions. After the seizure, the person has no memory of it. During the seizure, the person may lose muscle control and make repetitive movements. There is no confusion after the seizure, and the person can usually resume full activity immediately.

Tonic Clonic: a tonic clonic (formerly known as grand mal) seizure usually lasts from one to three minutes. The tonic phase of this seizure type typically involves a crying out or groan, loss of awareness, and a fall as consciousness is lost and muscles stiffen. The cry or groan is not from pain; it is the sound of air being forced out of the lungs. The second phase or clonic phase of the seizure usually involves a convulsion and there is jerking and twitching of the muscles in all four limbs. Usually the movement involves the whole body. Urinary or bowel control may be lost and there may be shallow breathing, a bluish or gray skin colour, and drooling. Awareness is regained slowly, and the person often experiences a period of fatigue, confusion, or a severe headache after the seizure.

Atonic Seizure (also known as drop attacks): involves a sudden loss of muscle tone often resulting in a person falling or almost falling, dropping objects or nodding the head involuntarily.

Myoclonic Seizure: results in a sudden jerk of part of the body such as the arm or leg. The person may fall over. The seizure is very brief.

Infantile Spasms: a spasm typically lasts a few second but often occurs in a cluster of 5 to 50 or more. Symptoms include sudden flexing forward of head and arms, sudden drawing up of knees, raising both arms, and sudden body flexing at waist.

Medical Incident: A medical incident is a circumstance that requires immediate response and monitoring.

Plan of Care: A form that contains individualized information on a student with a prevalent medical condition

EPILEPSY

Epilepsy is a common brain disorder characterized by recurrent seizures. Most seizures are brief events that last from several seconds to a couple of minutes and normal brain function will return after the seizure ends. Recovery time following a seizure will vary. Sometimes recovery is immediate as soon as the seizure is over. Other types of seizures are associated with an initial period of confusion afterwards. Following some types of seizures there may be a more prolonged period of fatigue and/or mood changes. A health care professional may consider epilepsy as a possible diagnosis when a person has had two or more seizures starting in the brain.

Triggers

- Medication;
- Not taking one's anti-epileptic medication;
- Other medications that are taken in addition to anti-epileptic medication.

Internal Factors

- Stress, excitement and emotional upset; this type of over-stimulation may lower the student's resistance to seizures by affecting sleeping or eating habits;
- Lack of sleep can change the brain's patterns of electrical activity and can trigger seizures;
- Fevers may make some students more likely to have a seizure;

- Menstrual cycle; Many females find their seizures increase around this time of their period. This is referred to as catamenial epilepsy and is because of changes in hormone levels, increased fluid retention and changes in anti-epileptic drug levels in the blood.

External Factors:

- Poor diet can affect blood sugar levels causing seizures;
 - Stimulants such as tea, coffee, chocolate, sugar, sweets, soft drinks, excess salt, spices and animal proteins may trigger seizures by suddenly changing the body’s metabolism;
 - Parents/Guardians have reported that allergic reactions to certain foods (e.g. white flour) also seem to trigger seizures in their children;
- Certain nutrient shortages, such as a lack of calcium, have also been found to trigger seizures;
- Very warm weather, hot baths or showers, especially when there is a sudden change in temperature;
- Alcohol can affect the rate at which the liver breaks down anti-epileptic medication;
 - This may decrease the blood levels of anti-epileptic medications, affecting an individual’s seizure control;
- Television, videos and flashing lights;
 - The “strobe effect” from fast scene changes on a bright screen, rapidly changing colours or fast-moving shadows or patterns can all be trigger seizures;
- Lack of physical activity.

Signs and Symptoms

Motor Symptoms:	Non-motor Symptoms:	Autonomic Symptoms:	Autonomic Symptoms:
<ul style="list-style-type: none"> ● Jerking (clonic) ● Limp or weak muscles ● Rigid or tense muscles ● Brief muscle twitching (Myoclonus) ● Epileptic spasms ● Automatism or repeated automatic movements (clapping, rubbing hands, lip smacking, chewing, running) ● Lack of movement (behaviour arrest) 	<ul style="list-style-type: none"> ● Changes in thinking or cognition ● Loss of Memories ● Blank stares ● Repeated words ● Appearing dazed ● Laughing, screaming or crying 	<ul style="list-style-type: none"> ● Abdominal discomfort ● Stomach pain ● Belching ● Flatulence ● Vomiting ● Pallor ● Sweating ● Dilation of pupils ● Alteration in heart rate and respiration 	<ul style="list-style-type: none"> ● Fear, sadness, anger or joy ● Sensory ● Sees lights ● Hears buzzing ● Feels tingling or numbness ● Smells a foul odour ● Bad taste in the mouth ● Funny feeling in the pit of the stomach ● Choking sensation

Emergency Response

In the event that rescue medication is prescribed, it is essential that the *Individual Plan of Care* include the ***emergency response protocol***, and that all staff are aware of how it is to be implemented. Medication must be provided to the school in a premeasured format. The plan will clearly identify individual roles and be respectful of all applicable legislation, policies and collective agreements.

Emergency Procedure:

Emergency response should be detailed for individual students in the *Individual Plan of Care*. In general, if someone is having a seizure:

- Stay calm:
 - Seizures usually end on their own within seconds or a few minutes.
- Time It:
 - Note the time the seizure begins and ends.
- Create a safe space:
 - Move sharp objects out of the way;
 - if the student falls, place something soft under their head and roll them on their side as the seizure subsides;
 - If the student wanders, stay by their side and gently steer them away from danger;
 - If the student is in wheelchair, remain in the wheelchair, secure harness and recline if available.
- Call 911:
 - If the seizure lasts more than 5 minutes;
 - If it repeats without full recovery between convulsive seizures or as directed by neurologist;
 - If consciousness or regular breathing does not return after the seizure ends;
 - If the student is pregnant, has diabetes, appears injured or is in water;
 - If you are not sure the student has epilepsy or a seizure disorder.
- Provide Assurance:
 - When the seizure ends, stay with them until complete awareness returns.
- Do not:
 - Restrain the student;
 - Put anything in their mouth.

Field Trips

- Field trips are an extension of the learning in the classroom and therefore, it is imperative that they are planned to include all students. The principal must ensure that all appropriate documentation is received in advance of the field trip and that plans are in place to accommodate students with epilepsy. Field trips are an extension of learning. The classroom teacher shall ensure that the student's *Epilepsy Plan Of Care (Appendix A)* accompanies the student on the field trip and is available during the field trip.
- If it is necessary for the student to take prescription medication during the field trip, the parent/guardian and physician must complete the *Authorization for Administration of Prescribed and Non Prescribed Medication During School Hours form*. It must be forwarded to the principal prior to the administration of medication. If the student currently receives medication during the

school day and a copy of this form is on file at the school, it is not necessary to complete another form.

Information and Awareness

A medical diagnosis of epilepsy is based on multiple pieces of information: the description of the episodes; the student's medical and family history; and the results of diagnostic tests. Fortunately, epilepsy is a treatable condition. Many people with epilepsy (two out of three) will achieve good seizure control with medication. When medication is not effective in preventing seizures there are other treatment options available.

Types of Seizures:

- Focal (or partial) seizures occur when seizure activity is limited to a part of one brain hemisphere. There is a site, or a focus, in the brain where the seizure begins. There are two types of focal seizures:
 - Focal Onset Aware Seizures (previously known as a Simple Partial Seizure);
 - Focal Onset Impaired Awareness Seizures (previously known as Focal Dyscognitive Seizure or Complex Partial Seizures);
- Generalized seizures occur when there is widespread seizure activity in the left and right hemispheres of the brain. The different types of generalized seizures are:
 - Absence seizures (formerly known as petit mal);
 - Tonic-clonic or convulsive seizures (formerly known as grand mal);
 - Atonic seizures (also known as drop attacks);
 - Clonic seizures;
 - Tonic seizures;
 - Myoclonic seizures;
- Psychogenic non-epileptic seizures are not due to epilepsy but may look very similar to an epilepsy seizure.

Safety Considerations

- Ensure that consideration is made on behalf of students with Epilepsy in the planning of school events and field trips (e.g., lighting effects for school dances, bleacher seating for athletic events);
- Be aware that during physical activities, where climbing is involved, that the student is properly assisted and does not climb to great heights;
- Monitor that fluorescent light fixtures in the classroom/school are working correctly (not flickering);
- Minimize the use of videos in class, if possible;
- Avoid loud noise as much as possible;
- Avoid using the "lights out" technique for class control;
- Ensure that the information provided for occasional teachers include the *Individual Plan of Care*;
- The principal will ensure that a plan is established to support students with epilepsy in the event

of a school emergency (e.g. bomb threats, evacuation, fire, “hold and secure”, “lockdown” or for activities off school property (e.g. field trip, sporting event).

Facilitating and Supporting Routine Management

- Students are allowed to carry their medications (including controlled substances) and supplies, as outlined in the *Individual Plan of Care*;
- Where possible, facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with epilepsy to perform daily or routine management activities in a school location (e.g., within the classroom), as outlined in their *Individual Plan of Care*.

Resources

- Resources are available from the Epilepsy Niagara Website: <http://epilepsyniagara.org/> under the “Resources” tab.
- <http://epilepsyontario.org/agency/epilepsy-niagara/>

FORMS

All forms for use by the Niagara Catholic District School Board staff can be accessed through the Employee Portal under Electronic Forms.

All forms for use by the Niagara Catholic District School Board students and parents are available on the School Board website.

Forms related to this procedure:

- *Individual Plan of Care*;
- *Administration Prescribed Medication And Non-Prescribed Medication During School Hours*
- *Record of Administration of Prescribed And Non-Prescribed Medication*

Appendix A

Prevalent Medical Condition – Epilepsy Plan of Care (To be completed within first 30 days of school)
Student Information

Student Name _____ Date of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher (s) _____

Student Photo (Optional)



Emergency Contacts (List in Priority) Name Relationship Daytime Phone Alternate Phone

1. Name: _____
Relationship: _____
Daytime Phone: _____
Alternate Phone: _____

2. Name: _____
Relationship: _____
Daytime Phone: _____
Alternate Phone: _____

Has an emergency rescue medication been prescribed? Yes No

If yes, attach the rescue medication plan, healthcare providers' orders and authorization from the student's parent(s)/guardian(s) for a trained person to administer the medication.

Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulated healthcare professional. Known Seizure Triggers Check (✓) all those that apply

Stress Changes in Diet illness change in weather Menstrual cycle lack of sleep improper medication balance inactivity electronic stimulation (TV, Video, Florescent lights)

Other (specify)

Any other medical condition or allergy?

DAILY/ROUTINE EPILEPSY MANAGEMENT

Description of Seizure (Non-convulsive) Action (e.g. description of dietary therapy, risks to be mitigated, trigger avoidance)

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 (e.g. tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms)

Type: _____

Description:

Frequency of seizure activity:

Typical seizure duration:

BASIC FIRST AID: CARE AND COMFORT

First Aid procedure(s):

Does the student need to leave classroom after a seizure? Yes No If yes, describe process for returning student to classroom:

Basic Seizure First Aid • Stay calm and track time and duration of seizure • Keep student safe • Do not restrain or interfere with student’s movements • Do not put anything in student’s mouth • Stay with student until fully conscious

For Tonic-clonic seizure: • Protect student’s head • Keep airway open/watch breathing • Turn student on side

Emergency Procedures

Students with epilepsy will typically experience seizures as a result of their medical condition.

- Call 9-1-1 when: • Convulsive (tonic-clonic) **seizure lasts longer than five minutes** • Student has repeated seizures without regaining consciousness • Student is injured or has diabetes • Student has breathing difficulties • Student has a seizure in water

- Notify parent(s)/guardian(s) or emergency contact

- Health Care Provider Information (Optional) Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator. Healthcare Provider’s:

Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Medication Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects ❖ This information may remain on file if there are no changes to the student's medical condition. Authorization/Plan Review Individuals with whom this plan of care is to be shared.

Other individuals to be contacted regarding Plan of Care:

1. _____
2. _____
3. _____
4. _____

Before School Program: _____

After School Program: _____

School Bus Driver/Route # (if applicable): _____

Other: _____

This plan remains in effect for the 20__ _ 20__ school year without change and will be reviewed on or before: _____.

(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).

Parent(s)/Guardian(s): _____ Signature

Date: _____

Principal: _____ Signature

Date: _____

**TO: NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
BOARD MEETING
FEBRUARY 26, 2019**

PUBLIC SESSION

TOPIC: STUDENT TRANSPORTATION POLICY (500.2)

RECOMMENDATION

THAT the Niagara Catholic District School Board approve the Student Transportation Policy (500.2), as presented.

Prepared by: Giancarlo Vetrone, Superintendent of Business & Financial Services
Presented by: Policy Committee
Recommended by: Committee of the Whole
Date: February 26, 2019



Niagara Catholic District School Board
STUDENT TRANSPORTATION POLICY
STATEMENT OF POLICY

500 – Auxiliary Services

Policy No 500.2

Adopted Date: March 27, 2007

Latest Reviewed/Revised Date: May 27, 2014

In keeping with the Mission, Vision and Values of the Niagara Catholic District School Board and in accordance with the *Education Act*, school boards may provide home-to-school or school-to-school transportation for their students who are resident pupils within the Board's jurisdiction.

Transportation may be provided for elementary and secondary school students when the walking distance from the student's residence to their home school is equal to or greater than the distance listed below:

Grade Level	Kilometers
ELKP	.80
Grades 1-8	1.60
Grades 9-12	2.50

All distances referenced shall be the shortest walking route, measured from the point at which the laneway or driveway of the student's residence joins the roadway to the nearest roadway or pathway/sidewalk entrance to the school property. The distance from a student's residence to the bus pickup or discharge location shall not exceed the transportation eligibility distances. Where a student encounters safety hazards on his/her walk to school with the approval of the Family of Schools Superintendent of Education and the Executive Director of Niagara Student Transportation Services, consideration may be given to providing appropriate transportation for the student.

Transportation may be provided to students with special education needs, with the approval of the Family of Schools Superintendent of Education and the Superintendent of Education – Special Education.

Transportation may be provided to students, who attend a school other than their home school for approved program attendance, with the approval of the Family of Schools Superintendent of Education and the Superintendent of Education – Program.

Every effort will be made to keep student transportation time from home to school at a reasonable level. Whenever possible and practical, the transportation time is not expected to exceed one hour.

In situations where a student does not qualify for transportation under the Board's normal eligibility criteria, it is the parent's responsibility to ensure that their child gets to and from school safely.

The Director of Education, in consultation with the Niagara Student Transportation Services (NSTS) Consortium, will issue Administrative Procedures for the implementation of this policy.

References

- [Education Act](#)
- [Niagara Student Transportation Services Consortium](#)
- [Niagara Catholic District School Board Policies/Procedures](#)
 - [Accessibility Standards Policy \(800.8\)](#)
 - [Admission of Elementary and Secondary Students Policy \(301.1\)](#)
 - [Educational Field Trips Policy \(400.2\)](#)
 - [Transportation & School Operations for Inclement Weather Policy \(500.1\)](#)



Niagara Catholic District School Board
STUDENT TRANSPORTATION POLICY
ADMINISTRATIVE PROCEDURES

500 – Auxiliary Services

Policy No 500.2

Adopted Date: March 27, 2007

Latest Reviewed/Revised Date: May 27, 2014

RESPONSIBILITIES FOR THE SAFETY OF STUDENTS

Parents should be aware of the Transportation Policy of the Board and of its related Administrative Procedures. Where a student is eligible for transportation it is the responsibility of parents:

- a. To make appropriate arrangements for the safety of their children while they travel from home to school on foot or by other means;
- b. To ensure that the student is adequately supervised while walking to and from the designated stop.
- c. To explain and reinforce the expected behaviour of their children at the designated stop and on the bus.
- d. To develop and review a plan for their children if they miss the transportation service arranged for them.
- e. To notify the school of any pick-up or drop-off location that differs from their home address and any health conditions of their children that may require immediate medical attention.

TRANSPORTATION – HAZARDS

Hazards are assessed by Niagara Student Transportation Services annually according to set criteria, in consideration of parental responsibilities and with careful attention to consistency across Niagara.

TRANSPORTATION – MEDICAL CONDITIONS

Students with special medical conditions that are debilitating and of a long-term nature, and that are documented by a physician, will be provided with transportation as approved by the Family of Schools Superintendent of Education.

TRANSPORTATION OF STUDENTS WITH SPECIAL EDUCATION NEEDS

Transportation for students with special education needs will be provided in accordance with the following criteria.

- a. The Special Education Department, in consultation with the school Principal and Niagara Student Transportation Services (NSTS), will determine if a student with special needs requires special transportation that is not the regular bussing provided by the Board will obtain approval from the Superintendent of Education – Special Education.
- b. The safety of a student with special needs will be a factor when considering alternative transportation arrangements.
- c. Students with special medical conditions that are debilitating and of a long-term nature, and that are documented by a physician, will be provided with transportation as approved by the Family of Schools Superintendent of Education.
- d. Students enrolled in a Special Education Class, that is unavailable at the student's home school, will be provided with transportation with the approval of the Superintendent of Education - Special Education.
- e. When no such specific education program is involved, parents are responsible for providing transportation for students with special needs attending a school that is outside of their school area.
- f. One school week is required to implement special transportation arrangements.

EARLY LEARNING KINDERGARTEN PROGRAM STUDENTS:

- a. Transportation for Early Learning Kindergarten Program (ELKP) students will be provided on the regular morning and afternoon routes.
- b. When a student is eligible for transportation, parents are responsible for the safety of their child at the designated pick-up and drop-off stop location including being present at the stop location to assist their child on and off of the bus.

TRANSPORTATION OF STUDENTS FOR PROGRAM ATTENDANCE

Students enrolled in the following educational programs that are unavailable at the student's home school, will be provided with home to school or school to school transportation:

- a. Eucharistic and Liturgical Programs
- b. Journey Retreat
- c. Alternative Co-operative Education Programs
- d. Apprenticeship Preparation Courses
- e. French Immersion for inbound students within their Family of Schools
- f. Identified Specialist High School Major Programs
- g. Learning Strategies and Social Skills Programs

In accordance with the Boards Admission of Elementary and Secondary Students Policy when no such approved educational program is involved, parents are responsible for providing transportation for students attending a school that is outside of their school area.

TRANSPORTATION OF STUDENTS TO SUMMER SCHOOL

Transportation may be provided for students who are authorized to attend secondary school summer courses, as approved by the Superintendent of Education – Continuing Education. The summer school routes cover a large geographic area with central pick-up and drop-off stop locations and it is the responsibility of the student to report to the designated stop location.

TRANSPORTATION OF STUDENTS ON FIELD TRIPS

Transportation may be provided for students who are authorized to participate in field trips organized by the school, in accordance with Board's Educational Field Trips Policy.

TRANSPORTATION OF STUDENTS ON "LATE BUSES"

In order to facilitate the participation of students in co-curricular activities, the Board will endeavour to provide transportation for students who reside in rural areas which are distant from the school. The "late bus" routes cover a large geographic area with central pick-up and drop-off stop locations.

RESPONSIBILITIES OF STUDENTS

Students shall be made aware of the following expectations regarding behaviour on buses and taxis at the beginning of each school year. It is the responsibility of all students:

- a. To avoid anything which might disturb the driver or interfere with the safe operation of the vehicle;
- b. To exercise care, caution, good manners and consideration for others;
- c. To refrain from throwing articles inside the bus or out a window;
- d. To obey promptly the instructions of the driver and school patrollers;
- e. To refrain from smoking, drugs and alcohol;
- f. To refrain from using obscene language;
- g. To keep all parts of the body inside the vehicle at all times;
- h. To remain seated at all times;

- i. To be aware of the fact that misbehaviour on buses may result in suspension or loss of transportation privileges.

RESPONSIBILITIES OF THE BUS DRIVERS

Bus drivers shall adhere to applicable laws, regulations and Board Policies. It is the responsibility of the drivers:

- a. To be courteous, kind but firm and above reproach at all times;
- b. To maintain control over the students riding in the vehicle at all times;
- c. To exercise due care and precaution at all times;
- d. To ensure that all students have left the bus before considering the route complete;
- e. To maintain consistent pick-up and discharge locations and times and to refrain from changing the bus routes without the approval of the Board;
- f. To refrain from smoking inside the vehicle or on the Board's property;
- g. To dress in a suitable and acceptable manner;
- h. To issue a warning to a student who violates the student bus expectations;
- i. To report to the school Principal, in writing, the name of any misbehaving student, the nature of the misbehaviour and any specific action taken.
- j. To respect and secure confidential route and student information provided to perform the transportation service.

RESPONSIBILITIES OF PRINCIPALS

Principals are responsible for the care and well-being of the students while they are being transported on approved vehicles. It is the responsibility of the Principals:

- a. To investigate thoroughly all reported misbehaviour on school vehicles;
- b. To discipline and, if necessary, withdraw or suspend transportation privileges;
- c. To inform parents personally by telephone, and confirm in writing, the details of the disciplinary problem and the action taken;
- d. To encourage and support the use of bus safety education programs for students such as are provided by the Board, bus operators and area police services;
- e. To provide adequate supervision arrangements for the loading and unloading of buses and taxis at their respective schools and be available should a problem arise during the runs;
- f. To notify the parents in writing if a student misbehaves on the bus and inform the parent that further offences may result in the student losing bus riding privileges.
- g. To encourage and support the use of student transportation safety education programs available through NSTS and transportation operators.
- h. To keep student data up to date in the Board's student database, including pick-up and drop-off locations and health related conditions that may require immediate medical attention.

RESPONSIBILITIES OF NIAGARA STUDENT TRANSPORTATION SERVICES

Niagara Student Transportation Services (NSTS) is responsible to plan and administer services in accordance with applicable legislation, regulations and Board Policy, Administrative Procedures. It is the responsibility of NSTS to arrange transportation for students within a reasonable amount of time, with due care for safety and in consideration of students with exceptional needs.

To ensure the safety of students including consistent pick-up and drop-off stop locations, maintain accurate route manifests, support resolving bus safety and behaviour concerns and to communicate health related conditions of students that may require immediate medical attention.

OPERATION OF SCHOOL TRANSPORTATION VEHICLES

Transportation services may be provided to eligible students using contracted school buses, taxis or through services provided by a Public Transit Commission. All transportation agreements for home to school and school to school service will be held between NSTS and the service operator.

Where possible, bus stops should be located where the driver has a clear view of the road in both directions for at least 150 metres. Where possible, bus stops should not be located on a steep grade, brow of a hill, or on a blind curve. Students shall not be discharged on a road or highway until all traffic has come to a complete stop.

At no time shall the number of passengers in any vehicle exceed the capacity for which the vehicle has been licensed by the Ministry of Transportation. Students are not permitted to stand on school buses as a result of a lack of seating spaces (other than for a few start-up days when passenger loads are being assessed and adjusted).

Where it is possible and practical, there shall be co-operation and co-ordination of services with other school boards or private schools in the transportation of elementary and secondary school pupils.

EQUIPMENT AND OTHER ITEMS ON TRANSPORTATION VEHICLES

Where equipment or other items are transported, it is important to ensure that the centre aisle be kept clear in case of an emergency and a quick exit is required. In the interest of student safety, only certain equipment is permitted on school vehicles, as follows:

- a. Musical equipment in cases shall be transported and shall be kept on the students' lap or under the seat, if possible.
- b. Ice skates shall have the blades covered and be tied together or carried in a sports bag. They shall be kept on the floor under the student's seat.
- c. Sports equipment such as skis, poles and skateboards shall not be allowed on the bus.
- d. Program related items shall be transported if special arrangements have been made in advance between the Principal (or designate) and the driver.
- e. Animals, birds, firearms, explosives, water pistols and any items that may interfere with the safe operation of the bus are not allowed.

In case of a dispute, the final decision as to what shall or shall not be transported rests with Niagara Student Transportation Services.

COMPLAINT RESOLUTION PROCESS

In accordance with the Board's Complaint Resolution Policy, every effort shall be made to investigate concerns while recognizing the need for the efficient and safe transportation of students in compliance with the Board's Policies and Administrative Procedures.

Concerns by parents are to be processed in accordance with the following procedures:

- a. Concerns should be directed initially to the school Principal.
- b. If the concerns are not resolved at the school level, the parent shall be directed to contact Niagara Student Transportation Services.
- c. In accordance with the Board's Complaint Resolution Policy If the concerns are still not resolved, the parent will be requested to contact the appropriate Superintendent of Education for further consideration.

All concerns shall be addressed in a timely manner. The Principal, NSTS and Superintendent of Education will acknowledge the receipt within 24-hours to the person with whom the concern originated. The investigation and resolution process may take longer than 24-hours depending on the nature of the concern.

EXCEPTIONS TO ADMINISTRATIVE PROCEDURES

All exceptions to the Administrative Procedures criteria must be made by application to NSTS and approved by the appropriate Superintendent of Education. If an additional cost is projected, the Superintendent of Business and Financial Services and Family of Schools Superintendent of Education will be required to approve the request.

**TO: NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
BOARD MEETING
FEBRUARY 26, 2019**

PUBLIC SESSION

TOPIC: FUNDRAISING POLICY (301.4)

RECOMMENDATION

THAT the Niagara Catholic District School Board approve the Fundraising Policy (301.4), as presented.

Prepared by: Giancarlo Vetrone, Superintendent of Business & Financial Services
Presented by: Policy Committee
Recommended by: Committee of the Whole
Date: February 26, 2019



Niagara Catholic District School Board

FUNDRAISING POLICY

STATEMENT OF POLICY

300 – Schools/Students

Policy No 301.4

Adopted Date: February 26, 2002

Latest Reviewed/Revised Date: June 12, 2012

In keeping with the Mission Vision and Values of the Niagara Catholic District School Board, the Board supports the involvement and collaboration of parents with the Principal, school staff, and in consultation with Catholic School Councils, to design and implement fundraising activities.

The Principal will approve and implement fundraising activities to enhance student achievement, including educational field trips, excursions and co-curricular activities.

The Niagara Catholic District School Board also recognizes that fundraising activities have a direct financial impact on the school and on the school community. The Principal shall consider this financial impact, in the planning and approval of the proposed initiatives. Funds raised at the school level through fundraising and other sources will be managed in accordance with the School Generated Funds Policy.

The Board recognizes that some school fundraising initiatives are designed to support the efforts of the school community with activities that will help the students to learn about the value of supporting the needs of the broader global community, including:

- Supporting charitable endeavours
- Supporting global communities
- Encouraging involvement in supporting the needs of the broader global community

The Director of Education will issue Administrative Procedures for the implementation of this policy.

References

- [*Education Statutes and Regulations of Ontario*](#)
- [*Fundraising Guidelines issued by the Ministry of Education*](#)
- [*Municipal Freedom of Information and Protection of Privacy Act*](#)
- [*Niagara Catholic District School Board Policies/Procedures*](#)
 - [*Catholic School Councils Policy \(800.1\)*](#)
 - [*Nutrition Policy \(302.7\)*](#)
 - [*Purchasing/Supply Chain Management Policy \(600.1\)*](#)
 - [*School Generated Funds Policy \(301.6\)*](#)
 - [*Student Fees Policy \(301.11\)*](#)



Niagara Catholic District School Board

FUNDRAISING POLICY

ADMINISTRATIVE PROCEDURES

300 – Schools/Students

Policy No 301.4

Adopted Date: February 26, 2002

Latest Reviewed/Revised Date: June 12, 2012

DEFINITIONS

Fundraising is any activity, in accordance with Board Policy, to raise money or other resources that is approved by the school Principal, in consultation with the Catholic School Council, for which the school provides the administrative processes for collection. Such activities may take place on or off school property.

The school community refers to students, parents/guardians, school administrators and staff, members of the broader community and partners, as well as others, who support the local Catholic school and student achievement.

BACKGROUND

Fundraising initiatives carried out by the school must not be used to replace public funding provided by the Ministry of Education for textbooks, learning materials and other supplies, which are allocated by the Board to the school through the School Budget Accounts.

All students and staff are welcome to participate in fundraising activities. These activities will reflect the diversity, values and priorities of the local school community and school board.

GUIDING PRINCIPLES FOR FUNDRAISING ACTIVITIES

The Principal will:

- Prepare an annual Plan on fundraising activities, using the appropriate fundraising form
- Be responsible for authorizing, planning and implementing all fundraising activities carried out by the school community. A fundraising report will be prepared by the principal for each major fundraising activity benefitting the whole school community and will be approved by the Family of Schools Superintendent.
- Give consideration to the frequency, type and number of fundraisers within an academic year.
- Ensure resources generated through fundraising activities will be used within a two-year period unless designated for a specific project to be pre-approved by the Superintendent of Business and Financial Services

The Principal will ensure that the collection and distribution of funds will reflect the following principles:

Support Student Achievement - Activities will support student achievement and not detract from the learning environment.

Voluntary Participation - Participation in fundraising activities is strictly voluntary for staff and students. Parental consent will be required for student participation for students under the age of 18. The personal information of staff, students or other individuals will not be shared for the purposes of fundraising without prior consent.

Safety and Safeguarding - The safety of students will be a primary consideration in all fundraising activities. In addition to parental consent, student fundraising activities require adequate supervision of students involved in the activity.

The Principal will communicate and train school staff on procedures dealing with the collection, disbursement and accounting of school-generated funds.

Accountability and Transparency - A fundraising activity will not result in any staff or volunteer benefiting materially or financially from the activity.

Fundraising activities will have a designated purpose and the funds collected will be spent for that designated purpose. Transparent financial reporting practices to the school community need to be in place.

Staff Members will:

- Prepare a fundraising report for minor fundraising activities benefitting a school department, club and/or sports team and will be approved by the Principal.

All school fundraising activities will generate a fundraising report. Fundraising reports will be shared with the designated secretary with finance duties and will be available for review by Board staff and internal and external auditors.

CONFLICT OF INTEREST

If staff members and/or Catholic School Council Members have a conflict of interest in connection with a fundraising initiative, they will not participate in any aspect of that fundraising activity.

CRITERIA TO BE CONSIDERED IN FUNDRAISING ACTIVITIES

When school communities consider asking for financial support, the individual fundraising activity should be consistent with the guiding principles outlined above and within Niagara Catholic policies.

Any fundraising activities that involve the sale of food and beverages on school premises must comply with the Board's Nutrition Policy. The nutrition standards set out in the policy do not apply to fundraising activities that occur off school premises.

The Board has endorsed the following annual system fundraising activities:

- Pilgrimage / Development and Peace
- United Way Campaign
- Kids Helping Kids
- Holy Childhood Walk

Examples of Acceptable Uses of Fundraising Proceeds

- Assistance fund (for example, a fund serving a charitable purpose to benefit students, such as providing payment for the cost of a field trip for students who cannot afford it)
- Supplies, equipment or services which complement items funded by provincial grants (for example, co-curricular band equipment, audio-visual equipment)
- Field trips or other excursions (for example, in-province, out-of-province, or trips abroad)
- Guest speakers or presentations
- Ceremonies, awards, plaques, trophies or prizes for students
- Scholarships or bursaries

- Co-curricular activities and events (for example, travel and entry fees for sports competitions, school team uniforms, school band, choir, clubs)
- School yard improvement projects (for example, playground equipment, shade structures, gardens, outdoor skating rink)
- Upgrades to sporting facilities such as running tracks, installation of artificial turf and scoreboards
- Support for activities that are unique to the denominational or cultural character of the school (for example, student retreats).

Examples of Unacceptable Uses of Fundraising Proceeds

- Items funded through provincial grants such as classroom learning materials and textbooks
- Facility renewal, maintenance, or upgrades funded through provincial grants such as structural repairs, sanitation, emergency repairs, or replacing flooring due to wear and tear
- Infrastructure improvements which increase the student capacity of a school or are funded by provincial grants (for example, classrooms, additions, gyms, labs)
- Goods or services for employees, where such purchases would contravene the *Education Act* or a school council's by-laws regarding conflict of interest
- Professional development including support for teacher attendance at professional development activities
- Administrative expenses not associated with fundraising activity. Any administrative expenses associated with fundraising activity should be minimized.
- Support for partisan political activity, groups or candidates.

ACCOUNTABILITY AND FINANCIAL REPORTING

The purpose for any fundraising activity must be clearly communicated to contributors.

Funds received and disbursed in connection with fund raising activities must be accounted for in accordance with the [*School Generated Funds Policy \(301.6\)*](#).

The Principal will advise the Family of Schools Superintendent regarding major concerns arising from the operation of fundraising activities.

The Principal will prepare an annual report on fundraising activities, in accordance with the [*School Generated Funds Policy \(301.6\)*](#).

Any change in the purpose of funds raised will require the approval of the Family of Schools Superintendent and the notification of the school community.

Any theft and misuse or misappropriation of funds raised through Fundraising Activities will be immediately reported to the Principal, Family of Schools Superintendent and Superintendent of Business and Financial Services. This matter will be discussed with the Director of Education. The Director of Education will determine the actions required to recover the funds and the need to report the details to the Board and/or to proper legal authorities, as required.

**TO: NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
BOARD MEETING
FEBRUARY 26, 2019**

PUBLIC SESSION

**TOPIC: PRIOR LEARNING ASSESSMENT AND RECOGNITION (PLAR)
POLICY (400.4)**

RECOMMENDATION

THAT the Niagara Catholic District School Board approve the Prior Learning Assessment and Recognition (PLAR) Policy (400.4), as presented.

Prepared by: Yolanda Baldasaro, Superintendent of Education
Presented by: Policy Committee
Recommended by: Committee of the Whole
Date: February 26, 2019



Niagara Catholic District School Board

PRIOR LEARNING ASSESSMENT & RECOGNITION (PLAR) POLICY

STATEMENT OF POLICY

400 – Educational Programs

Policy No 400.4

Adopted Date: May 26, 1998

Latest Reviewed/Revised Date: May 28, 2013

In keeping with the Mission, Vision and Values of the Niagara Catholic District School Board, the Board supports the implementation of Prior Learning Assessment and Recognition (PLAR), a formal evaluation and accreditation process whereby students may obtain credits for prior learning. This includes the knowledge and skills that students have acquired, in both formal and informal ways, outside Ontario secondary school classrooms. Students have their knowledge and skills evaluated against the overall expectations in the Ontario provincial curriculum policy documents in order to earn credits towards an Ontario Secondary School Diploma (OSSD).

Religious Education credits cannot be earned through the PLAR challenge in the Niagara Catholic District School Board.

The Director of Education will issue Administrative Procedures for the implementation of this Policy.

References

- [***Ontario Schools: Kindergarten to Grade 12: Policy and Program Requirements 2016***](#)
- [***PPM 129 – Prior Learning, Assessment and Recognition \(PLAR\):Implementation in Ontario Secondary Schools***](#)
- [***PPM 132 - Prior Learning, Assessment and Recognition \(PLAR\) for Mature Students: Implementation in Ontario Secondary Schools***](#)
- [***Ontario Student Record \(OSR\) Guideline, 2000***](#)
- [***Ontario Student Transcript \(OST\) Manual, 2013***](#)
- ***Niagara Catholic District School Board Policies/Procedures***
 - [***Ontario Student Record \(OSR\) Policy 301.7***](#)



PRIOR LEARNING ASSESSMENT & RECOGNITION (PLAR) POLICY

ADMINISTRATIVE PROCEDURES

The PLAR process involves two components: "challenge" and "equivalency". The "challenge" process assesses students' prior learning for the purpose of granting credit for a course developed from the most current provincial curriculum document. The "equivalency" process is the process of assessing credentials from other jurisdictions.

PLAR procedures are carried out under the direction of the school Principal, who grants the credits.

DEFINITIONS

Regular school student: a student, other than a mature student, who is enrolled in a regular school program. A student enrolled only in continuing education and/or correspondence courses is not considered a regular school student.

Mature student: a student who is at least eighteen years of age on or before December 31 of the school year in which he or she registers in an Ontario secondary school program; who was not enrolled as a regular school student for a period of at least one school year immediately preceding his or her registration in a secondary school program (for mature students, a school year is a period of no less than ten consecutive months immediately preceding the student's return to school); and who is enrolled in a secondary program for the purpose of obtaining an OSSD.

CHALLENGE CREDITS

1. All credits gained through the PLAR process must represent the same standards as credits granted to students who have taken the course.
2. Assessment instruments for the challenge process must include formal tests (70 percent of the final mark) and a variety of other assessment strategies appropriate to the particular course (30 percent of the mark). Assessment strategies must be adapted for students with special education needs.
3. Students may earn no more than four credits through the challenge process for Grade 10, 11, 12 courses; or for Levels 1, 2, and 3 in classical and international languages courses; and for Levels 3, 4, and 5 in Native languages courses. No more than two (2) of these credits may be granted in one discipline towards the Ontario Secondary School Diploma (OSSD).
4. Students must provide proof of competency to the Principal in a subject before they are granted the opportunity to challenge a course. Principals will refer to the appropriate sections for Prior Learning Assessment and Recognition (PLAR) for Regular Day School Students and Prior Learning Assessment and Recognition (PLAR) for Mature Students as set out in *Ontario School: Kindergarten to Grade 12: Policy and Program Requirements 2016*. Appropriate applications for regular school and mature students are set out in Appendix 1.

5. In cases where an adult student (18 years old), or the parent/guardian of a minor student disagrees with the decision of the Principal concerning the student's challenge for credit, the parent/guardian or adult student may follow the Niagara Catholic Complaint Resolution Policy 800.3 to appeal the decision.
6. The challenge process is an evaluation process and may not be used as a way for students to improve a mark in a course for which they have already earned credit, or as a way to obtain a credit for a course in which they were previously unsuccessful.
7. Schools within the Board will provide for challenge only to those students registered with the Board.
8. Schools in the Board will use the forms for the application and tracking of students, regular school and mature students provided by the Ministry of Education: as set out in Appendix 1 along with the forms found in the Niagara Catholic District School Board's PLAR Implementation Manual.
9. The opportunity for Prior Learning Assessment and Recognition in the Niagara Catholic District School Board will be described in all Catholic secondary school Course Calendars stating that students can challenge for credit once per year by applying at their home school. PLAR challenges will be administered and supervised at the student's home school.

EQUIVALENCY CREDITS

1. Students who are eligible for "equivalency" credits are those who transfer to Ontario secondary schools from home schooling, non-inspected private schools or schools outside Ontario.
2. Equivalency credits are granted for placement only by the school Principal. The Principal will determine the total credit equivalency of the student's previous learning, and the number of compulsory and optional credits still to be earned for a diploma. Principals will refer to the appropriate sections for Prior Learning Assessment and Recognition (PLAR) for Regular Day School Students and Prior Learning Assessment and Recognition (PLAR) for Mature Students as set out in *Ontario School: Kindergarten to Grade 12: Policy and Program Requirements 2016*.

In cases where an adult student (18 years old), or the parent/guardian of a minor student disagrees with the decision of the Principal concerning the placement, the adult student or the parent/guardian may follow the Niagara Catholic Complaint Resolution Policy 800.3 to appeal the decision.

APPENDIX 1 – PRIOR LEARNING ASSESSMENT AND RECOGNITION

Forms for Regular School Students

- PRIOR LEARNING ASSESSMENT AND RECOGNITION: CHALLENGE FOR CREDIT, Interim Tracking Record
- PRIOR LEARNING ASSESSMENT AND RECOGNITION: CHALLENGE FOR CREDIT, Cumulative Tracking Record
- APPLICATION TO CHALLENGE FOR CREDIT FOR A COURSE
- RECORD OF ASSESSMENT OF CHALLENGE FOR CREDIT FOR A COURSE

Forms for Mature Students

- PRIOR LEARNING ASSESSMENT AND RECOGNITION FOR MATURE STUDENTS, INDIVIDUAL ASSESSMENT FOR GRADE 9 AND 10 CREDITS, Interim Tracking Record
- PRIOR LEARNING ASSESSMENT AND RECOGNITION FOR MATURE STUDENTS, INDIVIDUAL ASSESSMENT FOR GRADE 9 AND 10 CREDITS, Cumulative Tracking Record

- PRIOR LEARNING ASSESSMENT AND RECOGNITION FOR MATURE STUDENTS, CHALLENGE PROCESS FOR GRADE 11 AND 12 CREDITS, Interim Tracking Record
- PRIOR LEARNING ASSESSMENT AND RECOGNITION FOR MATURE STUDENTS, CHALLENGE PROCESS FOR GRADE 11 AND 12 CREDITS, Cumulative Tracking Record
- PRIOR LEARNING ASSESSMENT AND RECOGNITION FOR MATURE STUDENTS, EQUIVALENCY PROCESS FOR GRADE 11 AND 12 CREDITS, Interim Tracking Record
- PRIOR LEARNING ASSESSMENT AND RECOGNITION FOR MATURE STUDENTS, EQUIVALENCY PROCESS FOR GRADE 11 AND 12 CREDITS, Cumulative Tracking Record
- PRIOR LEARNING ASSESSMENT AND RECOGNITION FOR MATURE STUDENTS, APPLICATION TO CHALLENGE FOR CREDIT FOR A COURSE
- PRIOR LEARNING ASSESSMENT AND RECOGNITION FOR MATURE STUDENTS, APPLICATION FOR ASSESSMENT FOR GRADE 11 AND 12 CREDITS THROUGH EQUIVALENCY PROCESS
- PRIOR LEARNING ASSESSMENT AND RECOGNITION FOR MATURE STUDENTS, RECORD OF ASSESSMENT OF CHALLENGE FOR CREDIT FOR A COURSE

**TO: NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
BOARD MEETING
FEBRUARY 26, 2019**

PUBLIC SESSION

**TITLE: ELEMENTARY AND SECONDARY SCHOOL YEAR
CALENDARS: 2019-2020**

RECOMMENDATION

THAT the Niagara Catholic District School Board approve the Elementary and Secondary School Year Calendars for the 2019-2020 school year, as presented.

Prepared by: Frank Iannantuono, Superintendent of Education/Human Resources

Presented by: Frank Iannantuono, Superintendent of Education/Human Resources

Recommended by: Committee of the Whole

Date: February 26, 2019



NIAGARA CATHOLIC
DISTRICT SCHOOL BOARD

REPORT TO THE COMMITTEE OF THE WHOLE MEETING FEBRUARY 19, 2019

ELEMENTARY AND SECONDARY SCHOOL YEAR CALENDARS: 2019-2020

BACKGROUND INFORMATION

The *Education Act, Regulation 304 - School Year Calendar, Professional Activity Days* outlines the requirements and timelines for preparing and submission of school year calendars to the Ministry of Education for approval.

For the 2019-2020 school year calendars, there are 194 possible school days between September 3, 2019 and June 26, 2020. Within this total, elementary and secondary schools must have a minimum of 194 school days of which seven (7) days must be designated as professional activity days. Secondary schools may have a maximum of ten (10) instructional days set as examination days. The remaining school days shall be instructional days.

CONSULTATION PROCESS

The 2019-2020 School Year Calendar Committee met on December 20, 2018 and February 8, 2019 to discuss and review the draft calendar and the consultation process.

Members of the 2019-2020 School Year Calendar Committee are:

Frank Iannantuono	Superintendent of Education and Committee Chair
Pat Rocca	Superintendent of Education
Lee Ann Forsyth-Sells	Superintendent of Education
Irene Ricci	Elementary Principal
Denice Robertson	Secondary Principal
Anthony Corapi	Coordinator of Staff Development
Marie Balanowski	OECTA President
Shonna Daly	Niagara Catholic Parent Involvement Committee
Anna Racine	SEAC

The consultation process provided the elementary and secondary draft calendars to all Elementary and Secondary Principals, Vice-Principals, Catholic School Council Chairs, Niagara Catholic Parent Involvement Committee (NCPIC), Special Education Advisory Committee (SEAC), OECTA Elementary and Secondary Presidents, CUPE President and staff for feedback by January 30, 2019.

Simultaneously, there has been on-going consultation with the co-terminous Board to achieve a similar school year calendar, where possible.

SUMMARY OF THE ATTACHED CALENDARS

Highlights of the Proposed School Year Calendars for 2019-2020.

Professional Activity Days

In accordance with the *Education Act, Regulation 304 - School Year Calendar*, the following seven (7) days have been identified as Professional Activity Days.

Secondary Examination Days

Semester 1 – Friday, January 24, 2019 to Thursday, January 30, 2020

Semester 2 – Thursday, June 18, 2020 to Wednesday, June 24, 2020

Board and Civic Holidays

Labour Day	Monday, September 2, 2019
Thanksgiving Day	Monday, October 14, 2019
Christmas Break	Monday, December 23, 2019 to Friday, January 3, 2020
Family Day	Monday, February 17, 2020
March Break	Monday, March 16 to Friday, March 20, 2020 (ten month employees only)
Good Friday	Friday, April 10, 2020
Easter Monday	Monday, April 13, 2020
Victoria Day	Monday, May 18, 2020
Canada Day	Wednesday, July 1, 2020

To comply with the timelines outlined in *Regulation 304 - School Year Calendar*, school boards are required to submit Board approved **regular** school year calendars to the Ministry of Education by May 1, 2019 and Board approved **modified** school year calendars to the Ministry of Education by March 1, 2019.

Based on feedback from the consultation process, discussions with the School Year Calendar Committee, Administrative Council and our coterminous board, the 2019-2020 Elementary and Secondary **Regular** School Year Calendars will be submitted immediately following the Board Meeting of February 26, 2019 for approval.

Proposed Elementary School Year Calendars for 2019-2020.

Proposed Secondary School Year Calendars for 2019-2020.

RECOMMENDATION

THAT the Committee of the Whole recommends that the Niagara Catholic District School Board approve the Elementary and Secondary School Year Calendars for the 2019-2020 school year, as presented.

Prepared by: Frank Iannantuono, Superintendent of Education

Presented by: Frank Iannantuono, Superintendent of Education

Recommended by: John Crocco, Director of Education, Secretary/Treasurer

Date: February 19, 2019



Ministry of Education

School Year Calendar 2019 - 2020

Board Designated Holiday

Half Day

P - Professional Activity Day

E - Scheduled Examination Day

Statutory Holiday Schedule

Legend → **H** -

Elementary Draft

Month	Number of Instructional Days	Number of Professional Activity Days	Number of Scheduled Examination Days	1 st Week			2 nd Week			3 rd Week			4 th Week			5 th Week																						
				M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F															
August 2019							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
September 2019	20																																					
October 2019	21	1					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
November 2019	20	1																																				
December 2019	15																																					
January 2020	19	1																																				
February 2020	18	1																																				
March 2020	17																																					
April 2020	20																																					
May 2020	19	1																																				
June 2020	18	2																																				
July 2020																																						
TOTAL	187	7																																				

Note: The 2019-2020 calendar provides for 194 possible school days between September 1, 2019 and June 30, 2020. The school year shall include a minimum of 194 school days of which three days must be designated as professional activity days with respect to specific provincial education priorities as outlined in the Policy/Program Memoranda 151 and up to four extra days may be designated by the board as professional activity days. The remaining school days shall be instructional days. The boards may designate up to ten instructional days as examination days



Ministry of Education

School Year Calendar 2019 - 2020

Board Designated

B - Holiday Half Day

P - Professional Activity Day

E - Scheduled Examination Day

H - Statutory Holiday Schedule

Legend →

Secondary Draft

Month	1 st Week			2 nd Week			3 rd Week			4 th Week			5 th Week																										
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F																			
August 2019				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						
September 2019	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30										
October 2019		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31							
November 2019					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29						
December 2019	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31									
January 2020			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
February 2020	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31										
March 2020	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31									
April 2020			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30							
May 2020					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29						
June 2020	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31								
July 2020			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
TOTAL																																							

Note: The 2019-2020 calendar provides for 194 possible school days between September 1, 2019 and June 30, 2020. The school year shall include a minimum of 194 school days of which three days must be designated as professional activity days with respect to specific provincial education priorities as outlined in the Policy/Program Memoranda 151 and up to four extra days may be designated by the board as professional activity days. The remaining school days shall be instructional days. The boards may designate up to ten instructional days as examination days

**TO: NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
BOARD MEETING
FEBRUARY 26, 2019**

PUBLIC SESSION

**TITLE: EXTENDED OVERNIGHT FIELD TRIP, EXCURSION AND
EXCHANGE APPROVAL COMMITTEE 2018 - 2019**

The Extended Overnight Field Trip, Excursion and Exchange Approval Committee
2018-2019 report is presented for information.

Prepared by: Ted Farrell, Superintendent of Education

Presented by: Ted Farrell, Superintendent of Education

Approved by: John Crocco, Director of Education/Secretary-Treasurer

Date: February 26, 2019



REPORT TO THE BOARD FEBRUARY 26, 2019

EXTENDED OVERNIGHT FIELD TRIP, EXCURSION AND EXCHANGE APPROVAL COMMITTEE 2018 - 2019

BACKGROUND INFORMATION

The Extended Overnight Field Trip, Excursion and Exchange Approval Committee continues to review proposals for 2018-2019 extended overnight field trips, excursions and exchanges as submitted to date. The composition of the approval Committee is as follows:

1 Supervisory Officer	-	Ted Farrell
1 Secondary School Vice-Principal	-	Andrew Bartley
1 Secondary School Principal	-	Andrew Boon
1 Elementary School Principal	-	Joseph Tornabuono
1 Program Department Consultant	-	Jennifer Pirosko

As defined in the Niagara Catholic Educational Field Trip Policy (400.2) Administrative Procedures, an Extended Overnight Field Trip is:

- “Any school/board sponsored and supervised activity, on scheduled instructional days, beyond the school property that requires four or five more night lodgings”
or
- “Requiring an individual flight ticket of \$600.00 or more.” (Part II, A.4)

An Excursion is defined as follows:

- “A trip not directly linked to specific subject curriculum expectations, but provided to enrich a student’s overall Catholic education. An excursion is a trip that is planned and arranged for secondary school students that would be held during the year when the students are not normally expected to be attending classes and that does not adhere to all guidelines and procedures relating to Educational Field Trips.” (Part II, A.5)

Attached to this information report is an Executive Summary of a 2018-2019 Extended Overnight Field Trip as submitted on Tuesday, February 26, 2019. (Appendix A)

The Extended Overnight Field Trip, Excursion and Exchange Approval Committee 2018-2019
report is presented for information.

Prepared by: Ted Farrell, Superintendent of Education

Presented by: Ted Farrell, Superintendent of Education

Approved by: John Crocco, Director of Education/Secretary-Treasurer

Date: February 26, 2019

**TO: NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
BOARD MEETING
FEBRUARY 26, 2019**

PUBLIC SESSION

TITLE: FINANCIAL REPORT AS AT JANUARY 31, 2019

The Financial Report as at January 31, 2019 is presented for information

Prepared by: Giancarlo Vetrone, Superintendent of Business and Financial Services

Presented by: Giancarlo Vetrone, Superintendent of Business and Financial Services

Approved by: John Crocco, Director of Education/Secretary-Treasurer

Date: February 26, 2019

Niagara Catholic DSB
2018-19 Interim Financial Report

For the Month Ending January 31, 2019

Summary of Financial Results

(\$Thousands)	Estimates	Revised Estimates	Forecast	In-Year Change	
				\$	%
Revenue					
Operating Grants	230,139	231,970	231,970	-	0.0%
Capital Grants	27,904	27,021	27,021	-	0.0%
Other	13,470	14,651	14,551	(100)	(0.7%)
Total Revenue	271,513	273,642	273,542	(100)	(0.0%)
Expenditures					
Classroom	202,362	205,490	205,211	(279)	(0.1%)
Other Operating	7,688	7,631	7,846	215	2.8%
Transportation	10,175	10,175	10,102	(73)	(0.7%)
Pupil Accomodation	41,476	41,431	41,393	(38)	(0.1%)
Other	7,112	7,675	7,675	-	0.0%
PSAB Adjustments	1,005	1,005	1,005	-	0.0%
Total Expenditures	269,818	273,407	273,232	(175)	(0.1%)
In-Year Surplus (Deficit)	1,695	235	310	75	31.9%
Prior Year Accumulated Surplus (Deficit)	10,440	10,440	10,440	-	0.0%
Accumulated Surplus (Deficit) for Compliance	12,135	10,675	10,750	75	0.7%

Changes in Revenue

-

Change in Expenditures

-

Change in Reserve

-

Change in Surplus/Deficit

-

Risks & Recommendations

- N/A

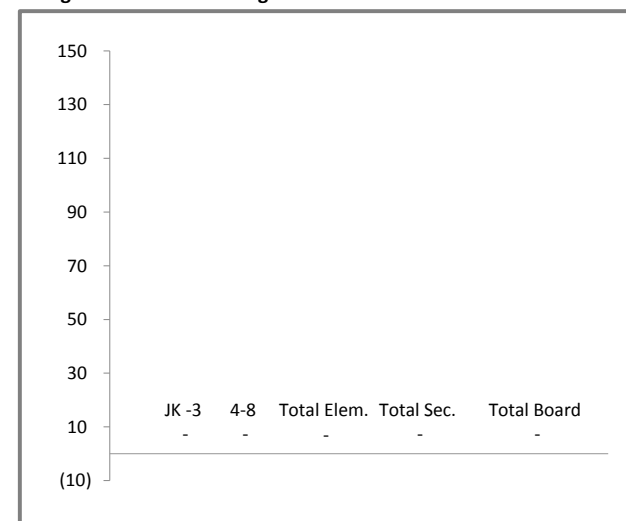
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Summary of Enrolment

ADE	Revised Estimates	Forecast	In-Year Change	
			#	%
Elementary				
JK -3	6,801	6,801	-	0.0%
4-8	7,593	7,593	-	0.0%
Total Elementary	14,394	14,394	-	0.0%
Secondary <21				
Pupils of the Board	6,478	6,478	-	0.0%
Other Pupils	91	91	-	0.0%
Total Secondary	6,569	6,569	-	0.0%
Total	20,963	20,963	-	0.0%

Note: Forecast will be based on October 31st count date

Changes in Enrolment: Budget v. Forecast



Highlights of Changes in Enrolment:

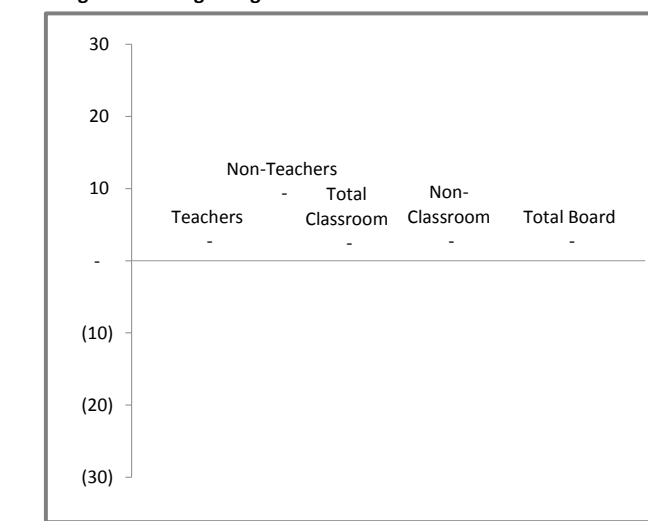
- Forecast is projected to be the same as revised estimates at this stage

*

Summary of Staffing

FTE	Revised Estimates	Forecast	In-Year Change	
			#	%
Classroom				
Teachers	1,261	1,261	-	0.0%
Non-Teachers	762	762	-	0.0%
Total Classroom	2,023	2,023	-	0.0%
Non-Classroom	245	245	-	0.0%
Total	2,268	2,268	-	0.0%

Changes in Staffing: Budget v. Forecast



Highlights of Changes in Staffing:

- Forecast is projected to be the same as revised estimates at this stage

**TO: NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
BOARD MEETING
FEBRUARY 26, 2019**

PUBLIC SESSION

**TOPIC: TRUSTEE INFORMATION
SPOTLIGHT ON NIAGARA CATHOLIC – FEBRUARY 19, 2019**



February 19, 2019

Committee of the Whole Recommends Policies

During the Committee of the Whole Meeting on February 19, trustees recommended eight policies be considered for approval.

Transportation and School Operations for Inclement Weather Policy (500.1), Employee Attendance During Inclement Weather and Workplace Closure Policy (201.9), Student Senate – Secondary Policy (100.6.1), Student Senate – Elementary Policy (100.6.2), Supporting Children and Students with Prevalent Medical Conditions Policy (500.2), Fundraising Policy (301.4) and Prior Learning and Assessment (PLAR) Policy (400.4) will be considered at the February 25 Board Meeting.

2019-2020 School Year Calendar

Committee of the Whole has recommended that the Board approve the 2019-2020 school year calendar.

The consultation process for the 201-2020 school year calendar took place between December 20, 2018 and February 8, 2019. The committee included superintendents of education, elementary and secondary principals, the Coordinator of Staff Development, the president of the Ontario English Catholic Teachers' Association (OECTA), and representatives from the Niagara Catholic Parent Involvement Committee (NCPIC) and the Special Education Advisory Committee (SEAC).

The draft calendar includes 194 school days between September 3, 2019 and June 26, 2020, with seven Professional Development Days, and 10 examination days, as required by the Ministry of Education. Key dates in the draft calendar include:

- Christmas Break: December 23, 2019-January 3, 2020
- March Break: March 16-20, 2020
- Secondary semester one exams: January 24-30, 2020
- Secondary semester two exams: June 18-24, 2020

Once approved by the Board, the draft calendar will be submitted to the Ministry of Education for approval.

Capital Projects Report Update

Design work continues for the two Niagara Catholic schools scheduled for construction.

The design and construction of three child care classrooms at Our Lady of Mount Carmel Catholic Elementary School is scheduled to be completed in time for occupancy in Fall 2019.

A project to consolidate St. Charles and Monsignor Clancy Catholic Elementary Schools at the Monsignor Clancy site is also in the design stage. Occupancy for the consolidated school, which will also include 49 new child care spaces, is Fall 2020.

Student Support Services at Niagara Catholic

During the February 19 Committee of the Whole Meeting, trustees received an information report regarding student supports available at Niagara Catholic.

Niagara Catholic is committed to including students with special needs in their home schools and in age-appropriate classes, to foster a feeling of equality, equality, diversity and spiritual respect.

The model of special education program and service delivery is rooted in a seamless approach to serving students with special education needs from entry in Kindergarten through graduation. All students are provided with the opportunity to access programs, supports and services that will maximize their potential and receive an education that fits their unique needs. Students are prepared for independence from their first day of school through a support plan that puts the student's needs first. Programming decisions for special needs students are made from a Christ-centered perspective, with the students and student success as the primary focus for all decisions.

Please review the entire report in section C2 of the [February 19 Committee of the Whole agenda](#).

Keep up with Niagara Catholic

Have you checked our [Good News page](#) lately? If you're not, you could be missing some great stories. Hop on over to see what's new at Niagara Catholic.

Follow us!

There's nothing like wild winter weather to boost the number of people who like and follow you on social media. And we've had a real flurry of activity on our pages since the snow, ice, rain and frigid temperatures started a few weeks ago. We've expanded our reach by nearly 2,000 people, and invite you to join them in staying connected with Niagara Catholic. Like and follow us on [Facebook](#), [Twitter](#) and [Instagram](#) to ensure you stay connected with Niagara Catholic news and events. It's the best way to stay in the know.

**TO: NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
BOARD MEETING
FEBRUARY 26, 2019**

PUBLIC SESSION

**TOPIC: TRUSTEE INFORMATION
CALENDAR OF EVENTS – MARCH 2019**



MARCH 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4 SEAC Meeting	5 Niagara Catholic Dance Festival Speak Out! Showcase SAL Meeting CW Meeting	6 Ash Wednesday	7 Niagara Catholic Technology Skills Competition— Scotiabank Centre	8	9
10	11	12	March Break March 11-15			16
17	18	19	20	21	22	23
24/31	25	26 Policy Committee Board Meeting	27	28	29	30 Niagara Foundation for Catholic Education's Annual Benefit Gala Club Italia

**TO: NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
BOARD MEETING
FEBRUARY 26, 2019**

PUBLIC SESSION

**TOPIC: TRUSTEE INFORMATION
SPEAK OUT – MARCH 5, 2019**



NIAGARA CATHOLIC
DISTRICT SCHOOL BOARD



You're Invited

You are cordially invited to celebrate the 2019 Speak Out!
events featuring students from the
Niagara Catholic District School Board.



Blessed Trinity Catholic Secondary School - Team 1 Speak Out!
Thursday, February 21 at 6:30 p.m.



Lakeshore Catholic High School - Team 3 Speak Out!
Monday, February 25 at 6:30 p.m.



Saint Michael Catholic High School - Team 2 Speak Out!
Thursday, February 28 at 6:30 p.m.



The Speak Out! Showcase will take place at the
Catholic Education Centre on Tuesday, March 5 at 5:45 p.m.
(Prior to the Committee of the Whole Meeting)

**TO: NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
BOARD MEETING
FEBRUARY 26, 2019**

PUBLIC SESSION

**TOPIC: TRUSTEE INFORMATION
16TH ANNUAL TECHNOLOGICAL SKILLS COMPETITION –
MARCH 7, 2019**



**Niagara Catholic District School Board
Cordially invites you to the**

**16th Annual Technological Skills Competition
Opening Ceremonies on**

**Thursday, March 7, 2019 - 8:30 a.m.
Scotiabank Convention Centre
6815 Stanley Avenue, Niagara Falls**

**Join over 300 students and staff with our official
ceremony that will kick-off two days of excitement!**

Please RSVP to: ivana.galante@ncdsb.com

We look forward to having you join us at our Skills Event.

Thank you.

