



Committee of the Whole Board

Monday, September 12, 2016
Board Room, Education Centre

AGENDA

- A – 1 **Opening**
- (a) Roll Call
 - (b) Declaration of Conflict of Interest
 - (c) In Camera Session
 - i) Personnel Matters
 - (d) Welcome to Open Session (7:15 p.m.)
 - (e) Agenda Additions/Deletions/Approval
 - (f) In Camera Report
- B – 1 **Business Arising from Minutes and/or Previous Meetings**
- * (a) French Immersion Accommodation Update (From June 13, 2016) B. Blancher
 - * (b) Report of the South East Norfolk Elementary Accommodation Review Committee (From January 18, 2016) B. Blancher
 - * (c) North Brant Elementary Accommodation Review Committee (From February 18, 2016) B. Blancher
- C – 1 **Director's Report**
- (a)
- D – 1 **New Business — Action/Decision Items**
- (a)
- D – 2 **New Business — Information Items**
- * (a) Enrolment Update J. Gunn
 - * (b) Data Report - Supervised Alternative Learning (SAL) Annual Report (P104) D. Abbey
- E – 1 **Bylaw/Policy/Procedure Consideration — Action/Decision Items**
- * (a) BL25 Director Performance Appraisal (A) B. Blancher
 - * (b) HR6 Principal/Vice-Principal Selection Process (C) S. Sincerbox
 - * (c) HR7 Replacement/Casual Principal/Vice Principal Selection Process (C) S. Sincerbox
 - * (d) SO25 Visual Identity (C) B. Blancher
 - * (e) SO9 Cyberbullying (A) W. Baker
 - * (f) SO30 Management of Potentially Life Threatening Health Conditions in Schools (A) L. Thompson
 - * (g) SO31 Accessibility (A) L. Thompson
 - * (h) SO17 Accessibility – Customer Service Standards (R) L. Thompson
 - * (i) SO23 Accessibility – Integrated Accessibility Standards Regulation (R) L. Thompson



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- E – 2 Procedure Consideration — Information Items**
- * (a) FT104 Reporting of Vandalism (C) J. Gunn
 - * (b) HR101 Fragrance/Scent-Safe Workplace (C) J. Gunn
 - * (c) HR113 Teacher Performance Appraisal (C) S. Sincerbox
 - * (d) SO133 Signing Authority (C) J. Gunn
 - * (e) HR110 Hiring Procedures (I) S. Sincerbox
 - * (f) SO102 Request for School Assistance in Health Care (I) L. Thompson
 - * (g) SO115 Anaphylaxis (Life Threatening Allergic Reactions) (R) L. Thompson
 - * (h) SO135 Accessibility –Customer Service Standards (R) L. Thompson
 - * (i) SO137 Accessibility – Integrated Accessibility Standards Regulation (IASR) – Transportation (R)
 - * (j) SO138 Accessibility – Integrated Accessibility Standards Regulation (IASR) – Information and Communications (R) L. Thompson
 - * (k) SO139 Accessibility –Integrated Accessibility Standards Regulation (IASR) – Employment (R) L. Thompson
- F – 1 Other Business**
- (a)
- G – 1 Correspondence**
- * (a) Treasury Board - Executive Comp Framework
- H – 1 Adjournment**

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

Audit Committee	September 20, 2016, 6:00 p.m.	Norfolk SSC, Dogwood Room
Compensatory Education Steering Committee	September 22, 2016, 1:30 p.m.	Norfolk SSC, Dogwood Room
Chairs' Committee	September 26, 2016, 5:45 p.m.	Norfolk Room
Board Meeting	September 26, 2016, 7:15 p.m.	Board Room
School Council Orientation	October 5, 2016, 6:15 p.m.	Waterford District High School
Special Education Advisory Committee	October 6, 2016, 6:30 p.m.	Board Room
Native Advisory Committee	October 11, 2016, 1:00 p.m.	Brantford Collegiate Institute
Committee of the Whole	October 17, 2016, 7:15 p.m.	Board Room
Student Transportation Services Brant Haldimand Norfolk Committee	October 25, 2016, 1:00 p.m.	Norfolk Room

SUCCESS for Every Student



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary

FROM: Jamie Gunn, Superintendent of Business & Treasurer

RE: **French Immersion Program Accommodation Update**

DATE: September 12, 2016

Recommended Action: It was moved by _____ Seconded by _____
 THAT the Grand Erie District School Board receive the French Immersion Program Accommodation Update as information.

Background:

The Board has recognized accommodation pressures from the growth in French Immersion (FI) program enrolment and completed a consultation through the Elementary French Immersion Consultation Ad Hoc Committee in the spring of 2016. The results of the consultation were reported to the Board in June 2016 which included a number of options for consideration.

Accommodation options presented and discussed during the consultation process were:

1. Retain Ecole Fairview once Coronation is complete.
2. Complete an Accommodation Review of North Brantford Schools to consolidate regular program and free up a third single track French Immersion site.
3. Create a single track French Immersion Middle School at the Ecole Fairview site
4. Cap intake into the French Immersion program.

Discussion of Accommodation Options:

Option 1 – Retain Ecole Fairview as a third single track FI site.

Grants to fund the operations, maintenance and renewal of schools is provided based on actual enrolment. Top up funding was formerly available to support under capacity schools in the past but this line of funding will be fully phased out for the 2017-18 school year. Grants for school administrative staff for an additional school (principal, vice principal and clerical) would only be available if the ministry approved the re-establishment of the Ecole Fairview campus as a stand-alone school. A more likely scenario would be the approval of a twinning of the Ecole Fairview campus with Ecole Confederation. The financial implications of this option are set out in the table below. Based on the type of approval (stand alone or twinned) the costs to keep Ecole Fairview open and operating would be between \$220,028 and \$380,812 annually. In addition, the deferred and future renewal need would have to be addressed sometime in the future.

Given the reductions to facility staff recently implemented to balance the loss of top up facilities funding, it would be counter intuitive to plan to add more operating cost.

Operating costs to open / keep open an additional school building*(based on Ecole Fairview)*

		<u>Cost if not twinned</u>	<u>Cost if twinned</u>
Principal/Vice Principal	Offset by School Foundation Grant for all schools over 150 enrolment **	** Assumes that the school is recognized as an additional school for grant by the Ministry and not twinned with another existing school	115,661
Secretary	Offset by School Foundation Grant for all schools **		45,123
Teaching Staff	Staffing not dependent on number of schools.	0	0

Facility Operating Costs

Hydro	43,353	43,353
Water/Sewer	4,491	4,491
Heat	4,077	4,077
Internet	6,816	6,816
Telephone	1,180	1,180
Property Insurance	1,743	1,743
Snow Removal	8,467	8,467
Grass & Landscaping	1,200	1,200

Custodial Supplies	6,807	6,807
Custodial Salary & Benefits	98,748	98,748

Annual Maintenance	43,146	43,146
Security Monitoring & other montly charges		
Total Annual Costs	220,028	380,812

Building Renewal

Current Renewal Backlog	1,819,499	1,819,499
5 Year Renewal Need	2,257,696	2,257,696

Option 2 - Complete an Accommodation Review of North Brantford Schools to consolidate regular program and free up a third single track French Immersion site.

This option will not be popular with the school communities that would be involved in such an accommodation review. These school communities would see their children shifted to another neighbourhood school and have their home school re-populated by FI students bussed from across town to fill the school. Unpopularity aside, the option does recognize that Grand Erie's FI programs are largely being populated by shifting demand from regular program to FI program. Addressing the accommodation needs by shifting pupil spaces assigned to regular program over to FI program space does not add to the total inventory of school and does not have the effect of adding costs that Option 1 above does.

The Board has commissioned a review of enrolment and accommodation to be completed by Watson & Associates and presented to Board this fall. Once the Board has received the report and the Quality Accommodations Committee has had the opportunity to deliberate and make recommendations to the Board based on the Watson report, the possible areas for consolidation and conversion of program space can be considered.

Senior administration would not recommend the initiation of any new Accommodation Reviews until the Watson & Associates Report has been received, reviewed and the Quality Accommodations committee has reported to the Board with its recommendations based on the new projections.

Option 3 - Create a single track French Immersion Middle School at the Ecole Fairview site

The middle school concept may be something for the Board to consider, however, similar to Option 1, this option is suggesting that the Board open an additional school to create more accommodation space for FI. The same financial concerns expressed for Option 1 apply here. Senior Administration do not recommend that an additional school be opened up thereby incurring additional costs that would have to be balanced by reduced program/services somewhere else.

Option 4 - Cap intake into the French Immersion program

Other Boards in the province employ caps to their FI and other programs of choice. Carefully deployed caps and a fair and open system of allotting available openings to applicants is an effective way to ensure that the program does not face overcrowding of the space assigned. Because Grand Erie accepted all applicants to the FI program prior to the 2016-17 school year, initial caps will be smaller to bring the total enrolment in line with existing accommodation space. Over the longer term, caps should be considered to enrol an even number of students per grade. For example a school with 350 pupil spaces assigned to the JK-Gr8 FI program, should only accept 35 new students into JK/SK each year to maintain the enrolment within the assigned accommodation space. The table attached in **Appendix A** demonstrates how capped intake would bring the enrolment at Ecole Confederation in line with school capacity.

Historic attrition rates from grade to grade have been incorporated into the model above. The reduction in caps is in anticipation that additional FI accommodation would be coming on line in future years as accommodation reviews are completed with a goal to reducing reliance on portable classrooms to address long term enrolment needs.

Should new program space be identified by future accommodation reviews as suggested in Option 2 above, it will still be important to employ caps at intake otherwise the program runs the risk of filling the new space beyond the available capacity. Caps should be established at the rate of $x/\text{total accommodation}$ where "x" is the number of grades to be provided in the fully implemented program. For example, if 240 pupil places were assigned to the FI program from school A following an accommodation review to serve JK to Grade 4, then the cap of 40 (6 grades/ 240 spaces) would be established for new students. In this example the space would be underutilized until the new program were fully implemented, however this would be necessary to ensure that adequate space is available when the program reaches the grade 4 level.

Senior administration recommends that caps be established each year prior to JK registration for all FI programs and that caps for any new program space consider the space that will be required for full implementation of the new planned FI program.

Other Considerations:

The consultation committee heard many comments about grandfathering of students when changing assigned boundaries and catchment areas for existing FI programs. Many families have children in multiple grades in FI programs who depend on an older sibling to ensure safe arrival at school and return home. A strong consideration to grandfather existing students at their current assigned school was suggested by the committee. Doing so may cause additional transportation routing to honour the request to continue to attend after the catchment area has been amended. Any grandfathering should be considered as a temporary measure to accommodate existing attendance patterns and as such, should be in place for no more than 9 years following the change in boundaries. This timing would permit current out of area students time to complete grade 8. Senior administration recognizes the strain change in catchment areas can put on families and recommends that grandfathering be strongly considered where possible with a sunset date on the process.

Many concerns about the number of available, qualified teaching staff were also expressed by the committee and must be taken into account as additional FI program accommodation is considered.

Respectfully submitted,

Jamie Gunn
Superintendent of Business & Treasurer

Ecole Fairview/Confederation Enrolment Summary

Enrolment History

Year	JK	SK	1	2	3	4	5	6	7	8	Total
2011	63	56	59	69	60	30	38	50	26	23	474
2012	75	59	60	53	66	59	25	37	48	25	507
2013	68	78	56	51	49	64	59	24	39	47	535
2014	72	77	81	57	47	43	63	58	21	40	559
2015	82	72	81	76	58	46	41	63	58	21	598

Projected Enrolment

Year	JK	SK	1	2	3	4	5	6	7	8	Total
2016	70	84	74	75	73	55	43	40	61	58	633
2017	65	72	86	69	72	70	52	42	39	61	628
2018	60	67	74	80	66	69	66	51	41	39	613
2019	55	62	69	69	76	63	65	65	50	41	615
2020	50	56	64	64	66	72	59	64	63	50	608
2021	50	51	58	59	61	63	68	58	62	62	592
2022	50	51	52	54	56	58	59	67	56	62	565
2023	55	51	52	48	52	53	55	58	65	56	545
2024	55	56	52	48	46	50	50	54	56	64	531

Portables Needed	Capacity w/portables
4	639
4	639
3	616
3	616
3	616
2	593
1	570
0	547
0	547

School Capacity **547** at redeveloped Coronation site



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: South East Norfolk Elementary Accommodation Review Committee

RE: **Report of the South East Norfolk Elementary Accommodation Review Committee**

DATE: September 12, 2016

Recommended Action: Moved by _____ Seconded by _____
 THAT the Grand Erie District School Board receive the "Report of the South East Norfolk Elementary Accommodation Review Committee" as information.

Background:

The South East Norfolk Elementary Accommodation Review Committee was established to ensure viable school organizations are consistent with available funding, efficient use of school buildings and appropriate accommodation for elementary students in the South East Norfolk review area.

A review of all buildings, utilization and capital investments was completed by the Board's Quality Accommodations Committee. The Quality Accommodations Committee determined the long-term enrolment projections for the five elementary schools (Elgin Avenue Public School, Walsh Public School, West Lynn Public School, Lynndale Heights Elementary School and Lakewood Elementary School) involved in the South East Norfolk ARC; in total, there are presently 504 excess pupil spaces within the review schools.

Demographic profiles were completed for each of the five schools that included:

- Current enrolment, capacity and utilization summaries
- 5-year and 10-year enrolment and utilization projections

School Information Profiles were completed for each of the five schools that included:

- | | |
|--|---|
| • Dates of construction | * Proximity of students to their school |
| • Size of the school site and building | * Transportation characteristics |
| • Use of portables | * School utility costs |
| • Specialized teaching spaces | * Parking |
| • Size of the gymnasium and library | * On-the-Ground capacity |
| • Play areas and green space | * Surplus/shortage of pupil places |
| • Major facility improvements | * Instructional profile of the school |
| • Projected facility renewal needs | * Out of Attendance Area students |
| • Current Facility Condition Index | |

COMMITTEE MEMBERSHIP:

- Rita Collver – Trustee
- John Harris - Trustee

- Krista Kitchen – Parent Representative, Elgin Avenue Public School
- Melissa Mummery – Parent Representative, Lakewood Elementary School
- Jessica Smith – Parent Representative, Lynndale Heights Elementary School
- Tara Beerepoot – Parent Representative, Walsh Public School
- Christine Oliveira – Parent Representative, West Lynn Public School

RESOURCE STAFF:

- Brenda Blancher – Director of Education
- Jamie Gunn – Superintendent of Business
- Michelle Le Dressay – Planning Officer
- Shawn McKillop – Manager of Communications and Community Relations
- Wendy Slaven – Recording Secretary
- Samantha Nicholson – Principal, Elgin Avenue Public School
- Lori Rodgers – Principal, Lakewood Elementary School
- Bill Valoppi – Principal, Lynndale Heights Elementary School
- Dirk Matthys – Principal, Walsh Public School
- Dianne Lefler – Principal, West Lynn Public School
- Wayne Baker – Superintendent of Education (Facilitator)

DATES AND LOCATIONS OF MEETINGS:

- March 8, 2016 Lynndale Heights (ARC orientation meeting)
- March 22, 2016 Lynndale Heights (Public meeting #1)
- April 12, 2016 Lakewood Elementary (Public meeting #2)
- April 27, 2016 West Lynn (Public meeting #3)
- May 31, 2016 Walsh (Public meeting #4)

The ARC Mandate:

Policy FT5 – Pupil Accommodation Reviews established the mandate for the ARC: *The ARC may comment and seek clarification on the staff report. The ARC will provide feedback on the staff report and may provide other accommodation option(s) that must include supporting rationale. The ARC members do not need to achieve consensus. Board staff will record feedback from the ARC and community which will be part of the final report presented to the Board of Trustees. The ARC has no decision making power but its feedback will be used by the Board during its deliberations. The final decision regarding pupil accommodation rests with the Board of Trustees.*

As per FT5, the South East Norfolk Elementary Accommodation Review Committee was tasked with considering the following recommendations presented by Senior Administration, and approved by Trustees on January 18, 2016.

Targeting an 85% utilization in the 10-year forecast, administration makes the following recommendations to address the accommodation surplus in the review area schools.

- 1. Reassign a portion of the Walsh boundary east of Turkey Point Road and north of Charlotteville Road 7 to attend Elgin Public School.*
- 2. Reassign a portion of the Walsh boundary south of highway 24 (Normandale – Turkey Point) plus the Vittoria area to attend Lakewood Elementary School.*
- 3. Apply to the Ministry of Education for School Consolidation Capital support to renovate and redevelop Elgin Avenue Public School including a new gymnasium, four additional classrooms and an elevator making the school fully accessible. The redeveloped Elgin*

Avenue PS would accommodate 530 students.

4. Close West Lynn Public School. Reassign students from the West Lynn boundary east of Norfolk Street to Lakewood Elementary and the remaining West Lynn Students to the redeveloped Elgin Avenue campus.

Community Consultation:

At each of the ARC meetings, Committee members and the community were invited to offer suggestions or ask questions for information or clarification. In most cases, those questions were answered by the Resource Staff in attendance; in some cases, questions were answered at subsequent meetings. Community members were also invited to submit questions/comments for consideration to Wendy Slaven, Recording Secretary, or at info@granderie.ca. Any submissions were addressed at subsequent meetings. All information gathered was included as part of the notes recorded at each meeting.

Meeting notes were posted on the Board website, as were the following delegations presented before the ARC:

- Gord Malo
- Christine Oliveira
- Sean (student)
- Dan and Holly Krulikowski
- Tracie Sheppard
- Jill Cornell
- Ramee Cyr
- Cheri and Ryan Worth
- Rebecca Spencer-Knight
- Jessica Smith
- Heather Pond
- Pam Mabee
- Tara Beerepoot
- Jennie Smith
- Tina Rigglesford

At the end of the last meeting, all ARC members were provided the opportunity to present a summary of the thoughts, suggestions and concerns of their respective school communities.

Suggested Options:

Although FT5 does not require the ARC to formally adopt recommendations, it may present options for the consideration of Trustees. The following options surfaced during the Norfolk ARC process.

Option 1: Status quo - all schools in the review area remain open.**Rationale:**

- The Board would not have to close any schools.

Consideration:

- There are 504 excess pupil spaces in the five schools involved in the South East Norfolk Accommodation Review.

Resulting Enrolment:**South East Norfolk Elementary*****Summary of Enrolment and Capacity - Status Quo***

School	Capacity	Portable Capacity	Total Capacity	Current - Actual	5 Year Projection	10 Year Projection
				Enrolment	Enrolment	Enrolment
Elgin Avenue	438		438	225	201	200
Lakewood	561		561	389	380	382
Lynndale	442		442	353	361	358
Walsh	404	69	473	440	543	514
West Lynn	351		351	285	254	248
Total	2196	69	2265	1692	1739	1702
Surplus Pupil Spaces (excluding portables)				504	457	494
Utilization (excluding portables)				77.1%	79.2%	77.5%
Utilization (including portable capacity)				74.7%	76.8%	75.1%

Option 2: The original ARC recommendation by senior administration:

- Reassign a portion of the Walsh boundary east of Turkey Point Road and north of Charlotteville Road 7 to attend Elgin Public School.
- Reassign a portion of the Walsh boundary south of highway 24 (Normandale – Turkey Point) plus the Vittoria area to attend Lakewood Elementary School.
- Apply to the Ministry of Education for School Consolidation Capital support to renovate and redevelop Elgin Avenue Public School including a new gymnasium, four additional classrooms and an elevator making the school fully accessible. The redeveloped Elgin Avenue PS would accommodate 530 students.
- Close West Lynn Public School. Reassign students from the West Lynn boundary east of Norfolk Street to Lakewood Elementary and the remaining West Lynn Students to the redeveloped Elgin Avenue campus.

Rationale:

- An 85% utilization rate would be achieved in the ARC schools in the 10-year forecast.
- Elgin has space available to accommodate an expanded school.
- Application for funding renovations at Elgin has previously been made.

Considerations:

- Elgin students would have to be relocated during construction phase
- Life-long Walsh students would be relocated to Elgin and Lakewood

Resulting Enrolment:**South East Norfolk Elementary*****Summary of Enrolment and Capacity with original Recommendation to ARC***

School	Capacity	Portable Capacity	Total Capacity	5 Year Projection		10 Year Projection	
				Enrolment	Utilization	Enrolment	Utilization
Elgin Avenue	530		530	485	91.5%	480	90.6%
Lakewood	561		561	500	89.1%	500	89.1%
Lynndale	442		442	361	81.7%	358	81.0%
Walsh	404	46	450	393	97.3%	364	90.1%
West Lynn	351		0	0	0.0%	0	0.0%
Total	1937	46	1983	1739		1702	
Surplus Pupil Spaces (excluding portables)				198		235	
Utilization (excluding portables)				89.8%		87.9%	
Utilization (including portable capacity)				87.7%		85.8%	

Option 3: Similar to Option 2, except that former West Lynn students scheduled to attend Lakewood would, instead, be reassigned to either Elgin or Lynndale.

Rationale:

- Several ARC speakers cited the disadvantages to West Lynn students and families of being relocated to Lakewood Elementary, in the event of the closure of West Lynn. They included: extended bus rides; inability for some parents to access the Lakewood Before and After School program; inability of students to participate in Lakewood extracurricular activities; and inability to participate in after-school community activities in Simcoe.

Considerations:

- Lynndale's surplus capacity should be retained to support future growth from the Woodway Trails (Simcoe) development.

Resulting Enrolment:

South East Norfolk Elementary

Summary of Enrolment and Capacity *with original Recommendation + All West Lynn move to Elgin*

School	Capacity	Portable Capacity	Total Capacity	5 Year Projection		10 Year Projection	
				Enrolment	Utilization	Enrolment	Utilization
Elgin Avenue	530		530	505	95.3%	499	94.2%
Lakewood	561		561	480	85.6%	481	85.7%
Lynndale	442		442	361	81.7%	358	81.0%
Walsh	404	46	450	393	97.3%	364	90.1%
West Lynn	351		0	0	0.0%	0	0.0%
Total	1937	46	1983	1739		1702	
Surplus Pupil Spaces (excluding portables)				198		235	
Utilization (excluding portables)				89.8%		87.9%	
Utilization (including portable capacity)				87.7%		85.8%	

Option 4: Create a single-track French Immersion school in South East Norfolk. Two scenarios were presented.

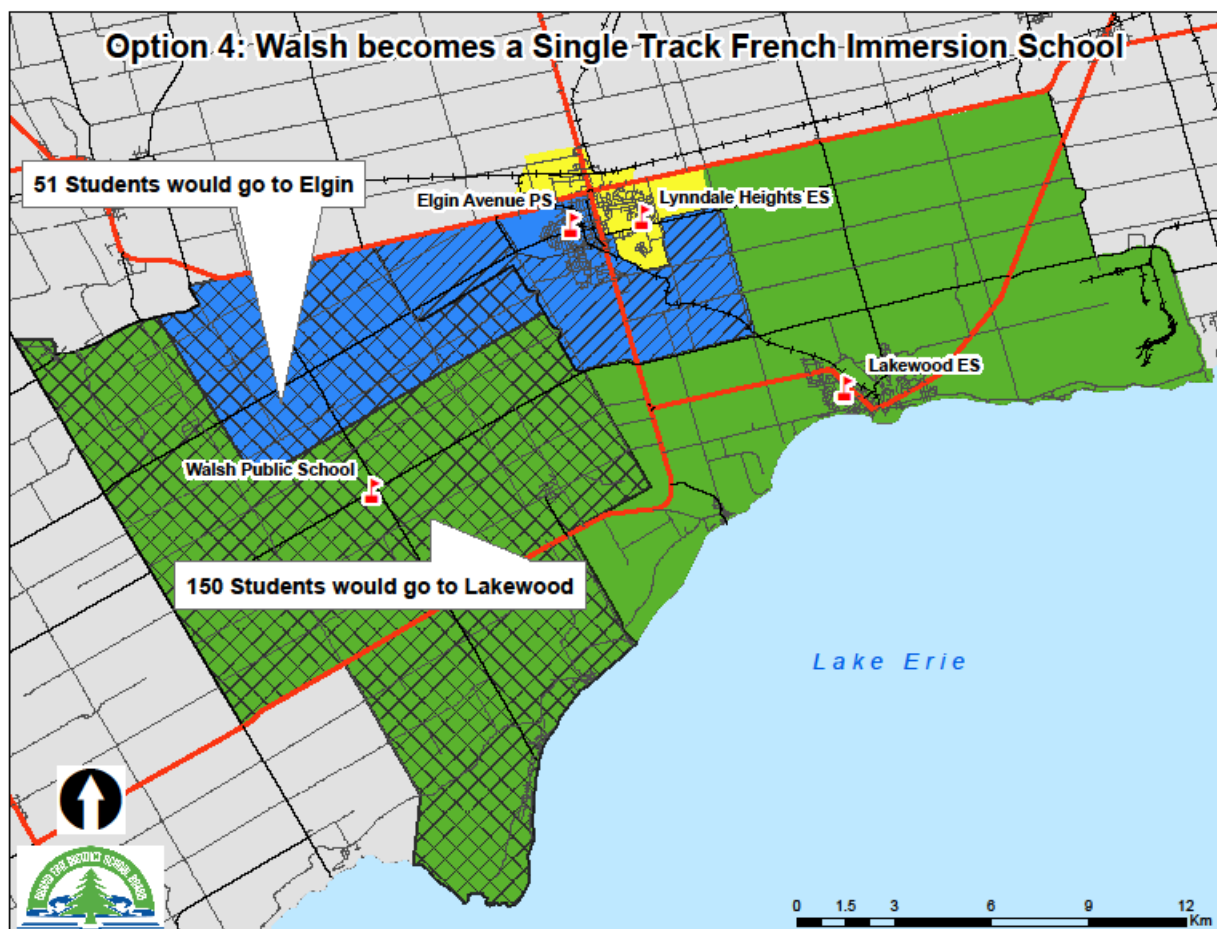
4(a): Convert Walsh to a single-track French Immersion school. Students not enrolled in the FI program would be moved to either Lakewood or Elgin (assuming the closure of West Lynn).

Rationale:

- The FI component of Walsh has grown significantly, to the point that the FI portion of the school will be over 50% of the school enrolment in the near future.
- With available space, a K-8 FI model could be accommodated at Walsh.

Considerations:

- Some Walsh students would have significantly increased bus rides
- All Walsh regular program students could not be accommodated at Lakewood or Elgin so the catchment would be split between the two schools as shown below



Resulting Enrolment:**South East Norfolk Elementary*****Summary of Enrolment and Capacity with Option to move Walsh Regular Program - 4(a)***

School	Capacity	Addition	Total Capacity	5 Year Projection		10 Year Projection	
				Enrolment	Utilization	Enrolment	Utilization
Elgin Avenue	530		530	506	95.5%	490	92.5%
Lakewood	561		561	530	94.5%	504	89.8%
Lynndale	442		442	361	81.7%	358	81.0%
Walsh	404		404	342	84.7%	350	86.6%
West Lynn	351	-351	0	0	0.0%	0	0.0%
Total	2288	-351	1937	1739		1702	
Surplus Pupil Spaces				198		235	
Utilization				89.8%		87.9%	

a) West Lynn would close and its full catchment area would attend Elgin

b) The French Immersion Program at Walsh would remain and its regular program catchment split between West Lynn and Lakewood.

4(b): Relocate the Walsh FI program to another South East Norfolk school.**Rationale:**

- With increasing FI numbers at Walsh as additional grades are introduced, there is less available space for the non-FI population.
- With available space at a new school, a K-8 FI model could be accommodated.

Considerations:

- Without FI students, and with the numbers of non-FI students decreasing, the Walsh school population would be significantly below capacity.
- While no specific school was suggested for receiving the Walsh FI students, such a decision could result in the relocation of that school's non-FI students to another location. The scenario below considers moving all Elgin regular program to West Lynn and making Elgin a single track French Immersion School serving Norfolk County.
- West Lynn would require a six classroom addition
- Surplus pupil spaces have increased from status quo

Resulting Enrolment:**South East Norfolk Elementary*****Summary of Enrolment and Capacity with Option to create a new FI School at Elgin- 4(b)***

School	Capacity	Addition	Total Capacity	5 Year Projection		10 Year Projection	
				Enrolment	Utilization	Enrolment	Utilization
Elgin Avenue	530		530	343	64.7%	362	68.3%
Lakewood	561		561	380	67.7%	382	68.1%
Lynndale	442		442	361	81.7%	358	81.0%
Walsh	404		404	201	49.8%	164	40.6%
West Lynn	351	138	489	454	92.8%	436	89.2%
Total	2288	138	2426	1739		1702	
Surplus Pupil Spaces				687		724	
Utilization				71.7%		70.2%	

a) Elgin would close to regular program and its full catchment area would attend West Lynn

b) The French Immersion Program at Walsh would be moved to a new single track program at Elgin

Option 5: Create a second FI program in South East Norfolk, leaving Walsh's FI program intact. The second FI program could, as suggested by various speakers, be at Lakewood, an expanded Elgin or an expanded West Lynn.

Rationale:

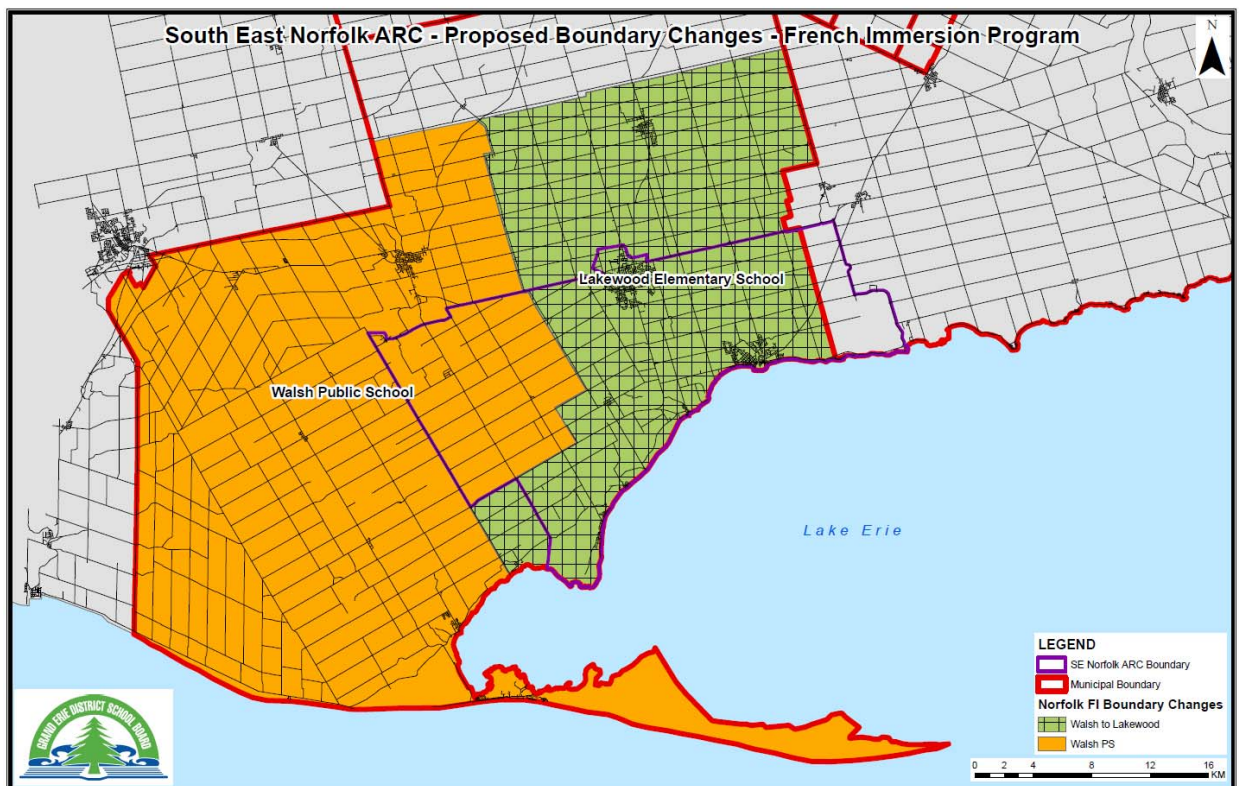
- Walsh's enrolment has grown substantially since the introduction of FI, and is nearing capacity.
- By introducing a second FI site, Walsh would have the space available to introduce additional grades into its FI program.

Considerations:

- With this option, either West Lynn or Elgin would be closed to reduce surplus space. No speaker during the ARC process suggested closing Lakewood.

Two options are considered:

5(a): Split the current FI catchment and creating two dual track JK-Grade 8 FI programs at Walsh and Lakewood (see proposed boundaries below).



Resulting Enrolment**South East Norfolk Elementary****Summary of Enrolment and Capacity with Option to split current FI Catchment-5(a)(i)**

School	Capacity	Addition	Total Capacity	5 Year Projection		10 Year Projection	
				Enrolment	Utilization	Enrolment	Utilization
Elgin Avenue	530		530	455	-	448	-
Lakewood	561		561	548	97.7%	554	98.8%
Lynndale	442		442	361	81.7%	358	81.0%
Walsh	404		404	375	92.8%	342	84.7%
West Lynn	351	-351	0	0	0.0%	0	0.0%
Total	2288	-351	1937	1739		1702	
Surplus Pupil Spaces				198		235	
Utilization				89.8%		87.9%	

a) West Lynn would close and its full catchment area would attend Elgin

b) The French Immersion Program catchment would be split between Walsh and Lakewood

South East Norfolk Elementary**Summary of Enrolment and Capacity with Option to split current FI Catchment-5(a)(ii)**

School	Capacity	Addition	Total Capacity	5 Year Projection		10 Year Projection	
				Enrolment	Utilization	Enrolment	Utilization
Elgin Avenue	530	-530	0	0	-	0	-
Lakewood	561		561	548	97.7%	554	98.8%
Lynndale	442		442	361	81.7%	358	81.0%
Walsh	404		404	375	92.8%	342	84.7%
West Lynn	351	138	489	455	93.0%	448	91.6%
Total	2288	-392	1896	1739		1702	
Surplus Pupil Spaces				157		194	
Utilization				91.7%		89.8%	

a) Elgin would close and its full catchment area would attend West Lynn

b) The French Immersion Program catchment would be split between Walsh and Lakewood

5(b): Split the current FI program between Walsh and Lakewood with JK-4 at Walsh and 5-8 at Lakewood

Resulting Enrolment:

South East Norfolk Elementary

Summary of Enrolment and Capacity *with Option split FI Program - 5(b)(i)*

School	Capacity	Addition	Total Capacity	5 Year Projection		10 Year Projection	
				Enrolment	Utilization	Enrolment	Utilization
Elgin Avenue	530		530	455	85.8%	448	84.5%
Lakewood	561		561	537	95.7%	554	98.8%
Lynndale	442		442	361	81.7%	358	81.0%
Walsh	404		404	386	95.5%	342	84.7%
West Lynn	351	-351	0	0	0.0%	0	0.0%
Total	2288	-351	1937	1739		1702	
Surplus Pupil Spaces				198		235	
Utilization				89.8%		87.9%	

a) West Lynn would close and its full catchment area would attend Elgin

b) The French Immersion Program at Walsh would be split with JK-4 at Walsh and 5-8 at Lakewood

South East Norfolk Elementary

Summary of Enrolment and Capacity *with Option split FI Program - 5(b)(ii)*

School	Capacity	Addition	Total Capacity	5 Year Projection		10 Year Projection	
				Enrolment	Utilization	Enrolment	Utilization
Elgin Avenue	530	-530	0	0	-	0	-
Lakewood	561		561	537	95.7%	554	98.8%
Lynndale	442		442	361	81.7%	358	81.0%
Walsh	404		404	386	95.5%	342	84.7%
West Lynn	351	138	489	455	93.0%	448	91.6%
Total	2288	-392	1896	1739		1702	
Surplus Pupil Spaces				157		194	
Utilization				91.7%		89.8%	

a) Elgin would close and its full catchment area would attend West Lynn

b) The French Immersion Program at Walsh would be split with JK-4 at Walsh and 5-8 at Lakewood

Option 6: Purchase the Landon property and build a new school; offer to sell Elgin Avenue to Norfolk County; turn West Lynn into a seniors' home.

Rationale:

- Ample room for a large, new school.
- Norfolk General Hospital could be expanded on the former Elgin site

Considerations:

- No property could be sold to the County without the Board adhering to Regulation 444/98, which outlines the process for disposing of Board property.
- This option is dependent on other decision-making bodies.
- Still need to split FI program between Walsh and Lakewood to address overcrowding at Walsh

Resulting Enrolment:

South East Norfolk Elementary

Summary of Enrolment and Capacity with Option to consolidate Elgin & West Lynn at a new school

School	Capacity	Addition	Total Capacity	5 Year Projection		10 Year Projection	
				Enrolment	Utilization	Enrolment	Utilization
Elgin Avenue	530	-530	0	-	0.0%	0	0.0%
Lakewood	561		561	537	95.7%	554	98.8%
Lynndale	442		442	361	81.7%	358	81.0%
Walsh	404		404	386	95.5%	342	84.7%
West Lynn	351	-351	0	-	0.0%	0	0.0%
Proposed New School		475	475	455	95.8%	448	94.3%
Total	1758	-406	1882	1,739		1702	
Surplus Pupil Spaces				143		180	
Utilization				92.4%		90.4%	

a) Elgin would close and its full catchment area would attend West Lynn

b) The French Immersion Program at Walsh would be split with Lakewood and both schools would offer JK-Grade 8 French Immersion (Dual Track)

Option 7: Keep West Lynn open and, instead, close Elgin.**Rationale:**

- Enhanced utilization rates over Elgin, immediately and in 10 years.
- No non-FI students would attend school out of their home communities.
- Renovations would be cheaper and less disruptive.
- Repurposing the Elgin property would present more revenue-generating possibilities than the West Lynn property.
- West Lynn's single-storey building is more accessible.

Considerations:

- Any expansion plans at West Lynn depend on availability of the property behind the school and funding from the Ministry.
- The owner of the property behind West Lynn has indicated a willingness to sell the property to the Board at fair market value.
- Application for Ministry funding could be made for an expansion project at West Lynn.
- Would still need to split FI program between Walsh and Lakewood to address overcrowding at Walsh.

Resulting Enrolment:**South East Norfolk Elementary*****Summary of Enrolment and Capacity with Option to Close Elgin***

School	Capacity	Addition	Total Capacity	5 Year Projection		10 Year Projection	
				Enrolment	Utilization	Enrolment	Utilization
Elgin Avenue	530	-530	0	-	0.0%	0	0.0%
Lakewood	561		561	537	95.7%	554	98.8%
Lynndale	442		442	361	81.7%	358	81.0%
Walsh	404		404	386	95.5%	342	84.7%
West Lynn	351	138	489	455	93.0%	448	91.6%
Total	2288	-392	1896	1739		1702	
Surplus Pupil Spaces				157		194	
Utilization				91.7%		89.8%	

- Elgin would close and its full catchment area would attend West Lynn
- The French Immersion Program at Walsh would be split with Lakewood and both schools would offer JK-Grade 8 French Immersion (Dual Track)

Senior Administrations Recommendation:

Senior Administration recommends option 7 as follows –

- Elgin Avenue Public School would close and become surplus pending capital approval, the acquisition of additional lands at West Lynn and construction of additional classroom space at West Lynn (possibly by Sept 2018).
- An application for Capital Funding support would be submitted to the Ministry of Education for the acquisition of additional lands adjacent to West Lynn and for the construction of additional classroom space to accommodate students and programs currently accommodated at Elgin Avenue PS.
- The French Immersion Program at Walsh PS would be split with Lakewood Elementary effective September 1, 2017 following the boundary set out in option 5(a). Both Lakewood and Walsh programs would become JK-Grade 8 dual track FI upon full implementation by adding grades 6 – 8, one cohort per year from 2017 through 2019.

Supporting Documents:

- Appendix A – Meeting notes from March 22, April 12, April 27, and May 31, 2016 meetings.
- Appendix B – Delegation submissions
- Appendix C – School Information Profiles
- Appendix D – Data presentation

Respectfully submitted,

Wayne Baker
Superintendent of Education (Facilitator)



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Trustees of the Grand Erie District School Board

FROM: Brenda Blancher, Director of Education & Secretary

RE: **North Brant Elementary Accommodation Review - Committee Report**

DATE: September 12, 2016

Recommended Action: It was moved by _____, seconded by _____ THAT the Grand Erie District School Board approve Senior Administration Recommendations for the North Brant Accommodation Review:

Recommendation from Senior Administration That the Grand Erie District School Board implement a dual-track French Immersion program at Paris Central beginning with Grade 6 in September 2017 and phasing in Grade 7 (September 2018) and Grade 8 (September 2019). The dual-track French Immersion program at Burford District Elementary School will finish at the Grade 5 level and students will move to Paris Central for Grades 6 to 8.

Rationale/Background:

At the Committee of the Whole No. 2 Meeting on February 8, 2016, the Board of Trustees approved the following recommended action:

THAT the Grand Erie District School Board place the North Brant Elementary Accommodation Review Report on the Committee of the Whole 2 meeting agenda in September 2016.

Since the time of that motion, Trustees approved a revised Bylaw 5 – Board and Committee of the Whole Meetings to set one Committee of the Whole meeting per month.

In consideration of the amount of time that has passed since the report of the North Brant Accommodation Review Committee was presented in February of this year, it is recommended that the final decision of the Trustees on the North Brant ARC be set for October 24, 2016 to allow for delegations as necessary.

The North Brant Accommodation Review - Committee Report was prepared in accordance with Policy FT5 Pupil Accommodation Reviews.

Respectfully submitted,

Brenda Blancher
Director of Education and Secretary



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary

FROM: Dave Abbey, Superintendent of Education

RE: **Data Report - Supervised Alternative Learning (SAL)**

DATE: September 12, 2016

Recommended Action: Motion by _____ Seconded by: _____
 That the Grand Erie District School Board receive the "Data Report - Supervised Alternative Learning" as information.

Background Information

Although most students will attend and successfully complete secondary school, a small number of students are at risk of leaving school early for a wide variety of reasons. The purpose of Supervised Alternative Learning (SAL) is to provide students 14 to 17 years of age, who have significant difficulties with regular attendance at school, with an alternative learning experience as outlined in Ontario Regulation 374/10. An individualized plan is created to enable the student to progress toward obtaining an Ontario Secondary School Diploma or achieving his or her other educational and life goals. This program helps to maintain a learning connection between school and student throughout a planned period of time.

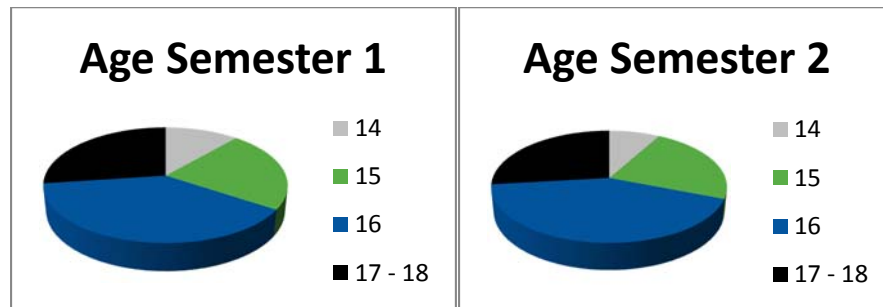
Once approved for a SAL Plan (SALP), students are given a start date and an end date. Each SALP will consist of one or more of the following activities:

1. Credit courses (regular day school, independent study, Credit Recovery, etc.)
2. Part-time or full-time employment
3. Volunteering
4. Counselling
5. Earning a certificate or participating in training for a specific job
6. Developing job-search skills
7. Other courses / workshops

When a SALP is completed, a Transition Plan will be developed to support the student's next steps. This process will take place 15 days prior to the end date on the SALP. (All active SALP's end on June 30 of each school year)

The following observations can be made regarding Semester 1 (Sept. 8, 2015 to Feb. 4, 2016) and Semester 2 (Feb. 5, 2016 to June 30, 2016) in the school year 2015 – 2016.

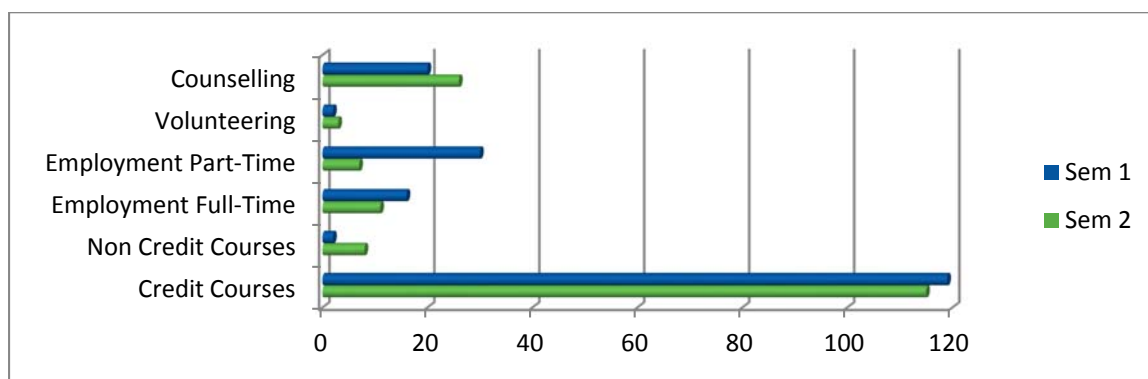
Percentage of Students by Age Profile



Sem 1: Ratio Males to Females - 60:80

Sem 2: Ratio Males to Females - 50:73

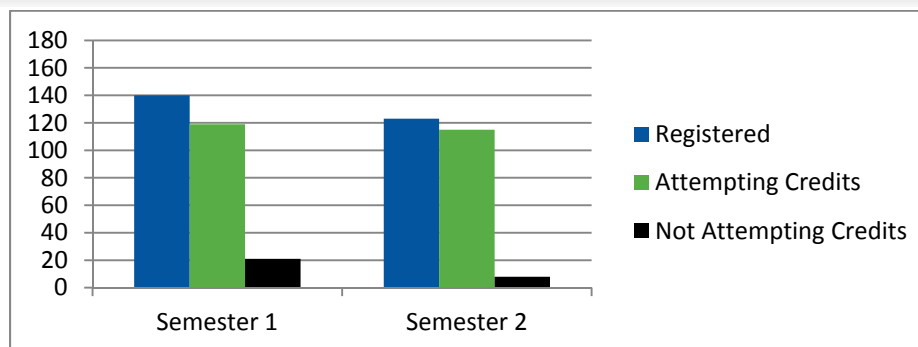
Number of Students by Activity



Sem 1: 119 Credit Courses, 2 Non Credit Courses, 16 Full-Time Employment, 30 Part-Time Employment, 2 Volunteering, 20 Counselling

Sem 2: 115 Credit Courses, 8 Non Credit Courses, 11 Full-Time Employment, 7 Part-Time Employment, 3 Volunteering, 26 Counselling

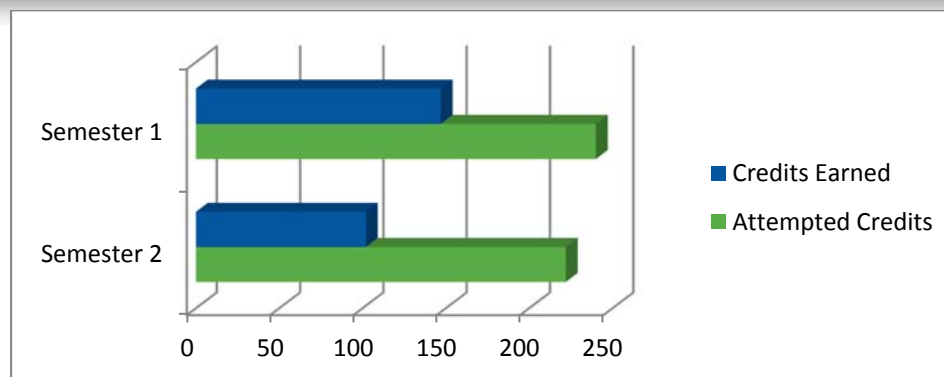
Student Enrolment



Sem 1: 140 Registered, 3 Declined, 119 Attempting Credits, 21 Not Attempting Credits

Sem 2: 123 Registered, 1 Declined, 115 Attempting Credits, 8 Not Attempting Credits

Credit Summary



Sem 1: 240 Attempted Credits, 147 Credits Earned

Sem 2: 222 Attempted Credits, 102 Credits Earned

TOTAL: 249 Credits Earned in SAL 2015 – 2016

Cumulative Data Summary Analysis

Description	Sem. 1 (SAL) Sept. 2013 – Feb. 2014	Sem. 2 (SAL) Feb. 2014 – June 2014	Sem. 1 (SAL) Sept. 2014 – Feb. 2015	Sem. 2 (SAL) Feb. 2015 – June 2015	Sem. 1 (SAL) Sept. 2015 – Feb. 2016	Sem. 2 (SAL) Feb. 2016 – June 2016
Number of Successful Applicants	200	154	170	121	140	100
Number of Declined Applicants	2	0	0	0	3	1
Ratio Male : Female	122:78	115:109	87:83	95:87	60:80	50:73
Credits Attempted	260	343.5	315	306.5	240	222
Credits Achieved	71.5	161.5	137	150	147	102
Total Credits Earned in School Year	233		287		249	

Summary

The data above demonstrates continued success of our students within the SAL program. This is a result of the combined efforts of families and their students, school administrators, student success teams, attendance counselors, and community agencies in developing appropriate SALP's that meet student needs with greater attention to accountability.

- In 2015-16 students approved for SAL earned on average 1.04 credits (249 credits for 240 students) which is the highest in the last three years
- In 2014-15 students approved for SAL earned on average .99 credits (287 credits for 291 students)
- In 2013-14 students approved for SAL earned on average .66 credits (233 credits for 354 students)

Respectfully submitted,

Dave Abbey,
Superintendent of Education



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Trustees of the Grand Erie District School Board

FROM: Brenda Blancher, Director of Education

RE: **Bylaw 25 – Director’s Performance Appraisal**

DATE: September 12, 2016

Recommended Action: Moved by _____ Seconded by _____
 THAT the Grand Erie District School Board approve Bylaw 25 – Director’s Performance Appraisal.

Background

Bylaw 25 – Director’s Performance Appraisal was received in June 2013 and has been identified for review.

Draft revisions have been made for Trustee consideration.

Comments Received

The Director's Performance Appraisal should be reviewed. While it is good that we have an annual process for reviewing the performance of the Director, there are shortcomings on the outputs from the process:

1. There is a lack of clarity as to the requirements on the director regarding what someone in that position needs to present to the trustees. Greater clarification is necessary. (As to the specific elements and their content.)

Draft revisions have been made.

2. Greater clarification is needed regarding the formal process of the review. The elements of the process should be reviewed through an ad hoc committee to provide a streamlined and clearly understandable process.

Draft revisions have been made.

3. The timelines, gates in the process, and the final outcome product from the review need to be reviewed and clarified. Through the process this time around, many participants commented that the "conversation throughout the process was the most useful part." The final product coming out of the review process should be useful to the Director (for the purpose of reflecting on their performance and for moving the system forward.)

Requires further discussion.

4. As the process stands now, there is a lack of fairness to the Director due to the lack of clarity and specifics.

Requires further discussion.

Communication

Bylaw 25 will be distributed in accordance with By-Law 9.

Respectfully submitted,

Brenda Blancher
Director of Education



BYLAW

BL25

Director's Performance Appraisal

Board Received: June 24, 2013

Review Date: September 2016

Guiding Principles

The Director of Education is accountable to the Board of Trustees for the management and leadership of the Grand Erie District School Board. The Board shall ensure that a Director's Performance Appraisal is completed on an annual basis in the following manner:

- a) The Director's Performance Appraisal shall be conducted by the Director's Performance Appraisal committee. The committee shall include the Chair and Vice-Chair of the Board and two other Trustees as selected by the striking committee of the Board.
- b) The Director's Performance Appraisal shall be conducted in accordance with the timelines set out in Appendix A of this By-Law.
- c) The Director's Performance Appraisal shall be based on the following assessment criteria, as approved by the Board:
 1. Board Improvement Plan
 2. The System Operating Plans
 3. The Director's Goal Package
 4. Trustees' Performance Appraisal Rubric
 5. System Performance Appraisal Rubric
 6. System Level Data including but not limited to: EQAO (Grade 3,6 and 9), OSSLT, School Climate Survey (*Tell Them From Me*), Enrolment, Year-end financial.
 7. Other criteria as determined by the Board
- d) The Administrative Assistant to the Board of Trustees will distribute the **surveys performance rubrics** in accordance with the attached timelines (Appendix A), collect and collate all responses. The Administrative Assistant will submit the results to the members of the Performance Appraisal Committee and the Director.

Methodology

- a) The Director shall meet with the committee struck by the Board of Trustees to conduct the performance appraisal. (**When does this take place?**)
- b) The Chair of the Board will lead the performance appraisal process. In accordance with the timelines set out in Appendix A, the Director shall provide evidence to the Performance Appraisal Committee related to the approved assessment criteria. The Director shall compile a file of evidence (**in what format?**) for summative evaluation purposes.

Director's Performance Review Stages and Timelines

August and September

- Board Improvement Plan and Annual Operating Plans for the next school year are presented to the Board.

August

- Director presents his/her goals for the next school year to the Board of Trustees for approval.

February

- Director and the Performance Appraisal Committee meet for an interim performance appraisal. This meeting will include the following:
 - Progress made towards the Director's Goals approved by Trustees in August using a Annual Learning Plan template
 - Comments on the status of the Annual Operating Plans and Board Improvement Plan for Student Achievement – on track, challenges, barriers to progress, next steps
 - Sharing of any available system level data – EQAO, School Climate Survey (*Tell Them From Me*), Enrolment, other
 - Outline of plans to work towards Director's Goals for the second half of the school year

The Director and the Performance Appraisal Committee need to determine prior to the meeting how the above information will be shared – PowerPoint, written submission etc.

Director's Performance Appraisal Committee presents a written interim performance appraisal report to the Board.

April

- Administrative Assistant to the Board of Trustees sends out the appropriate performance appraisal survey rubric to the Trustees annually.
- Administrative Assistant to the Board of Trustees sends out the appropriate performance appraisal survey rubric to superintendents, school administrators and managers on an every other year basis.

May

- Performance Appraisal committee and the Director meet to review the approved assessment criteria:
 1. Director to provide evidence file (format?)
 2. Summary of the appraisal rubrics surveys

May or June

- Director's Performance Appraisal Committee presents a written performance appraisal and the summary of the appraisal rubrics in a report to the Board. The Board reports in public that the Director's performance appraisal has been completed.



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: Scott Sincerbox, Superintendent of Education

RE: **HR6 Principal/Vice Principal Selection Process**

DATE: September 12, 2016

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board forward Policy HR6 "Principal/Vice Principal Selection Process" to all appropriate stakeholders for comment to be received by December 2, 2016.

Background

Policy HR6 "Principal/Vice Principal Selection Process" was approved by the Board in May, 2015 and has been identified for review.

Additional Information

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

Proposed Changes

Original Wording	Proposed Wording
Procedures: 4. Application Process c) Candidate Profile based upon the Multi-Year plan (Appendix C) f) Answer to the Pre-Question – This question addresses leadership practices connected to practices and competencies from the Ontario Leadership Framework for Principals and Vice-Principals	Procedures: 4. Application Process e) Candidate Profile based upon the Multi-Year plan (Appendix C) f) Answer to the Pre-Question – This question addresses leadership practices connected to practices and competencies from the Ontario Leadership Framework for Principals and Vice-Principals g) School Administrator Readiness for Interview Assessment (including Candidate Leadership Plan)
5. Candidate Profile The Candidate Profile shall include the following sections: a) Evidence of experience in Setting Directions – building and communicating a shared vision	5. Candidate Profile The Candidate Profile shall include the following sections: a) Evidence of experience in Setting Directions – building and communicating a shared vision within

<p>within the belief that all students can learn</p> <p>b) Evidence of experience in Building Relationships and Developing People – a commitment to effective working relationships and shared leadership for improvement</p> <p>c) Evidence of experience in Developing the Organization – acceptance of the responsibility for school climate and student outcomes</p> <p>d) Evidence of experience in Leading the Instructional Program – promoting high expectations for learning outcomes and the belief in meeting the needs of all students in diverse ways ensuring a commitment to students with special needs</p> <p>e) Evidence of experience in Securing Accountability – a commitment to accountability for student outcomes and the goals set out in the School Improvement Plan</p> <p>The interview package will be assessed by Executive Council using the “Interview Application Package Assessment Tool” (Appendix D).</p> <p>6. The Interview <u>Interview Team:</u> c) 1 Trustee</p> <p><u>Final Selection:</u> No wording</p>	<p>the belief that all students can learn</p> <p>b) Evidence of experience in Building Relationships and Developing People – a commitment to effective working relationships and shared leadership for improvement</p> <p>c) Evidence of experience in Developing the Organization – acceptance of the responsibility for school climate and student outcomes</p> <p>d) Evidence of experience in Leading the Instructional Program – promoting high expectations for learning outcomes and the belief in meeting the needs of all students in diverse ways ensuring a commitment to students with special needs</p> <p>e) Evidence of experience in Securing Accountability – a commitment to accountability for student outcomes and the goals set out in the School Improvement Plan</p> <p>The interview package will be assessed by Executive Council using the “Interview Application Package Assessment Tool” (Appendix C). If the candidate is recommended for an interview, they will be contacted with an interview date and information regarding how to complete their employee assessment.</p> <p>6. The Interview <u>Interview Team:</u> e) 1 Trustee</p> <p><u>Final Selection:</u> e) Employee Assessment</p>
Appendix C Principal/Vice Principal Candidate Profile	Appendix C Removed
Appendix D Pre-Question, Level 1, 2, 3, 4	Appendix D (Now C) Removed
Candidate Profile	School Administrator Readiness for Interview Assessment

Communication Plan

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

Respectfully submitted,

Scott Sincerbox
Superintendent of Education



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: Scott Sincerbox, Superintendent of Education

RE: **HR7 Replacement/Casual Principal/Vice Principal Selection Process**

DATE: September 12, 2016

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board forward Policy HR7 "Replacement/Casual Principal/Vice Principal Selection Process" to all appropriate stakeholders for comment to be received by December 2, 2016.

Background

Policy HR7 "Replacement/Casual Principal/Vice Principal Selection Process" was approved by the Board in June, 2013 and has been identified for review.

Additional Information

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

Proposed Changes

Original Wording	Proposed Wording
<u>Accountability</u> 2. Severity Threshold – As needed	<u>Accountability</u> 2. Severity Threshold – As needed
<u>Procedures:</u> 2. Applicants must: b) submit a completed Offence Declaration (if the request to be added to the List is within 12 months of the applicant's retirement/resignation from the Board), OR an original Police Record Check (which includes a vulnerable sector search) acceptable to the Board and conducted within the previous 6 months if the applicant has not been actively employed by the Board for the previous 12-month period.	<u>Procedures:</u> 2. Applicants must: b) submit a completed Offence Declaration (if the request to be added to the List is within 12 months of the applicant's retirement/resignation from the Board), OR an original Police Record Check (which includes a vulnerable sector search) acceptable to the Board as per HR108 Police Record Checks for Employees.

Communication Plan

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

Respectfully submitted,

Scott Sincerbox
Superintendent of Education



POLICY

HR7

Replacement/Casual Principal/Vice Principal Selection Process

Board Received: June 24, 2013

Review Date: September 2016

Policy Statement:

The Grand Erie District School Board will ensure that the selection process results in the highest quality of leadership from replacement/casual Principals and Vice-Principals.

Accountability:

1. Frequency of Reports – As needed
2. ~~Severity Threshold – As needed~~
3. Criteria for Success – The process for placing names on a list is consistent and streamlined
– Sufficient numbers of individuals are selected for inclusion on the list to provide for appropriate levels of administrative staff support.

Procedures:

1. Applicants must submit a cover letter and resume indicating their interest in being added to the Replacement/Casual List. Applications should be directed to the Superintendent of Education (Human Resources).
2. Applicants must:
 - a) be members of the Ontario College of Teachers in good standing;
 - b) submit a completed Offence Declaration (if the request to be added to the List is within 12 months of the applicant's retirement/resignation from the Board), OR an original Police Record Check (which includes a vulnerable sector search) acceptable to the Board **as per HR108 Police Record Checks for Employees**;
 - c) Applicants must provide a written recommendation from their most recent supervisor (Superintendent or Director).
3. An interview process, using Human Resources interview protocol, is required to determine suitability when an applicant has been an administrator (ie principal, vice-principal or superintendent) external to the Grand Erie DSB or has not been an administrator in the Board in the past two years. The interview team will consist of two Superintendents/Director and one Human Resources representative.
4. Executive Council will recommend to the Board those names to be added to the Replacement/Casual List.
5. As required, Executive Council shall determine placement of individuals. The Board shall be notified of long-term placements.

6. Written notice of the final decision will be forwarded to the candidate.
7. Names will be maintained on the List on an ongoing basis. However, if there is no employment with the Board for two consecutive years, the employee's name will be removed from the List. Requests to be re-added to the List may be considered after an interview is conducted to determine suitability.



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Trustees of the Grand Erie District School Board

FROM: Brenda Blancher, Director of Education

RE: **SO25 – Visual Identity**

DATE: September 12, 2016

Recommended Action: Moved by _____ Seconded by _____
 THAT Bylaw 9 – Processes for Development of Policies, Procedures and Bylaws be suspended.

Recommended Action: It was moved by _____ Seconded by _____
 THAT the Grand Erie District School Board approve Policy SO25 – Visual Identity.

Background:

SO25 Visual Identity was approved by the Board in June 2013 and has been identified for review.

Additional Information

Suggested revisions have been made and a draft procedure is attached for Trustee consideration.

Due to the need to move ahead with visual identify components of the new Grand Erie Multi-Year Plan, a request to suspend Bylaw 9, specifically the requirement to send that all policies “shall be circulated to all stakeholders for a minimum, of 60 days, for input with respect to revision”.

Proposed Changes

The Visual Identity Manual has been updated to reflect the 2016-2020 Multi-Year Plan. The revised manual is attached.

Original Wording	Proposed Wording
Frequency of Reports -As needed	Frequency of Reports – As the Multi-Year Plan is revised
Severity Threshold – Changes in Multi-Year Plans	Severity Threshold – Changes in Multi-Year Plans
p. 1 Procedures #1	p. 1 Procedures #1
Grand Erie District School Board’s visual identity is comprised of the following: Board Name, Logo, Grand Erie Design Banner, Colours, Tagline, Styles, Typography (Typefaces/Fonts), and co-branding guidelines with school logos and when featured with other	Grand Erie District School Board’s visual identity is comprised of the following: Board Name, Logo, Grand Erie Design Banner , Colours, Tagline, Styles, Typography (Typefaces/Fonts), and co-branding guidelines with school logos and when featured with other

non-Grand Erie logos. p. 1 Procedures #5 Components of the Visual Identity Manual shall be reviewed by the Board immediately following the approval of the Board's Multi-Year Plan.	non-Grand Erie logos. p. 1 Procedures #5 Components of the Visual Identity Manual shall be reviewed by the Board immediately following the approval of the Board's Multi-Year Plan.
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Respectfully submitted,

Brenda Blancher,
Director of Education



Visual Identity

Board Received: June 24, 2013

Review Date: September 2016

Policy Statement

Grand Erie District School Board's visual identity program conveys the mission, vision, values and belief statements of the Board. Staff members shall adhere to the visual standards of the Board to promote consistency in Grand Erie.

Accountability

1. Frequency of Reports
 - As the Multi-Year Plan is revised
2. ~~Severity Threshold~~
 - ~~Changes in Multi-Year Plans~~
3. Criteria for Success
 - Adherence to the Visual Identity Manual

Procedures

1. Grand Erie District School Board's visual identity is comprised of the following: Board Name, Logo, ~~Grand Erie Design Banner~~, Colours, Tagline, Styles, Typography (Typefaces/Fonts), and co-branding guidelines with school logos and when featured with other non-Grand Erie logos.
2. This policy governs: all signage, advertisements, newsletters, school and department websites, business cards, Board and school letterhead, promotional products, videos, social media websites, brochures and other publications. School-branded clothing, spirit wear and team uniforms are exempt from this policy.
3. All school websites must comply with the visual standards of the Board and therefore must be hosted on the appropriate web platform/program supported by the Information Technology Department.
4. A Visual Identity Manual accompanies this policy and shall be followed.
5. Components of the Visual Identity Manual shall be reviewed by the Board ~~immediately~~ following the approval of the Board's Multi-Year Plan.
6. The Manager of Communications and Community Relations and the Graphic Designer/Website Coordinator will provide templates to schools and departments as outlined in the Visual Identity Manual.
7. The Director, Superintendents of Education and the Manager of Communications and Community Relations will monitor school compliance with the Visual Identity Policy.

Definitions (See Visual Identity Manual)

Board Resources

- Bylaw No. 19 – Board Logo, Grand Erie Name, and Grand Erie Design Banner
- Administrative Procedure F104 – Board Advertising
- Visual Identity Manual
- Multi-Year Plan
- Certification of copyright: Official Mark (logo), Name, and Design

- Policy No. F6 – Purchasing
- Accessibility Standards



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: Wayne Baker, Superintendent of Education

RE: **SO9 - Cyberbullying**

DATE: September 12, 2016

Recommended Action: Moved by _____ Seconded by _____
 THAT the Grand Erie District School Board approve Policy SO9 - "Cyberbullying".

Background

Policy SO9 - "Cyberbullying" was circulated to all appropriate stakeholders for comments to be received by May 27, 2016.

Comments Received

1. Cyberbullying does not affect just students. Our recommendation is to include everyone involved in the school system, not just students, in this policy. (there was one other similar comment received.)

Response: SO9 applies specifically to students. Other stakeholders in the education system have different avenues of recourse: staff can access the Board's harassment policy and parents can involve the police.

2. Under Definition of Cyberbullying; "to engage in deliberate repeated, harmful behaviour...", add "typically" repeated, to correspond with the Ministry document

Response: amendment

3. Definition: "causes emotional distress". Is this the only measure to call something cyberbullying?

Response: In the absence of physical interaction during cyberbullying, emotional distress would be the residual effect. Emotional distress would also result from physical bullying.

4. Reference – change SO129 to SO10

Response: Both documents will be referenced.

Additional Information

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

Proposed Changes

Wording Approved for Circulation	Proposed Wording
<p>Definition of Cyberbullying</p> <p>Cyberbullying is the use of information and communication technologies such as e-mail, text messages, instant messaging, personal web sites, and social media - whether on or off school property - to engage in deliberate, repeated, and harmful behaviour...</p> <p>Reference – SO129 – “Bullying Prevention and Intervention”</p>	<p>Definition of Cyberbullying</p> <p>Cyberbullying is the use of information and communication technologies such as e-mail, text messages, instant messaging, personal web sites, and social media - whether on or off school property - to engage in deliberate, typically repeated, and harmful behaviour...</p> <p>References – SO129 – “Bullying Prevention and Intervention” SO10 – Bullying Prevention and Intervention”</p>

Communication Plan

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

Respectfully submitted,

Wayne Baker
Superintendent of Education



Cyberbullying

Board Received:

Review Date: September 2015

Policy Statement:

The Grand Erie District School Board is committed to providing a positive, safe, and inclusive learning environment which supports the personal dignity and self-esteem of students and is free from cyberbullying. The Grand Erie District School Board does not condone cyberbullying and will respond to these actions using educational interventions and progressive discipline.

Accountability:

1. Frequency of Reports – As needed
2. Criteria for Success – Enhanced student safety
– Increased opportunity for students to continue their education

Definition of Cyberbullying:

Cyberbullying is the use of information and communication technologies such as e-mail, text messages, instant messaging, personal web sites, and social media - whether on or off school property - to engage in deliberate, typically repeated, and harmful behaviour by an individual or group, which causes emotional distress to an individual student or an identifiable group.

Cyberbullying adversely affects:

1. a student's ability to learn and emotional well-being
2. healthy relationships and the school climate; and
3. a school's ability to educate its students.

The Board recognizes that cyberbullying can be particularly devastating to young people because those who engage in cyberbullying can:

1. hide behind the anonymity that the internet provides;
2. spread their hateful and hurtful messages to a very wide audience with remarkable speed; and
3. disown their actions, as it is often difficult to identify cyberbullies because of anonymity, so they do not fear being punished for their actions.

References: SO129 – "Bullying Prevention and Intervention"
SO10 – "Bullying Prevention and Intervention"



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: Liana Thompson, Superintendent of Education

RE: SO30 Management of Potentially Life-Threatening Health Conditions in Schools

DATE: September 12, 2016

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

Background

Policy SO30 – Management of Potentially Life Threatening Health Conditions in Schools was circulated to all appropriate stakeholders for comments to be received by May 27, 2016.

Comments Received

Numerous comments were received on the health management plan, most to do with consistency in the presentation of the manual contents. There were also requests for clarification in regards to roles of staff members when dealing with potentially life-threatening health conditions in schools. Also, direct input to the Diabetes Management Plan was provided by the Diabetes Education Centre. Suggestions made were incorporated into the management plan as appropriate.

Additional Information

As a result of these comments, suggested revisions have been made to the Policy and accompanying health management plans and a draft revised policy and management plans are attached.

Communication Plan

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

Respectfully submitted,

Liana Thompson
 Superintendent of Education



Management of Potentially Life-Threatening Health Conditions in Schools

Board Received:

Review Date:

Accountability:

1. Frequency of Reports – As Needed
2. Criteria for Success – Management of known potentially life-threatening health-conditions within school.
 - Appropriate response strategies communicated with parents/guardians and staff.
 - ~~Annual~~ Staff in-service and community awareness.

Procedures:

The Grand Erie District School Board provides ~~annual~~ training and resources to support staff to better understand, prevent and respond to a health emergency. A health emergency is defined as a potentially life-threatening health condition.

Training and resources will focus on:

- Anaphylaxis Management (Sabrina's Law)
- Asthma Management (Ryan's Law)
- Concussion Management
- Diabetes Management
- Seizure Disorder Management

In accordance with Sabrina's Law – Anaphylaxis, it is the policy of the Grand Erie District School Board to establish and maintain a policy for students diagnosed with severe allergic reactions that may potentially end in death. Similarly, in accordance with Ryan's Law – Ensuring Asthma Friendly Schools, it is the policy of the Grand Erie District School Board to establish and maintain a policy for students diagnosed with asthma. Diabetes and seizure disorder are potentially life-threatening health conditions. Subsequently, it is the policy of the Grand Erie District School Board to establish and maintain a policy for students diagnosed with diabetes and seizure disorder.

Training will consist of staff notification of those students at risk for life-threatening health conditions and steps to reduce the exposure to causative agents in classrooms and common school areas. Staff will be trained in preventative strategies, as well as recognition of triggers, signs, symptoms and risks. Staff will also be trained in the emergency procedures involved to deal with these life-threatening health situations. This

may include location of auto-injectors and inhalers and having every staff member knowledgeable in the use of auto-injectors and inhalers.

The “Health Management Plan - Anaphylaxis” contains all materials and instructions necessary to respond to the presence of anaphylactic students in a school.

The “Health Management Plan –Asthma” contains all materials and instructions necessary to respond to the presence of students with asthma in a school.

The “Health Management Plan - Diabetes” contains all materials and instructions necessary to respond to the presence of students with diabetes in a school.

The “Health Management Plan - Seizure Disorder” contains all materials and instructions necessary to respond when a student experiences a seizure at school.

On-line training packages are available for Anaphylaxis, Asthma, Diabetes and Seizure Disorder. ~~Anaphylaxis Management and Asthma Management. A print resource information package is available for Diabetes Management and Seizure Disorder Management.~~ Training will be documented and records kept of when the training occurred, and who was provided with this training.

Related Resources:

The “Concussion Management Plan” (SO115-4) contains all materials and instructions necessary to respond to the presence of students diagnosed with concussion in a school.



Health Management Plan

Anaphylaxis

February 2016–September 2016

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1.0 Anaphylaxis – What is It?

Anaphylaxis -- sometimes called “allergic shock” or “generalized allergic reaction” -- is a severe allergic reaction that can lead to rapid death, if untreated. Like less severe allergic reactions, anaphylaxis occurs when the body’s immune system reacts to harmless substances as though they were harmful invaders. However, instead of developing the familiar runny nose or rash, sufferers of anaphylaxis respond with an extreme body reaction. The reaction may begin with itching, hives, vomiting, diarrhea, or swelling of the lips or face; within moments, the throat may begin to close, choking off breathing and leading to unconsciousness and death.

Anaphylactic reactions to peanuts have attracted considerable public attention for several reasons:

- Peanuts are one of the most common triggers of anaphylaxis, and the most likely of all food allergens to trigger a full-blown anaphylactic reaction.
- Peanut butter is a staple food for many children
- Peanuts have been the cause of a number of tragic incidents involving school children.
- Peanuts are difficult to avoid because they are used so widely as an ingredient in foods.

Although peanuts may be the most common allergen causing anaphylaxis in school children, school systems must be aware that anaphylaxis is a life-threatening condition regardless of the substance which triggers it.

In addition to peanuts, the foods most frequently implicated in anaphylaxis are:

- tree nuts (e.g. hazelnuts, walnuts, almonds, cashews),
- cow’s milk
- eggs
- fish and shellfish
- wheat
- soy

Anaphylaxis may also be induced by:

- fruits
- other foods

Non-food triggers of anaphylactic reactions include:

- insect venom (bee stings)
- medications
- latex
- vigorous exercise (rarely).

The onset of anaphylaxis may be signalled by severe, but non-life-threatening reactions, which become increasingly dangerous with subsequent exposure to the allergen. However, anaphylaxis may occur even if previous allergic reactions have been mild. While the condition often appears in early childhood, it can develop at any age.

2.0 Sabrina's Law – An Act to Protect Anaphylactic Pupils

In accordance with Sabrina's Law – An Act to Protect Anaphylactic Pupils, the Grand Erie District School Board is required to establish and maintain a policy for students diagnosed with anaphylaxis, as well as provide training for all staff on dealing with life-threatening allergies. The safety of students with a medical condition such as anaphylaxis is a shared responsibility of the board, school, family, health care provider and community partners.

With respect to the administration of emergency medication at the time of an anaphylactic emergency, "*Sabrina's Law*" is very clear:

- "If an employee has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee may administer an epinephrine auto-injector or other medication prescribed to the pupil, even if there is no preauthorization to do so under subsection (1): 2005, s. 3 (3)
- "No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence" 2005, s. 3 (4).

3.0 What Does an Anaphylactic Reaction Look Like?

An anaphylactic reaction can begin within seconds of exposure or after several hours. Any combination of the following symptoms may signal the onset of a reaction:

- hives
- itching (on any part of the body)
- swelling (of any body parts, especially eyes, lips, face, tongue)
- red, watery eyes
- runny nose
- vomiting, diarrhea and/or stomach cramps
- change of voice
- coughing
- wheezing
- throat tightness or closing
- difficulty swallowing
- difficulty breathing
- sense of doom
- dizziness
- fainting or loss of consciousness
- change of colour

Symptoms do not always occur in the same order, even in the same individuals. Time from onset of first symptoms to death can be as little as a few minutes if the reaction is not treated. Even when symptoms have subsided after initial treatment, they can return as much as 8 hours after exposure.

3.1 When is it Likely to Occur?

The greatest risk of exposure is in new situations, or when normal, daily routines are interrupted, such as birthday parties, camping or school trips. Young children are at greatest risk of accidental exposure, but many allergists believe that more deaths occur among teenagers due to their increased independence, peer pressure and reluctance to carry medication.

~~SO30 Anaphylaxis Management Plan~~

3.2 Emergency Treatment

Anaphylaxis is life-threatening, but it can be treated. Students suffering anaphylaxis must be diagnosed by their physician, who is responsible for prescribing the appropriate treatment protocol for their individual conditions. The first plan of action calls for the administration of epinephrine *immediately*, at the first indication of a reaction, followed by immediate transportation to hospital.

It is anticipated that most, if not all, children who have experienced previous anaphylaxis, will follow this plan. Some physicians recommend a second treatment protocol for certain patients.

Additional epinephrine must be available to be administered after 10 to 15 minutes if the allergic response recurs or severe symptoms, such as breathing difficulties, persist before medical help is available. A third dose should not be administered without medical direction.

Epinephrine must be administered by injection. The most common method is the auto-injector.

Although these devices are designed for self-injection, it is dangerous to assume that any person, of any age, will be able to self-inject if the reaction is proceeding rapidly.

It is essential that a person suffering an anaphylactic reaction be taken to a hospital to receive immediate medical attention, even if epinephrine has been injected and symptoms disappear. (see Appendix A “Guideline for School Emergency Response”)

School personnel should note that there are not contraindications to the use of epinephrine for a life-threatening allergic reaction. Accidental administration of the medication, if a reaction is not actually taking place, is not a significant cause for concern, according to the Canadian Paediatric Society.

If there is any reason to suspect an anaphylactic reaction is taking place, and if epinephrine has been prescribed as the treatment protocol, caregivers should not hesitate to administer the medication.

4.0 Information and Awareness

A. Identification of Anaphylactic Students to School Authorities

- Every school principal must ensure that, upon registration, parents, guardians and pupils are asked to supply information on life-threatening allergies.
- It is the responsibility of parents with anaphylactic children to identify their children to the school principal and provide information regarding:
 - the foods or other allergens which trigger an anaphylactic reaction;
 - a treatment protocol, signed by the child’s physician (SO102 – Request for School Assistance in Health Care <http://bit.ly/2bEmUMz>);
 - any changes in the child’s condition from previous years or since last reported; and
 - their permission to post photographs and medical information in key locations like the classroom, school bus, staffroom, etc.

- Identifying children with life-threatening allergens is more difficult in a secondary school setting. Although parents (and adult children 16 years of age and older) must still bear the burden of responsibility for reporting the condition to the school, school boards may wish to explore ways of encouraging and reminding them to do so, particularly with older students, those who have moved into the system, and those who have been recently diagnosed.

B. Identification of Anaphylactic Students to Staff

- All staff members (teaching and non-teaching) ~~should~~ **will** be made aware that a child with anaphylaxis is attending their school, and the child should be identified, either individually or at a staff meeting, **before** school begins.
- The board policy on managing anaphylaxis in schools should be provided to **all** staff, along with specific information about each anaphylactic child in attendance.
- The Student Support Plan for School – Anaphylaxis, with photograph, description of the allergy, treatment and action plan should be placed in key locations, such as the office, the classroom and the staff room. If the child does not carry the auto-injector, a Student Support Plan should be placed where the child's epinephrine auto-injector is stored.
- The Student Support Plan for Transportation – Anaphylaxis must be completed and placed on the child's school bus.
- Parents (or adult student) must be included in a decision about whether posters with the child's photo should also be placed in the child's classroom and other public places, like school buses. Issues of personal privacy must be considered.
- Instructions on the use of the auto-injector, along with a list of symptoms and emergency procedures must be posted in a clearly visible location in the child's classroom, whether or not the child's picture is posted.
- The child's classroom teacher must ensure that information is kept in a place where it will be highly visible and readily understood by supply teachers. It must also be kept with the teacher's day book.
- The student should wear a Medic-Alert™ bracelet or necklace which identifies specific allergens.

C. In-Service for Teachers and Other School Staff

- The school board or the principal must ensure that in-service is provided ~~annually~~ to school personnel, substitute teachers and volunteers on how to recognize and treat an anaphylactic reaction; on the school procedures to minimize the risk of exposure to the allergen for anaphylactic children; and on school protocol for responding to emergencies.
- All teachers and staff who may be in a position of responsibility for children with anaphylaxis (including bus drivers, noon-hour supervisors and cafeteria staff) ~~should~~ **will** receive personal training in the use of the auto-injector.
- Parents of the anaphylactic child should ensure that the specific information about their child is made available to school personnel to be included in in-service programs.
- Where possible, parents should be encouraged to participate directly in part of formal in-service, in brief, one-on-one sessions with individual staff.
- Local Public Health Units and school nurses, where they are available, should play a role in developing and delivering in-service.
- Representatives of allergy groups or local medical professionals should be invited to share their expertise with school staff.
- Information about the potential sources of specific allergens should be widely distributed and incorporated into the health curriculum. In addition to the usual, visible food sources of allergens, the school community should be made aware of:
 - the possible hidden sources in prepared foods, like cookies, cakes, cereals, granola bars and candies;
 - the importance of reading labels;
 - “component ingredients” (i.e. unlabeled ingredients within labelled ingredients);
 - the danger of cross-contamination through shared utensils, papers, towels, etc.;
 - ingredients of pet foods and litters for classroom pets; and
 - non-food sources of food allergens, like play-dough, scented crayons and cosmetics, peanut-shell stuffing in “bean-bags” and stuffed toys.

D. Sharing Information with Other Students and Parents

- The school should identify students with life-threatening allergies to all students in the school, and enlist their co-operation. This should be done in a way that is appropriate to the student’s age and maturity, without creating fear and anxiety, maintaining the student’s dignity, and in consultation with the parents of individual anaphylactic children.
 - The risk of teasing anaphylactic children is reduced if classmates are introduced the situation at a young age. In any case, the risk of ignorance is generally judged to be greater than the risks associated with sharing information.
 - A number of books and ~~audio-visuals~~ **online resources** are available to help young children understand life-threatening allergies without frightening them.

- Information may be included in health classes.
- Parents of anaphylactic children, and other anaphylactic children themselves, may be excellent resources in sharing information with students.
- Identification of anaphylactic students to their peers in the secondary school setting should not take place without consultation with the anaphylactic student.

E. Sharing Information with Parents and Parent Organizations *(see Appendices for support documents)*

- The school should develop a communication strategy to inform parents of the presence of a student with life-threatening allergies in the child's school and the measures being taken to protect the student.
- Letters should be sent home at the beginning of the year asking parents to avoid including the allergen in school lunches and snacks.
- When the allergen is a common item in school lunches, like peanut butter, provide parents with suggestions for alternate foods.
- Follow up with reminders around special holidays, or other occasions, when food is being brought from home to school.
- Ingredient lists should be required if foods prepared at home are to be brought into the classroom.
- A letter to all parents from the parents of the anaphylactic child is an effective reminder, and an opportunity for them to express their appreciation of support and co-operation.
- Parent organizations should be encouraged to plan an information night on life-threatening allergies in school children.
- Reminders or information articles in school newsletters are a way of reaching most parents.
- Parents and other members of the school community should be encouraged to bring any concerns about controlling the contents of school lunches and snacks to the principal, NOT to the parents of the anaphylactic student.

F. Maintaining Open Communication between Parents and the School

- The school should maintain open lines of communication with the parents of anaphylactic students.
- Parents should be involved in establishing specific programs for their own children, and in training staff in emergency procedures.
- Parents should be invited to review and provide input into school policies to reduce the risk of exposure to allergens.

4.1 Avoidance

The goal of the Board's Policy is to provide a safe environment for children with life-threatening allergies, **but it is not possible to reduce the risk to zero.** However, the following list of precautions offers schools suggestions of ways to minimize the risk and allow the anaphylactic child to attend school with relative confidence.

This policy and the procedures are designed to be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the allergens which trigger reactions, as well as the organizational and physical environment in different schools. It should also be noted that precautions may vary depending on the properties of the allergen. The viscosity of peanut butter, for example, presents particular challenges in terms of cross-contamination and cleaning; and while it may be possible to eliminate peanut products from school cafeterias, it would be virtually impossible to do so with milk, wheat or other products.

All of the following recommendations should be considered in the context of the anaphylactic child's age and developmental and cognitive maturity. As children mature, they should be expected to take increasing personal responsibility for avoidance of their specific allergens.

Schools are encouraged to find innovative ways to minimize the risk of exposure without depriving the anaphylactic child of normal peer interactions or placing unreasonable restrictions on the activities of other children in the school. For example, develop methods to identify "high-risk" areas for the anaphylactic student(s) so that they may avoid these areas.

4.2 Steps to Prevention

The school principal/designate shall take steps to protect students with potentially life-threatening allergies from exposure to allergenic substances, which may include the following, depending on the nature of the allergic/anaphylactic condition:

- Informing the students, parents/guardians and school community about the nature of allergies and anaphylactic reactions as well as the nature of the life-threatening foods/substances to which students ~~enrolled in the school~~ are allergic through a letter home to all parents at the beginning of the school year, the School Newsletter, the School Website and/or workshop presentations for parents/guardians/school community members;
- Providing a comprehensive awareness workshop for students in the class of the student who is at risk of anaphylaxis;
- Requesting the cooperation of the school community in implementing the school's Anaphylaxis Management Plan and the student's Student Support Plan for School – Anaphylaxis, where appropriate;
- Not permitting the consumption of food or drinks on school buses;
- Posting signs at the door of the classroom to which the at risk child is assigned;
- Posting signs at school entrances indicating Allergen Aware Environment
- Establishing safe lunchroom and eating area procedures, including cleaning and hand washing;
- Avoiding allergens hidden in materials used within the school (e.g. pet foods, play dough, stuffed toys, etc);
- Taking special precautions with respect to the food provided for school celebrations and extra-curricular activities;

- Providing the parents/guardians of the school community with a list of appropriate food substitutes which do not induce reactions and posting this information on the school website;
- Discussing with food services providers food to which students may be allergic along with appropriate substitutes;
- Communicating general information about allergies and anaphylactic reactions to student/staff and parents/guardians on a yearly basis;
- Sharing the schools Anaphylaxis Management Plan with all persons who may be in regular contact with students at risk to have anaphylactic reactions;
- Ensuring that when an at-risk student is involved in an out-of-school learning experience the student has an epinephrine auto-injector on her/his person and that the supervising teacher has a second epinephrine auto-injector kept in a readily accessible location as well as a cell phone to be used in emergency situations;
- Ensuring that school maintenance staff routinely check for active bee/hornet/wasp hives/nests around school property and cover/remove garbage containers to reduce the risk of anaphylaxis for insect allergic students; and
- The strategies which are adopted by the school to prevent an anaphylactic reaction from occurring shall be document in the Student Support Plan for School and Transportation – Anaphylaxis.

A. Safe Lunchroom and Eating-Area Procedures

- **Require anaphylactic students to eat only foods prepared at home.**
- Discourage the sharing of food, utensils and containers.
- If possible, increase lunch-hour supervision in classrooms with an anaphylactic child.
- Encourage the anaphylactic child to take mealtime precautions like:
 - placing food on wax paper or a paper napkin rather than directly on the desk or table;
 - taking only one item at a time from the lunch bag to prevent other children from touching the food; and
 - packing up their lunch and leaving it with the lunch supervisor, if it is necessary to leave the room during lunchtime.
- Establish a hand-washing routine before and after eating.
- If the school has a cafeteria, keep the allergen, including all products with the allergen as an ingredient, off the menu. Provide in-service for cafeteria staff, with special emphasis on cross-contamination and labelling issues.
- If the school has a vending machine, ensure that products containing the allergen are not available.
- Ensure that tables and other eating surfaces are washed clean after eating, using a cleansing agent approved for school use.

B. Allergens Hidden in School Activities

Not all allergic reactions to food are a result of exposure at meal times.

- Teachers, particularly in the primary grades, should be aware of the possible allergens present in curricular materials like:
 - playdough;
 - bean-bags, stuffed toys (peanut shells are sometimes used);
 - counting aids (beans, peas);
 - toys, books and other items which may have become contaminated in the course of normal use; science projects; and
 - special seasonal activities, like Easter eggs and garden projects.
- Computer keyboards and musical instruments should be wiped before and after use.
- Anaphylactic children should not be involved in garbage disposal, yard clean-ups, or other activities which could bring them into contact with food wrappers, containers or debris.
- Foods are often stored in lockers and desks. Allowing the anaphylactic child to keep the same locker and desk all year may help prevent accidental contamination.

C. Field Trips

In addition to the usual school safety precautions applying to field trips, the following procedures should be in place to protect the anaphylactic child.

- Carry the Student Support Plan for School and Transportation – Anaphylaxis on the trip.
- Require all supervisors, staff and parents, to be aware of the identity of the anaphylactic child, the allergens, symptoms and treatment, and that a mobile phone be available for use in an emergency situation.
- ~~• Ensure that a supervisor with training in the use of the auto-injector is assigned responsibility for the anaphylactic child.~~
- ~~• If practical, consider providing a cell phone for buses used on field trips.~~
- If the risk factors are too great to control, the anaphylactic child may be unable to participate in the field trip. Parents should be involved in this decision.

D. Substitute Teachers, Parent Volunteers and Others with Occasional Contact

All schools involve adults in their classrooms who are unfamiliar with individual students and school procedures. The following suggestions would help to prepare them to handle an anaphylactic emergency.

- Require the regular classroom teacher to keep information about the anaphylactic student's allergies and emergency procedures in a visible location.
- Ensure that procedures are in place for informing substitute teachers and volunteers about anaphylactic students.
- Involve substitute teachers and volunteers in regular in-service programs, or provide separate in-service for them.

E. Anaphylaxis to Insect Venom

Food is the most common trigger of an anaphylactic reaction in school children, and the only allergen which schools can reasonably be expected to monitor. The school cannot take responsibility for possible exposure to bees, hornets, wasps and yellow-jackets, but certain precautions can be taken by the student and the school to reduce the risk of exposure.

- Avoid wearing loose, hanging clothes, floral patterns, blue and yellow clothing, and fragrances.
- Check for the presence of bees and wasps, especially nesting areas, and arrange for their removal. If soft drinks are being consumed outdoors, pour them into a cup and dispose of cans in a covered container.
- Ensure that garbage is properly covered.
- Caution children not to throw sticks or stones at insect nests.
- Allow students who are anaphylactic to insect stings to remain indoors for recess during bee/wasp season.
- Immediately remove a child with an allergy to insect venom from the room, if a bee or wasp gets in.

5.0 Emergency Response Protocol

Even when precautions are taken, an anaphylactic student may come into contact with an allergen while at school. It is essential that the school develop a response protocol, and that all staff are aware of how to implement it. A Student Support Plan for School and Transportation – Anaphylaxis will be developed for each anaphylactic child, in conjunction with the child's parents and physician, and kept in a readily accessible location.

Anaphylactic children usually know when a reaction is taking place. **School personnel should be encouraged to listen to the child.** If he or she complains of any symptoms, which could signal the onset of a reaction, they should not hesitate to implement the emergency response. There is no danger in reacting too quickly, and grave danger in reacting too slowly.

A. Emergency Plans

Every emergency plan should include procedures to:

- ~~communicate the emergency rapidly to a staff person who is trained in the use of the auto injector;~~
- administer the auto-injector (NOTE: Although most anaphylactic children learn to administer their own medication by about age 8, individuals of any age may require help during a reaction because of the rapid progression of symptoms, or because of the stress of the situation. **Adult supervision is required.**);
- telephone 911 ~~or an ambulance~~ (inform the emergency operator that a child is having an anaphylactic reaction);
- contact parents/guardians
- transport the child to hospital at once, if no ambulance service is available; telephone the hospital to inform them that a child having an anaphylactic reaction is en route; notify the police and provide them with a description of the vehicle and licence

B. Location of Auto-Injectors

- As soon as they are old enough, students should carry their own auto-injectors. Many young children carry an ~~injection kit~~ auto-injector in a fanny pack around their waist at all times.
- If students are unable to carry their own auto-injectors, auto-injectors should be kept in a covered and secure area, but unlocked for quick access. Although epinephrine is not a dangerous drug, the sharp needle of the self-injector can cause injury, especially if injected into the fingertip.
- An up-to-date auto-injector (and, in some instances, a spare) provided by the parents, must be available in an easily accessible, unlocked area of the child's classroom and/or in a central area of the school (office or staff room).

Draft

RESPONSIBILITY CHECKLISTS

Ensuring the safety of anaphylactic children in a school setting depends on the co-operation of the entire school community. To minimize risk of exposure, and to ensure rapid response to emergency, parents, students and school personnel must all understand and fulfill their responsibilities.

Responsibilities of the PARENTS of an Anaphylactic Child

- inform the school of their child's allergies and complete SO102 Request for School Assistance in Health Care (<http://bit.ly/2bEmUMz>)
- provide a MedicAlert™ bracelet or necklace for their child
- provide the school with physician's instructions for administering medication
- provide the school with up-to-date injection kits (at least one (1), preferably two (2), and keep them current)
- provide support to school and teachers as requested
- provide in-service for staff, if requested
- participate in parent advisory/support groups
- assist in school communication plans
- review the Student Support Plan for School and Transportation - Anaphylaxis with school personnel
- supply information for school publications:
 - recipes
 - foods to avoid
 - alternate snack suggestions
 - resources
- be willing to provide safe foods for special occasions
- teach their child:
 - to recognize the first symptoms of an anaphylactic reaction
 - to carry his/her own auto-injector OR to know where medication is kept and how to get it
 - ~~▪ to know where medication is kept, and who can get it~~
 - to communicate clearly when he or she feels a reaction starting
 - ~~▪ to carry his/her own auto-injector in a fanny pack~~
 - not to share snacks, lunches or drinks
 - to understand the importance of hand-washing
 - to interact positively with other students
 - to report bullying and threats to an adult in authority
 - to take as much responsibility as possible for his/her own safety
- welcome other parents' calls with questions about safe foods

Responsibilities of ANAPHYLACTIC STUDENTS

- take as much responsibility as possible for avoiding allergens
- **eat only foods brought from home**
- take responsibility for checking labels and monitoring intake (older students)
- wash hands before eating
- learn to recognize symptoms of an anaphylactic reaction
- promptly inform an adult, as soon as accidental exposure occurs or symptoms appear
- keep an auto-injector handy at all times
- know how to use the auto-injector
- remind field trip supervisors/volunteers/coaches

Responsibilities of the SCHOOL PRINCIPAL

- work as closely as possible with the parents of an anaphylactic child
 - ensure that the parents have completed SO102 Request for School Assistance in Health Care (<http://bit.ly/2bEmUMz>)
- ensure that instruction from the child's physician are on file
- notify the school community of the anaphylactic child, the allergens and the treatment
- develop a Student Support Plan for School and Transportation - Anaphylaxis for each anaphylactic child
- post Student Support Plan for School - Anaphylaxis forms in the staffroom, classroom and office
- maintain up-to-date emergency contacts and telephone numbers
- ensure that all staff, supply teachers and volunteers have received instruction with the auto-injector
- ensure that all substitute teachers are informed of the presence of an anaphylactic child, and have been adequately trained to deal with an emergency
- inform changing administration of medical information
- inform all parents that a child with life-threatening allergies is attending the school, and ask for their support
- arrange for annual in-service
- store auto-injectors in easily accessible locations if the child does not carry his/her auto-injector
- establish safe procedures for field trips and extra-curricular activities
- implement the Board Administrative Procedure for reducing risk in classrooms and
- establish a disciplinary procedure for dealing with bullying and threats

Responsibilities of the CLASSROOM TEACHER

- assign a buddy
- display a photo/poster in the classroom, with parental approval
- discuss anaphylaxis with the class, in age-appropriate terms
- encourage students not to share lunches or trade snacks
- choose allergy-free foods for classroom events
- establish procedures to ensure that the anaphylactic child eats only what he/she brings from home
- reinforce hand-washing before and after eating
- facilitate communication with other parents
- follow the school policies for reducing risk in classrooms and common areas
- enforce school rules about bullying and threats
- leave information in an organized, prominent and accessible format for substitute teachers
- ~~• ensure that auto injectors are taken on field trips~~
- follow safe procedures that have been established for field trips and extra-curricular activities

Responsibilities of PUBLIC HEALTH/SCHOOL NURSE

- consult with and provide information to parents, students and school personnel
- participate in planning school procedures
- participate in in-service and auto-injector training
- assist in developing emergency response plans
- refer known cases of anaphylaxis to the school principal

Responsibilities of ALL STUDENTS

- learn to recognize symptoms of anaphylactic reaction
- avoid sharing food, especially with anaphylactic children
- follow school rules about keeping allergens out of the classroom and washing hands
- refrain from “bullying” or “testing” (i.e. waving an allergen in front of the child’s face) a child with a food allergy

Responsibilities of ALL PARENTS

- respond co-operatively to requests from school to eliminate allergens from packed lunches and snacks
- participate in parent information sessions
- encourage children to respect anaphylactic child and school policies


Draft

~~GUIDELINE FOR SCHOOL EMERGENCY RESPONSE~~
~~ANAPHYLAXIS – EMERGENCY PLAN~~
SCHOOL ANAPHYLAXIS EMERGENCY RESPONSE PLAN

1. Administer auto-injector immediately.
2. Record time auto-injector is administered.
3. Notify school administration immediately of the emergency situation and, if possible, bring the child to the school office.
4. Notify Parent/Guardian
5. Call 911
6. Obtain second auto-injector if required.
7. Get estimated time of ambulance arrival.
8. Enlist a staff member to accompany child in ambulance to the hospital ~~(if permitted)~~ if parent not available.

APPENDIX C

STUDENT SUPPORT PLAN –TEMPLATE (PAGE 1 OF 2)

		Grand Erie District School Board 349 Erie Avenue, Brantford, Ontario N3T 5V3	
Student Support Plan - School			
Name	OEN	Board Id #	Grade
School	Family		Gender
Principal			DOB
Student Information		Parent/Guardian Information	
Address		Name & Address	
Home Telephone		Home Telephone	
Date Of Development			
Other Support Staff:		Agency Involvement:	
Primary Medical Concern:		<div style="border: 1px solid black; height: 150px; margin-bottom: 5px;">Insert Student Picture</div>	
Triggers:			
Other Relevant Information (e.g. signs, precursors, etc.)			
Immediate Communication			
Immediate Actions:			
SUMMARY OF INTERVENTION			
Action To Be Taken	Taken By	Time Line	

STUDENT SUPPORT PLAN –TEMPLATE (PAGE 2 OF 2)



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

SUMMARY OF INTERVENTION


Action To Be Taken	Taken By	Time Line

The following signatures indicate the support of all, ensuring that the contents of this plan are followed through

Date:	Date:
Principal's Signature	Parent/Guardian Signature

APPENDIX D

STUDENT SUPPORT PLAN –FOR SCHOOL - ANAPHYLAXIS EXAMPLE (PAGE 1 OF 2)



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Student Support Plan - School

Name	Last Name, First Name	OEN	111222333	Board Id #	111222333	Grade	G
School	School Name	Family	Spec Ed TC Name	Gender	M/F	DOB	dd-mmm-yyyy
Principal	Principal Name						

Student Information		Parent/Guardian Information	
Address	Street Address City	Name & Address	Parent/Guardian Name Street Address City, Postal Code
Home Telephone	5195555555	Home Telephone	(519) 555-5555

Date Of Development 16-Nov-2015

Other Support Staff:	Agency Involvement:
	CAS

Primary Medical Concern:
Anaphylaxis
This student has a Dangerous, life-threatening allergy.

Triggers:
foods, all foods containing these ingredients, bee/insect stings, medications, latex, etc.
AVOIDANCE - The key to preventing an emergency is ABSOLUTE AVOIDANCE of any of the above allergens at all times.

Other Relevant Information (e.g. signs, precursors, etc.)
Possible Symptoms: flushed face, hives, swelling or itchy lips/tongue/eyes
- tightness in throat, mouth, chest - Difficulty breathing or swallowing, wheezing, coughing, choking - vomiting, nausea, diarrhea, stomach pains - dizziness, unsteadiness, sudden fatigue, rapid heartbeat - loss of consciousness
LOCATION OF AUTO-INJECTOR:

Immediate Communication:
Call 911

Immediate Actions:
Administer auto-injector immediately

Insert Student Picture

SUMMARY OF INTERVENTION

Action To Be Taken	Taken By	Time Line
Remain Calm	All Staff, All Students	
Administer auto-injector immediately	Staff Responding	Immediately
Record time auto-injector is administered	Staff Responding	Immediately

APPENDIX D

STUDENT SUPPORT PLAN –FOR SCHOOL - ANAPHYLAXIS EXAMPLE (PAGE 2 OF 2)



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Call 911, get estimated time of ambulance arrival, advise dispatcher that a child is having an anaphylactic reaction	Staff Responding	Immediately
Communication with Principal or Principal's Designate	Staff Responding	Immediately
Notify Parent/Guardian	Principal or Principal's Designate	As soon as possible
Have additional auto-injector available (if applicable)	Staff Responding	
Transport to Hospital, one staff member will travel with Student in the Ambulance	Staff member who have been with him/her since the outset of the anaphylaxis attack	

The following signatures indicate the support of all, ensuring that the contents of this plan are followed through

Date:	Date:
Principal's Signature	Parent/Guardian Signature

STUDENT SUPPORT PLAN –FOR TRANSPORTATION - ANAPHYLAXIS EXAMPLE

		Grand Erie District School Board 349 Erie Avenue, Brantford, Ontario N3T 5V3	
Student Support Plan - Transportation			
Name	Last Name, First Name	OEN	111222333
School	School Name	Board Id #	111222333
Principal	Principal Name	Family	Spec Ed TC Name
		Grade	G
		Gender	F/M
		DOB	dd-mmm-yyyy

Student Information		Parent/Guardian Information	
Address	Street Address City	Name & Address	Parent/Guardian Name Street Address City, Postal Code
Home Telephone	5195555555	Home Telephone	(519) 555-5555

Date Of Development 11-Feb-2016

Other Support Staff:	Agency Involvement:

Primary Medical Concern:
Asthma

Triggers:
Colds/viruses, weather conditions, strong smells, animals, allergies

Other Relevant Information (e.g. signs, precursors, etc.)
 continuous coughing, complaints of chest tightness, difficulty breathing, wheezing, restlessness, irritability, tiredness, unable to catch breath, difficulty speaking a few words, lips or nail-bed blue or grey, breathing is difficult and fast.
 Reliever is used to: relieve symptoms, prevent exercise induced asthma
 Location of reliever inhaler: student carries own inhaler

Immediate Communication:
 Bus Driver contacts the Bus Line dispatch immediately to indicate the location of the incident and to request that emergency services be dispatched immediately.

Immediate Actions:
 In the event of a problem during his/her travel on a school bus the bus driver will stop the vehicle and ensure that it is completely immobilized. Driver will assess the situation. Bus Driver will be attentive to student while awaiting the emergency services.

SUMMARY OF INTERVENTION		
Action To Be Taken	Taken By	Time Line
The student's parent or guardian must have completed and signed SO102 - Request for School Assistance In Health Care, which must be signed by a doctor and given to the school.	Parent	
Bus Driver, Dispatcher and School Principal will follow STSBHN Emergency Procedure guidelines.	Bus Driver, Bus Operator, School Principal	Immediately

The following signatures indicate the support of all, ensuring that the contents of this plan are followed through

Date:	Date:
Principal's Signature	Parent/Guardian Signature

APPENDIX F

LITE STUDENT SUPPORT & TRANSPORTATION PLANS (1 of 4)

1. Select *SSTP* (Student Support & Transportation Plans) from the tabs across the top of the screen. From the *SSTP* tab menu select Support Plan – School.



2. Select your *School*; enter the first couple of letters of the student's last name and then select *Find*. Choose the student from the drop down list.

The image shows a search bar with the following fields: 'School' with a dropdown menu showing '** Select School **', 'Id #' with a text input field, 'Last Name' with a text input field, and a 'Find' button. The text 'Student List' is also visible.

3. In the Plan Dates field select Create New Plan. A *Calendar* box adjacent to Date of Development will be accessible. Once a date is selected the *Create* button is accessible. That date will now appear in your Plan Dates box.



A new Support Plan should be created yearly, an existing plan can be modified during the school year by selecting the date of the plan.

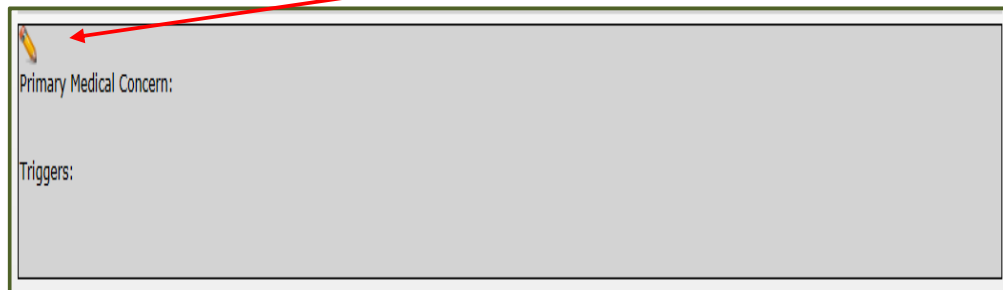
The image shows a form titled 'Student Support Plan - School'. It has several sections: 'Name' (School, Principal), 'OEN Family', 'Board Id #', 'Grade', 'Gender', 'DOB'. Below these are 'Student Information' (Address, Home Telephone) and 'Parent/Guardian Information' (Name & Address, Home Telephone). At the bottom, there is a 'Plan Dates' dropdown menu showing '28-Jan-2016', a 'Date Of Development' text input field, and a 'Create' button.

4. Enter the support staff that is available for the student and enter any agencies that are involved with the student, if applicable.

The image shows two sections: 'Other Support Staff:' and 'Agency Involvement:'. Each section has a text input field and a dropdown arrow button.

LITE STUDENT SUPPORT & TRANSPORTATION PLANS (2 of 4)

5. To record information in the *Primary Medical Concern* and *Triggers* field select the Pencil icon. All information entered in this field will also appear on the Student Support Plan – Transportation if transportation plan is also required. This eliminates the need to re-enter the same information on both forms. If during the school year the information entered in Primary Medical Concern and Triggers needs to be updated, entering the data on either the School or Transportation Support Plan automatically updates the other plan with the entered information.



Primary Medical Concern:

Triggers:

6. Record Other Relevant Information (e.g. signs, precursors, etc.), Immediate Communication and Immediate Actions.

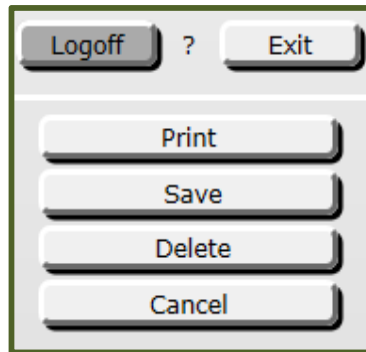
Other Relevant Information (e.g. signs, precursors, etc.)	Insert Student Picture
Immediate Communication:	
Immediate Actions:	

SUMMARY OF INTERVENTION		
Action To Be Taken	Taken By	Time Line

7. Enter a summary of the actions that need to be taken, in sequence, during an episode. If additional lines to your SUMMARY OF INTERVENTION are required select the save button, and a new line will be inserted.

LITE STUDENT SUPPORT & TRANSPORTATION PLANS (3 of 4)

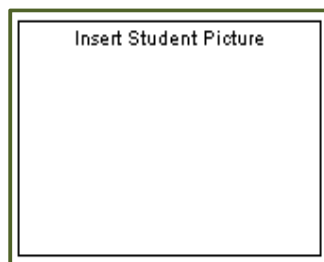
8. Select Save from the left navigation bar.



9. Print a copy of this form and have the parent/guardian sign.

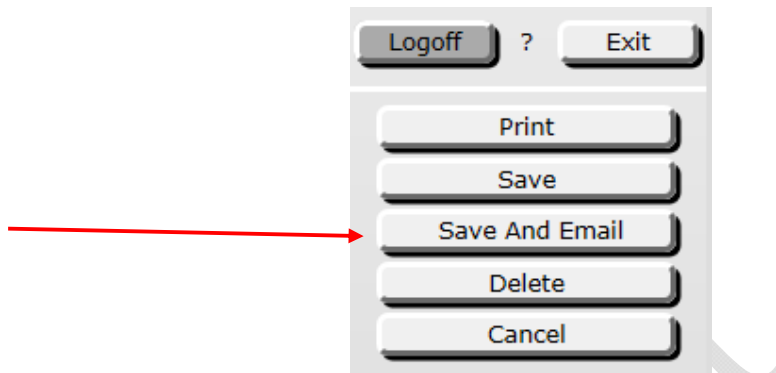
The following signatures indicate the support of all, ensuring that the contents of this plan are followed through	
Date:	Date:
Principal's Signature	Parent/Guardian Signature

10. Once saved (as a PDF), an area is provided for insertion of the student's picture if required.



LITE STUDENT SUPPORT & TRANSPORTATION PLANS (4 of 4)

11. Access and generation of the Student Support Plan – Transportation is the same as above with the exception that there is a Save and Email button. Select Save if the form is only partially completed; once completed select Save and Email. A copy of this form is automatically sent to the Transportation Department so that they may inform the Transportation Provider.



12. The Student Support Plans (Transportation and School) follow the student if they change schools and is therefore accessible to their new school within our Board.

CONSENT - SO 102 REQUEST FOR SCHOOL ASSISTANCE IN HEALTH CARE

Please refer to Procedure SO102 – Request for School Assistance in Health Care which shall be implemented to document physician directives and parental consent in regards to administration of prescribed medications.

<http://bit.ly/2bEmUMz>

File completed SO102 in the “CONSENT FORMS” (dark green) file in the Ontario Student Record (OSR).

Draft

9-1-1 Anaphylaxis Script Protocol
TO BE POSTED BY TELEPHONE

1. This is _____ School.
Address is: _____
Nearest Major Intersection is: _____
Telephone Number is: _____
2. We have a student who is having an anaphylactic emergency. We have administered an auto-injector. There has been no improvement in their condition. We need an ambulance IMMEDIATELY.
3. The closest entrance for the ambulance is on: _____ Ave. / Road / Street.
4. A staff member will be outside the school entrance to provide direction.
5. Do you need any more information?
6. How long will it take you to get here?
7. Call parent / guardian / emergency contact.

APPENDIX I**IMPORTANT MEDICAL INFORMATION REQUIRED FOR ALL STUDENTS:**

For the safety of your child, it is imperative that we are aware of all students in the building that have serious medical conditions. We need to be able to let each teacher know if any of their students have conditions that could be life-threatening.

Please complete the following form so that we can ensure that our records are up to date.

Name of Student: _____

MEDICAL CONDITION	<i>This student HAS experienced an attack/reaction in the past</i>	<i>This student carries medication for this condition</i>	<i>Notes/Other: (type of medication, where stored)</i>
Anaphylaxis (Sabrina's Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Asthma (Ryan's Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Heart Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Concussion	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Other:			

Any other medical notes should be included on the registration form (i.e. non-anaphylactic allergies) in the appropriate section. Please keep us informed of any changes in your child's critical medical conditions by contacting the school at (_____).

Signature of Parent/Guardian or Student 18+ years _____

_____ Date

School Letterhead

Sample Letter to School Parents/Guardians From The Principal

Date:

Dear Parents:

We felt that all parents would like to be aware that there is a child in our school with a severe life-threatening food allergy (anaphylaxis). This includes any food that has (insert allergen here) in it. This is a medical condition that causes a severe reaction to specific foods and can result in death within minutes.

All our staff have been made aware of this situation and have been instructed in the correct procedures regarding anaphylactic shock.

Prevention, of course, is the best approach. Although this may or may not affect your child's class directly, we want to inform you so that you may choose to send foods with your child to school that are free from (insert allergen here). In a classroom setting, cross-contamination is the greatest risk for this type of allergy.

We endeavour to make the school a safe environment for all students.

Attached is a **FOOD ALLERGY FACT SHEET** regarding Anaphylaxis in the hopes that you take a few minutes to read it over. Anyone wishing further information about this type of allergy may contact the school.

Sincerely,

_____, School Principal.

See Attached ALLERGY FACT SHEET

FOOD ALLERGY FACT SHEET

WHAT IS A FOOD ALLERGY?

An allergy-specific reaction or sensitivity by the body to a particular food protein. A food allergy occurs when the food that causes a reaction is eaten, inhaled or touched.

WHAT IS ANAPHYLAXIS?

Anaphylaxis is a severe allergic reaction that can cause unconsciousness, coma and even death.

SYMPTOMS

Symptoms can be roughly divided by the area of the body where they take place:

SKIN: hives (red, itchy welts)
EYES: swollen, itchy, runny, blood-shot and mucous
UPPER RESPIRATORY: runny, itchy, stuffy nose; sneezing; post-nasal drip; sore throat and swelling of the throat or larynx
LOWER RESPIRATORY: asthma (coughing, wheezing, difficulty breathing)
GASTROINTESTINAL: vomiting, diarrhea, bloating, cramps

PREVENTION

Reactions to food allergens can be life-threatening, but allergic reactions can be prevented by avoiding contact with the allergic food. Unfortunately contact is often caused by cross-contamination.

WHAT IS CROSS-CONTAMINATION OF FOOD?

When the protein from one food comes in contact with another food, their proteins mix. While we may not see traces of the food, there may be enough protein present to cause a serious reaction if you are allergic to that food.

HOW CAN CROSS-CONTAMINATION OCCUR?

Cross-contamination occurs any time one food protein comes in contact with another food or surface. This can occur by direct contact during processing and when using utensils that have not been properly cleaned.

THINGS TO CONSIDER.....

- Always read the ingredients listed.
- Always use clean utensils for each type of food you are preparing and serving. Traces of food may be left on cutting boards, counters, knives, serving spoons, dish cloths, towels and even hands and may unknowingly be spread to other foods.
- Wash hands frequently when preparing and serving food.

Sample Items for School Newsletters

We would like all families to be aware that there is a child (or several children) in our school with a severe life-threatening allergy (anaphylaxis). This is a medical condition that causes a severe reaction to specific triggers and can result in death within minutes. Often the trigger is a type of food, such as peanuts or other nuts, eggs, milk, etc. Although this may or may not affect your child's class directly, we want to inform you that our school is "Nut Aware". At our school we refrain from bringing nut products into the school. There will be more information about anaphylaxis at our "Meet the Teacher Night". Thank you for your understanding and co-operation.

Anaphylactic Shock

Watch out for life-threatening allergies.

Many children have allergies. A few, however, are life-threatening. Some children, for example, are severely allergic to peanut butter. Even a tiny bit can be fatal within minutes. Nuts, shellfish, fish, eggs and milk are also known to cause severe reactions. Knowing that your child has allergies and knowing how to deal with them is your best defence.

If your child is allergic to peanuts or peanut products, please tell us. With your help, we will do our best to prevent mishaps and to make sure that all of our students are safe, healthy, and able to concentrate on learning.

If you would like further information about our policy, please call the school or visit our website: www.granderie.ca / Board / Bylaws, Policies, Procedures / SO 30 – Management of Potentially Life-Threatening Health Conditions in School, Health Management Plan – Anaphylaxis.

STEPS TO IDENTIFYING AN ANAPHYLACTIC STUDENT IN THE STUDENT INFORMATION SYSTEM

Setting the Critical Medical Alert Symbol in Power School

1. Start Page Select Student
2. Registration Form OR Emergency Contact/Medical
3. Check "Critical Medical Condition"
4. Check "Anaphylactic Shock Alert"
5. Enter student's medical / health information in the "Critical Medical Notes" field
(Note: information **must** be in this field to generate the alert symbol).
6. Click Submit
7. Alert symbol will appear next to student's name.

Other medical notes are for non-life-threatening conditions and will not generate the Critical Medical Alert.

For more information, refer to the Power School OnSIS Instruction Manual:

<http://geportal.granderie.ca/linksandresources/powerschoolmanual/Pages/default.aspx>



Draft

Health Management Plan

Asthma

February 2016-September 2016

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1. Asthma – What is It?

Asthma is a serious chronic condition characterized by recurrent attacks of difficult or laboured breathing.

The Grand Erie District School Board recognizes that some students within the school system have been diagnosed with asthma and without proper management this condition can be life threatening.

While it cannot guarantee an environment free of agents that can trigger asthma, Grand Erie school staff shall make every reasonable effort to:

- reduce the risk of exposure to asthma triggers in classrooms and common school areas;
- ensure access to necessary asthma medications (i.e. student will carry medication);
- ensure that school personnel are aware of which students within the school population have been diagnosed with this condition; and
- outline the procedures necessary to intervene and respond in the event of an asthma emergency.

In order for school personnel to respond appropriately, it is crucial for the parent/guardian (adult student) to keep the school principal/designate fully informed of the student's asthma and the medication(s) which have been prescribed to address the condition

2. Ryan's Law – Ensuring Asthma Friendly Schools

In accordance with Ryan's Law – Ensuring Asthma Friendly Schools, the Grand Erie District School Board is required to establish and maintain a policy for students diagnosed with asthma, as well as provide training for all staff on asthma management. The safety of students with a medical condition such as asthma is a shared responsibility of the board, school, family, health care provider and community partners.

With respect to the administration of emergency medication at the time of an asthma emergency, "*Ryan's Law – Ensuring Asthma Friendly Schools*" is very clear:

- "If an employee has reason to believe that a pupil is experiencing an asthma exacerbation, the employee may administer asthma medication to the pupil for the treatment of the exacerbation, even if there is no preauthorization to do so under subsection (1).: 2013, s. 3 (3)
- "No action or other proceeding for damages shall be commenced against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act" 2013, s. 3 (4).

RESPONSIBILITY CHECKLIST

Ensuring the safety of asthmatic children in a school setting depends on the co-operation of the entire school community. To minimize risk of exposure , and to ensure rapid response to emergency, parents, students and school personnel must all understand and fulfill their responsibilities.

1.0 Role of the **PARENT/GUARDIAN OR ADULT STUDENT**

The parent/guardian of the student or an adult student who has been diagnosed with asthma is expected to:

- inform the school principal/designate of the ~~child's~~ **student's** asthma at the beginning of each school year regardless of whether ~~or not the child is a new student is new~~ **or not**;
- inform the school principal/designate of any changes to the ~~child's~~ asthma and/or medication that will affect their school routine, performance or ability to participate in school activities;
- inform a new school of their ~~child's~~ medical needs, if the ~~child~~ **student** transfers to another school within the Board's jurisdiction;
- complete SO102 Request for School Assistance in Health Care (<http://bit.ly/2bEmUMz>) on an annual basis;
- provide a minimum of one (1) up-to-date medication package (Reliever Inhaler) properly marked with child's name and expiry date;
- provide up-to-date emergency contact names and telephone numbers;
- ~~provide current photographs of their child;~~
- provide a Medic Alert™ bracelet or equivalent for their child (The form can be obtained by calling 1-800-668-1507);
 - Partner with school staff members to complete the Student Support Plan for School – Asthma and Student Support Plan for Transportation – Asthma for their child.
- In collaboration with their health care provider teach their child to:
 - be able to recognize symptoms of worsening asthma including those related to exercise
 - communicate to an adult about asthma symptoms and the need for help
 - access and use medication quickly and correctly
 - have a Reliever Inhaler handy at all times, either on his/her person or in a safe location ~~near his/herself~~ **nearby**
 - be prepared for school field trips.

2.0 Role of the **STUDENT** with Asthma

Dependent on the physical and cognitive capabilities of the student and the informed consent of the parent/guardian, the student with asthma has the responsibility to:

- tell teachers, educational assistants, school principal and friends about her/his asthma;
- tell occasional personnel (i.e. occasional teachers, occasional educational assistants, lunch room monitors/supervisors, crossing guards, school bus drivers, volunteers) about her/his asthma;
- ~~tell teachers, educational assistants, school principal where to find her/his Reliever Inhaler;~~
- carry a Reliever Inhaler on her/his person at all times OR tell teachers, educational assistants, school principal where to locate her/his Reliever Inhaler;
- follow the instructions of her/his physician and parent/guardian;
- know how and when to use asthma medication safely, including -
- making sure their name is on the medication container
- not sharing medications with friends
 - knowing when medication is empty
 - telling parents and teachers every time medication is used
 - telling a teacher if help is required to take medication
 - wear a Medic Alert™ bracelet or equivalent, when provided by the parent;
 - know what triggers asthma and makes it worse and have a plan for handling asthma triggers;
 - telling teachers when asthma is bothering her/him;
 - learning more about asthma by –
- attending asthma education programs
 - seeing health care provider on a regular basis
 - visiting websites www.asthma-kids.com or www.puffr.ca.

3.0 Role of the **SCHOOL ADMINISTRATOR (PRINCIPAL)**/Designate

3.1 Registration

- At the time of the registration of each new student, the school principal/designate ~~shall determine if the student has asthma and~~ shall record, ~~when notified,~~ that a ~~student has asthma~~ information in the medical information section in the student information system.
- At the beginning of each school year, the school principal/designate shall update the medical information of each student enrolled in the school to determine if new medical conditions have developed and/or if existing medical conditions have changed.

3.2 Authorization

When the school principal/designate is informed by the parent/guardian/adult student that a student within the school has been diagnosed with asthma and may require the administration of asthma medication, the school principal/designate shall:

- request that the parent/guardian/adult student return a completed SO102 Request for School Assistance in Health Care (<http://bit.ly/2bEmUMz>)
- If the physician authorization form indicates that the student requires the administration of asthma medication during the school day, the school principal/designate shall:
- obtain a minimum of one (1) Reliever Inhaler from the parent/guardian (adult student);
- ensure that the medication is already labelled to indicate the name of the student, the name of the medication and the expiry date;
- with parent/guardian ~~informed, written~~ consent, arrange to have one (1) Reliever Inhaler on the student's person (e.g. in a fanny pack) at all times;
 - if necessary arrange to have a second Reliever Inhaler in a safe, secure location (e.g. main office) or if the student does not have the medication on her/his person, in the classroom;
 - ensure that any medication which has reached its expiry date is returned to the parent/guardian (adult student) and replaced by up-to-date medication.

3.3 Staff Education

~~Annual~~ **Online** asthma education sessions will be provided for all staff members. In schools this will include school principal, school vice-principal(s), department heads, guidance counsellors, resource teachers, classroom/subject teachers, occasional teachers, designated early childhood educators, occasional designated early childhood educators, educational assistants, occasional educational assistants, school secretaries, lunch room monitors and lunch room supervisors. Education sessions will include information about asthma, the safe, effective use of the Reliever Inhaler, and a review of a general Asthma Management Plan. A record shall be kept of all individuals who successfully complete the training program.

When the school principal/designate is informed by the parent/guardian/adult student that a student enrolled at the school has asthma and ~~authorization for the administration of the Reliever Inhaler~~ a completed SO102 Request for School Assistance in Health Care (<http://bit.ly/2bEmUMz>) has been received, the school principal/designate shall:

- identify the student to all staff members of the school as a student with asthma;
- arrange for the completion of the Student Support Plan for School - Asthma and Student Support Plan for Transportation - Asthma

- The Student Support Plan for School - Asthma shall be available in key locations around the school including the Main Office, and other locations accessible to staff only. A copy of the Student Support Plan for Transportation – Asthma shall also be ~~provided for~~ made available to the student's regular or field trip school bus driver
- The plan will be reviewed on an annual basis or as needed.

3.4 Filing in the Ontario Student Record (OSR)

After the Student Support Plan for School – Asthma and the Student Support Plan for Transportation – Asthma has been developed, the school principal/designate shall file both documents, as well as a completed SO102 Request for School Assistance in Health Care (<http://bit.ly/2bEmUMz>) in the “CONSENT FORMS (dark green)” section of the OSR

3.5 Documentation

The school principal/designate shall ensure that each time a staff person assists a student with the administration of the Reliever Inhaler the incident will be recorded on the ~~Individual Student Log of Administered Medication~~ Student Medication Record (see SO 102 Request for School Assistance in Health Care <http://bit.ly/2bEmUMz>).

3.6 Prevention

The school principal/designate shall take steps to create a supportive, safe environment for students with asthma, including:

- sending a letter to parents/guardians requesting information about any child with asthma and medication (Appendix H-I)
- ensuring staff members complete ~~annual~~ online training regarding asthma management in schools
- facilitating the use of asthma friendly school supplies and products such as scent-free markers and cleaning products, dust free chalk, etc., when possible;
- scheduling extensive building repairs or cleaning at times that reduce the possibility of exposing students and staff to dust, fumes and other irritants, when possible;
- monitoring for asthma triggers on an ongoing basis and taking action to reduce exposure to asthma triggers whenever possible:
 - refer to student's Asthma Trigger Checklist (Appendix A SO102 Request for School Assistance in Health Care <http://bit.ly/2bEmUMz>)
 - refer to Health Canada's Indoor Air Quality (IAQ) Tools for Schools http://www.hc-sc.gc.ca/ewh-semt/pubs/air/tools_school-outils_ecoles/index-eng.php
 - providing asthma resources for the school office and school library
 - creating and supporting the expectation that students with asthma should be participating in physical activities to the best of their abilities, including recess and physical education;
- ensuring that when a student with asthma is involved in an out-of-school learning experience, that the Student Support Plan for School - Asthma is taken on the outing, the student has a Reliever Inhaler on her/his person and that the supervising teacher has a second Reliever Inhaler if possible, as well as a cell phone to be used in emergency situations.

4.0 Role of the **SCHOOL STAFF**

- When the school principal/designate is informed by the parent/guardian (adult student) that a student within the school has asthma and the parent/guardian/adult student has authorized the administration of a Reliever Inhaler by the completion of SO102 paperwork (<http://bit.ly/2bEmUMz>) during an asthma episode, whether the

- student does or does not require assistance from staff, all school staff, shall participate in the staff education session. (3.4 3.3)
- The staff shall remain vigilant concerning circumstances or events which may constitute a situation for students at risk to experience an asthma episode and shall report these to the school principal/designate.
- When a student experiences an asthma episode the staff member(s) who recognizes the warning signs/symptoms shall respond and ensure the Reliever Inhaler is administered immediately and shall inform the school secretary/adult designate school administrator/designate and parent/guardian
- If there is no improvement within 5-10 minutes after taking the Reliever Inhaler staff member will follow the Emergency 911 Protocol (Appendix #F H)
- After the medication has been administered, the staff member(s) shall record the incident in the Individual Student Log of Administered Medication. Student Medication Record see SO 102 Request for School Assistance in Health Care <http://bit.ly/2bEmUMz> ;

5.0 Role of the **CLASSROOM/SUBJECT TEACHER**

~~In addition to the duties described in subsection 2.3, classroom/subject teachers are also expected to:~~

- ensure the student with asthma has access to their Reliever Inhaler when needed to relieve symptoms and/or before exercise, if indicated;
- ensure that the identified student is carrying a Reliever Inhaler on her/his person during all out-of-school learning experiences;
- ensure that an additional Reliever Inhaler (if available) and a cell phone are available during all out-of-school learning experiences;
- review with the class(es) the steps to take if someone is experiencing worsening asthma if appropriate;
- monitor the presence of materials within the classroom setting which may trigger an asthmatic reaction in the identified student;
- take action to reduce student's exposure to asthma triggers whenever possible, e.g. chalk dust, freshly cut grass, furry animals, pollen, poor air quality, strong smelling markers, very cold or very hot temperatures and viral infections (encourage frequent hand washing to decrease spread of infection);
- use preventive measures to allow participation in exercise and/or physical activity including a warm-up period, use of Reliever Inhaler 10-15 minutes prior to the activity (if indicated on Individual Asthma Management plan Student Support Plan for School - Asthma) and understand how to handle symptoms associated with exercise.

6.0 Role of the **SCHOOL SECRETARY**

~~In addition to the duties described in subsection 2.3,~~ The school secretary is expected to record the presence of the student's health **problem condition** in Student Information System and follow the Emergency 911 Protocol (Appendix # H) at the time of an asthma emergency.

7.0 Role of **OTHER PARENTS/GUARDIANS** and **SCHOOL VOLUNTEERS**

Parents/guardians and volunteers within the school community have the responsibility to:

- be aware of and comply with the Asthma Management Plan; assist the school principal and the staff of the school in disseminating information to all members of the community

SCHOOL ASTHMA EMERGENCY RESPONSE PLAN

SIGNS & SYMPTOMS	
MILD	SEVERE
<ul style="list-style-type: none"> • Coughing (a constant cough may be the only warning sign and should be treated) • Breathing is difficult and fast • Complaining of chest tightness (child will describe this symptom in all sorts of ways) • Wheezing (a high pitched musical sound when breathing) • Restlessness • Irritability • Tiredness 	<p>Any of the following may be observed</p> <ul style="list-style-type: none"> • Unable to catch their breath • Breathing is difficult and fast (x25 inspirations/min) • Ribs show during breathing (the skin between the neck and ribs is sucked in with each breath) • Not improving after taking reliever inhaler within 5-10 minutes • Can only say 3-5 words before needing to take another breath • Lips or nail beds blue or grey • You have ANY doubts about the child's condition
WHAT TO DO	
<p>1 Administer the reliever inhaler immediately</p> <ul style="list-style-type: none"> • (the inhaler is usually blue in colour and opens the narrowed airway passages quickly) <p>2 Stay calm! Remain with and reassure the child</p> <ul style="list-style-type: none"> • Asthma episodes are frightening...listen to what the child is saying <p>3 Tell the child to breathe slowly</p> <ul style="list-style-type: none"> • Usually it is easier to sit up and lean slightly forward. • Lying on their back is not recommended! • <u>Do not</u> have child breathe into a paper bag. <p>4 Reliever inhaler should help within 5-10 minutes...if not: FOLLOW THE EMERGENCY INSTRUCTIONS FOR SEVERE EPISODES</p>	<p>1 This is an emergency</p> <p style="text-align: center;">CALL 911</p> <p>2 Give reliever inhaler immediately.</p> <p>3 Notify Parent / Guardian.</p> <p>4 Continue to give the reliever inhaler every few minutes until help arrives.</p> <p>5 A student should always be taken to the hospital in an ambulance. School Staff should not take the student in their car as the student's condition may deteriorate quickly.</p> <p><i>Information adapted from The Lung Association's Poster "My Child is Having an Asthma Episode: What are the Signs?"</i></p>
AFTER THE EPISODE	
<ul style="list-style-type: none"> • Notify parent/guardian about the episode. • Minor asthma episodes should not interrupt a child's movement in school. As soon as the child feels better, s/he can return to normal activities. • If the child requires the inhaler again in less than four hours or if you have any concerns about the child's condition, medical attention should be sought. 	<ul style="list-style-type: none"> • Record medication taken as per school board policy. • Record activities to assist student.

Draft

Student Support Plan - School

Grade
Gender
DOB

Home Telephone

Agency Involvement:

Other Relevant Information (e.g. signs, precursors, etc.)

Immediate Actions:

Time Line

STUDENT SUPPORT PLAN – SCHOOL PAGE 2 OF 2



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

SUMMARY OF INTERVENTION


Action To Be Taken	Taken By	Time Line

The following signatures indicate the support of all, ensuring that the contents of this plan are followed through

Date:	Date:
Principal's Signature	Parent/Guardian Signature

APPENDIX D

STUDENT SUPPORT PLAN FOR SCHOOL – ASTHMA EXAMPLE Page 1 of 2

		Grand Erie District School Board 349 Erie Avenue, Brantford, Ontario N3T 5V3	
Student Support Plan - School			
Name	Last Name, First Name	OEN	111222333
School	School Name	Board Id #	178482329
Principal	Principal Name	Family	Spec Ed Family
		Grade	G
		Gender	M/F
		DOB	dd-mmm-yyyy

Student Information		Parent/Guardian Information	
Address	Street Address City	Name & Address	Parent/Guardian Name Street Address City, Postal Code
Home Telephone	5195555555	Home Telephone	(519) 555-5555

Date Of Development 12-Nov-2015

Other Support Staff:	Agency Involvement:
-----------------------------	----------------------------

Primary Medical Concern:

Asthma

Triggers:

Colds/viruses, weather conditions, strong smells, animals, allergies

Other Relevant Information (e.g. signs, precursors, etc.)

continuous coughing, complaints of chest tightness, difficulty breathing, wheezing, restlessness, irritability, tiredness, unable to catch breath, difficulty speaking a few words, lips or nail-bed blue or grey, breathing is difficult and fast.

Reliever is used to: relieve symptoms, prevent exercise induced asthma (given 10-15 minutes prior to activity)

Location of reliever inhaler: student carries own inhaler, stored in classroom (specify location:)

Can student self-administer: Yes - No, needs assistance

Immediate Communication:

Assigned teacher communicates with main office, to the attention of the Principal or Principal's designate that student is having asthma attack.

Immediate Actions:

1. Staff present at the onset of asthma attack will initiate the asthma protocol.
2. Medication: Reliever/Rescue Inhaler - use reliever (name of medication) in the dose of (# puffs/doses)

Insert Student Picture

SUMMARY OF INTERVENTION		
Action To Be Taken	Taken By	Time Line
Remain Calm	All Staff, All Students	

STUDENT SUPPORT PLAN FOR SCHOOL – ASTHMA EXAMPLE Page 2 of 2




Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Communication with Principal or Principal's Designate	Assigned Teacher	Immediately
Principal or Principal's Designate attends the classroom to assess and coordinate supports required	Principal or Principal's Designate	Immediately
Available Staff called to support Student during Asthma Attack	Principal or Principal's Designate	Immediately
Administer the reliever inhaler	Staff responding	Immediately
Tell the student to breathe slowly & deeply	Staff responding	Throughout
Notify parent/guardian of episode	Assigned Teacher/Principal or Principal's Designate	As soon as possible
Student can resume normal activities once feeling better. If the student requires reliever inhaler in less than 4 hours, medical attention should be sought	Staff responding	
If there is no improvement in 5 to 10 minutes treat as an emergency and call 911	Staff responding	Immediately
Administer reliever inhaler again and continue to administer every few minutes until help arrives	Staff responding	Immediately
One staff member will travel with Student in the AMBULANCE	Staff member who has been with him/her since the outset of the attack	When ambulance arrives

The following signatures indicate the support of all, ensuring that the contents of this plan are followed through

Date:	Date:
Principal's Signature	Parent/Guardian Signature

STUDENT SUPPORT PLAN FOR TRANSPORTATION – ASTHMA EXAMPLE



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Student Support Plan - Transportation

Name	Last Name, First Name	OEN	111222333	Board Id #	1111222333	Grade	G
School	School Name	Family	Spec Ed TC Name			Gender	F/M
Principal	Principal Name					DOB	dd-mmm-yyyy

Student Information		Parent/Guardian Information	
Address	Street Address City	Name & Address	Parent/Guardian Name Street Address City, Postal Code (519) 555-5555
Home Telephone	5195555555	Home Telephone	

Date Of Development 11-Feb-2016

Other Support Staff:	Agency Involvement:
----------------------	---------------------

Primary Medical Concern:
All information entered in this field on the Student Support Plan School will appear here on the Student Support Plan Transportation.

Triggers:
All information entered in this field on the Student Support Plan School will appear here on the Student Support Plan Transportation.

Other Relevant Information (e.g. signs, precursors, etc.)
Enter all other relevant information.

Immediate Communication:
Bus Driver contacts the Bus Line dispatch immediately to indicate the location of the incident and to request that emergency services be dispatched immediately.

Immediate Actions:
In the event of a problem during his/her travel on a school bus the bus driver will stop the vehicle and ensure that it is completely immobilized. Driver will assess the situation. Bus Driver will be attentive to student while awaiting the emergency services.

SUMMARY OF INTERVENTION

Action To Be Taken	Taken By	Time Line
The student's parent or guardian must have completed and signed SO102 - Request for School Assistance in Health Care, which must be signed by a doctor and given to the school.	Parent	
Bus Driver, Dispatcher and School Principal will follow STSBHN Emergency Procedure guidelines.	Bus Driver, Bus Operator, School Principal	Immediately

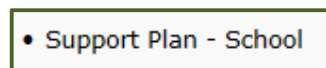
The following signatures indicate the support of all, ensuring that the contents of this plan are followed through

Date:	Date:
Principal's Signature	Parent/Guardian Signature

LITE – STUDENT SUPPORT and TRANSPORTATION PLANS

Page 1 of 4

1. Select *SSTP* (Student Support & Transportation Plans) from the tabs across the top of the screen. From the *SSTP* tab menu select Support Plan – School.



2. Select your *School*; enter the first couple of letters of the student's last name and then select *Find*. Choose the student from the drop down list.

School	*** Select School ***	Id #		Last Name		Student List	Find
--------	-----------------------	------	--	-----------	--	--------------	------

3. In the Plan Dates field select Create New Plan. A *Calendar* box adjacent to Date of Development will be accessible. Once a date is selected the *Create* button is accessible. That date will now appear in your Plan Dates box.



Calendar Box

A new Support Plan should be created yearly, an existing plan can be modified during the school year by selecting the date of the plan.

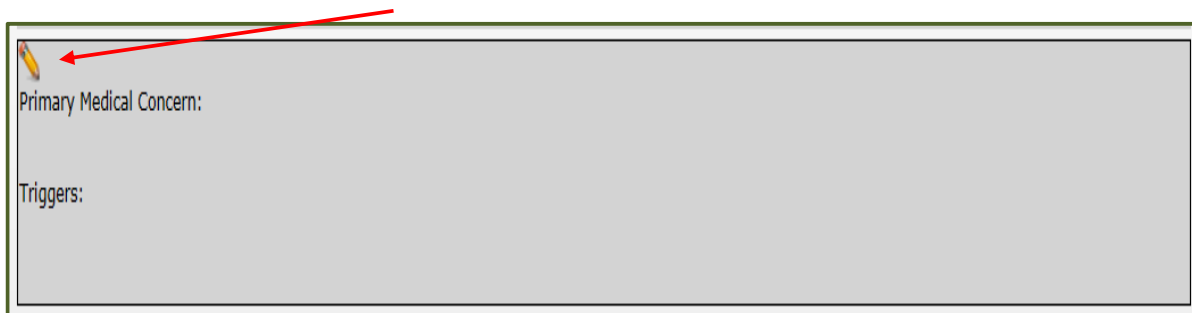
Student Support Plan - School			
Name	OEN	Board Id #	Grade
School	Family		Gender
Principal			DOB
Student Information		Parent/Guardian Information	
Address		Name& Address	
Home Telephone		Home Telephone	
Plan Dates		Date Of Development	Create
28-Jan-2016			

4. Enter the support staff that is available for the student and enter any agencies that are involved with the student, if applicable.

Other Support Staff:	Agency Involvement:

LITE – Student Support Plans –School/Transportation Page 2 of 4

5. To record information in the *Primary Medical Concern* and *Triggers* field select the Pencil icon. All information entered in this field will also appear on the Student Support Plan – Transportation if transportation plan is also required. This eliminates the need to re-enter the same information on both forms. If during the school year the information entered in Primary Medical Concern and Triggers needs to be updated, entering the data on either the School or Transportation Support Plan automatically updates the other plan with the entered information.



Primary Medical Concern:

Triggers:

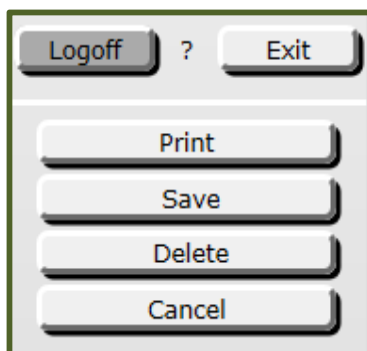
6. Record Other Relevant Information (e.g. signs, precursors, etc.), Immediate Communication and Immediate Actions.

Other Relevant Information (e.g. signs, precursors, etc.)	Insert Student Picture
Immediate Communication:	
Immediate Actions:	

7. Enter a summary of the actions that need to be taken, in sequence, during an episode. If additional lines to your SUMMARY OF INTERVENTION are required select the save button, and a new line will be inserted.

SUMMARY OF INTERVENTION		
Action To Be Taken	Taken By	Time Line

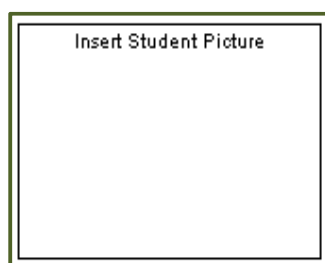
8. Select Save from the left navigation bar.



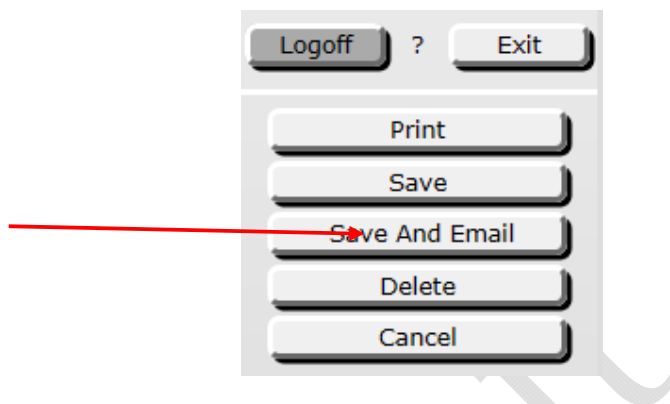
9. Print a copy of this form and have the parent/guardian sign.

The following signatures indicate the support of all, ensuring that the contents of this plan are followed through	
Date:	Date:
Principal's Signature	Parent/Guardian Signature

10. Once saved (as a PDF), an area is provided for insertion of the student's picture if required.



11. Access and generation of the Student Support Plan – Transportation is the same as above with the exception that there is a Save and Email button. Select Save if the form is only partially completed; once completed select Save and Email. A copy of this form is automatically sent to the Transportation Department so that they may inform the Transportation Provider.



12. The Student Support Plans (Transportation and School) follow the student if they change schools and is therefore accessible to their new school within our Board.

CONSENT – SO 102 REQUEST FOR SCHOOL ASSISTANCE IN HEALTH CARE

Please refer to Procedure SO102 – Request for School Assistance in Health Care which shall be implemented to document physician directives and parental consent in regards to administration of prescribed medications.

<http://bit.ly/2bEmUMz>

File completed SO102 in the “CONSENT FORMS” (dark green) file in the Ontario Student Record (OSR).

Draft

9-1-1 Asthma Script Protocol
TO BE POSTED BY TELEPHONE

1. This is _____School.
Address is:_____
Nearest Major Intersection is:_____
Telephone Number is:_____
2. We have a student who is having an asthma emergency. We have administered a Reliever Inhaler. There has been no improvement in their breathing. We need an ambulance IMMEDIATELY.
3. The closest entrance for the ambulance is on:
_____Ave. / Road / Street.
4. A staff member will be outside the school entrance to provide direction.
5. Do you need any more information?
6. How long will it take you to get here?
7. Call parent / guardian / emergency contact.

APPENDIX I**IMPORTANT MEDICAL INFORMATION REQUIRED FOR ALL STUDENTS:**

For the safety of your child, it is imperative that we are aware of all students in the building that have serious medical conditions. We need to be able to let each teacher know if any of their students have conditions that could be life-threatening.

Please complete the following form so that we can ensure that our records are up to date.

Name of Student: _____

MEDICAL CONDITION	<i>This student HAS experienced an attack/reaction in the past</i>	<i>This student carries medication for this condition</i>	<i>Notes/Other: (type of medication, where stored)</i>
Anaphylaxis (Sabrina's Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Asthma (Ryan's Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Heart Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Concussion	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Other:			

Any other medical notes should be included on the registration form (i.e. non-anaphylactic allergies) in the appropriate section. Please keep us informed of any changes in your child's critical medical conditions by contacting the school at (_____).

Signature of Parent/Guardian or Student 18+ years _____

_____ Date

School Letterhead

**Sample Letter to School Parents/Guardians
From The Principal**

Date:

Dear Parents:-

As you may be aware, *Ryan's Law, 2015*, was recently passed by the Ontario Legislature. This piece of legislation is an important step to support the well being of students with asthma in Ontario schools.

Over the course of the next school year, Grand Erie District School Board will be working to implement the requirements of this legislation.

In the meantime, if your child has asthma, we ask that you immediately contact the main office at your school to provide information about your child's asthma medication. With your permission, your child will be allowed to carry their asthma medication.

By the next school year, a more formal process to identify students with asthma and their asthma medication will be put into place to better support the needs of your child.

The Ministry of Education website has resources on asthma that can be found at:
<http://www.edu.gov.on.ca/eng/healthyschools/anaphylaxis.html>

As a best practice and to support your child, please let the school know if your child has a medical condition so that the school is aware and can keep this information on file. If you have any questions, please do not hesitate to contact me directly.

Sincerely,

_____, School Principal.

STEPS TO IDENTIFYING AN ASTHMATIC STUDENT IN THE STUDENT INFORMATION SYSTEM

Setting the Critical Medical Alert Symbol in Power School

1. Start Page Select Student
2. Registration Form OR Emergency Contact/Medical
3. Check "Critical Medical Condition"
4. Check "Asthma Alert"
5. Enter student's medical / health information in the "Critical Medical Notes" field
(Note: information **must** be in this field to generate the alert symbol).
6. Click Submit
7. Alert symbol will appear next to student's name.

Other medical notes are for non-life-threatening conditions and will not generate the Critical Medical Alert.

For more information, refer to the Power School OnSIS Instruction Manual:

<http://geportal.granderie.ca/linksandresources/powerschoolmanual/Pages/default.aspx>



Health Management Plan

Diabetes

February 2016-September 2016

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1.0 Health Management Plan - Diabetes

The *Health Management Plan for Diabetes* is a guideline to be used by school and community personnel to support and ensure the safety of children with diabetes in our schools.

1.1 Purpose

To provide school personnel in the Grand Erie District School Board with information and guidelines regarding the requirements of care for students with diabetes;

To provide information about the management of risks associated with diabetes for all involved parties.

~~To develop an information and resource manual for school personnel about the management of diabetes in school children.~~

1.2 Diabetes Mellitus – What is it?

Diabetes mellitus is a disease resulting from a lack of insulin action. Insulin is a hormone produced by the pancreas. Without insulin, carbohydrates (starch and sugars) in the food we eat cannot be converted into stored energy (called blood glucose or “blood sugar”¹) required to sustain life. Instead, unused glucose accumulates in the blood and spills out into the urine.

The majority of people with diabetes develop the problem in adulthood. They can still produce some insulin and may be able to control their diabetes by diet alone or with oral medication.

Children and adolescents with diabetes are different; they are unable to make any insulin and must take insulin injections each day.

At this time, no one knows why children and adolescents develop diabetes. It is known, however, that this disease is not the result of poor eating habits nor is it infectious.

¹The terms ‘blood glucose’ and ‘blood sugar’ are interchangeable

1.3 Philosophy of Diabetes Management

The ultimate goal of diabetes management within the school setting is to have the child be independent with their care the child feel safe and supported with their diabetes care and to be encouraged towards independence in age-appropriate steps. This independence includes the specific management of diet, activity, medication (insulin) and blood sugar testing, as required. Independence of care also includes the development of self-advocacy skills and a circle of support among persons who understand the disease and can provide assistance as needed.

Children are diagnosed with diabetes at various stages of their lives. Some will be very young, and others older and more mature, some will have special needs. The goal for all of these children is to become as independent as possible, as soon as possible in managing their diabetes. **Safety of children must also be a consideration as insulin is a dangerous medication if missed or too much is injected.** The school role is to provide support as the child moves from dependence to independence and to create a supportive environment in which this transition can occur. Nevertheless, the ultimate responsibility for diabetes management rests with the family and the child.

It is important that the school develop emergency procedures for teachers who have a child with diabetes in their class. Sample forms are contained as appendices in this document.

1.4 General Information

“Managing diabetes is a full time job for the family and student with diabetes. Teachers and school personnel are in a very special position, and their understanding of the unique needs of the student with diabetes is important.”

Jim Whitson, Chair – Ontario Division, Education Task Force, Canadian Diabetes Association

School-aged children with Type 1 diabetes spend 30 to 35 hours a week in the school setting. This represents more than half of their waking weekday hours. School personnel can support a student with diabetes by learning about the disease and by having frequent, open communication with parents and the child. This will help to reduce apprehension and anxiety in the child and parent, provide a positive attitude toward the child's participation in school activities and contribute to the student's well-being.

1.5 Cognitive Effects of High or Low Blood Glucose (Sugar) Levels

Hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar) may affect mood and behaviour and a student's ability to learn and to participate in school activities as well as lead to emergency situations, if left untreated.

When the blood glucose is in proper balance, the teacher's expectations of students should be the same as if he or she did not have diabetes.

1.6 Legal Considerations

The focus of this document is preventative in nature. In partnership with parents/guardians, the student and school staff, this Diabetes Management Plan outlines roles, responsibilities and the legal context within which specific action(s) shall be taken to protect the health and welfare of students with diabetes in our schools. ~~The legal context for action is formed by a variety of legal principles, precedents, and interpretations drawn from several areas of law.~~

Duty of care is a legal principle that:

- identifies the obligation of individuals and organizations to take reasonable measures to care for and to protect those for whom they are responsible; and
- identifies an appropriate level or standard of care.
- The concept of duty of care is absolutely fundamental to caring for children in schools (e.g., provision of First Aid). If clients (students, employees) are vulnerable, cannot protect, defend or assert themselves, either permanently or temporarily (as can occur in an accident, first aid situation, and diabetic coma), the duty becomes more intense and the standard, higher. Failure to take reasonable precautions could result in liability if a student suffers severe hypoglycemia while under a teacher's care and supervision.

In common law, the level of care teachers must provide students is based upon what is deemed the special relationship that exists between teachers and students. This relationship is akin to the relationship between parents and their children.

~~Case law precedent has already determined that teachers have a duty to administer oral medication in non-emergency situations or make alternative arrangements where there is an expectation by parents that the medication will be administered~~

1.7 Emergency VS Non-Emergency Situations - Directions to School Personnel

It is important to distinguish between non-emergency and emergency situations.

Non-Emergency Situations

In non-emergency situations, including routine care, students with diabetes, or their parents, or the nurse will administer the insulin injections.

Emergency Situations (life threatening)

In emergency, life-threatening situations, where a student suffering from low blood sugar is unresponsive or unconscious and is unable to self-administer the appropriate treatment, the response of school staff shall be a 911 call for Emergency Medical Services.

The use of glycogen injections (Glucagon) in these situations **will not** be administered by school staff.

1.8 Information Required for Emergency Personnel:

- student's name
- date of birth
- ~~OHIP number~~
- emergency contact information
 - medical history – available on the OSR card and the Emergency Treatment Form in completed SO102 – Request for School Assistance in Health Care (<http://bit.ly/2bEmUMz>)
- observations about what the student was doing prior to the event
- medications, and any treatment prior to EMS arrival.

2.0 Definitions: Three Main Types of Diabetes

2.1 Type 1 Diabetes

Usually affects children and adolescents and is the focus of this document. In Type 1 Diabetes, the pancreas is unable to produce insulin and injections of insulin are essential.

Every child diagnosed with Type 1 Diabetes must have an up-to-date personalized Hypoglycemia Emergency Treatment form. Appendix B-2 Student Support Plan for School – Diabetes (Appendix C)

2.2 Type 2 Diabetes

Comprises 90% of diabetes in Canada. It usually develops in adulthood, although recently increasing numbers of children in high-risk populations are being diagnosed. In Type 2 diabetes the pancreas may produce some insulin, but the body is unable to use the insulin that is produced effectively. Type 2 diabetes may be controlled with diet and exercise or with oral medication. Eventually, people with Type 2 diabetes may need insulin. Children with Type 2 diabetes often need insulin.

2.3 Gestational Diabetes

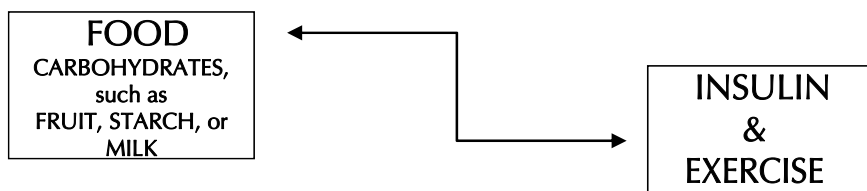
Gestational diabetes occurs only during pregnancy.

2.3-4 Type 1 Diabetes – The Balancing Act

The treatment of diabetes is a balancing act.

Food on the one side increases the amount of glucose in the blood. Exercise and insulin on the other side lower the blood glucose level by allowing the glucose to be used for energy.

Raises the Blood Sugar



Lowers the Blood Sugar

The goal of the balancing act is to keep the blood glucose levels in a healthy range.

The doctor determines the target range for each individual child. The parents should inform the school staff of the child's optimal levels if the child is not independent with diabetes management. Most students will be aware of their blood sugar targets.

When in doubt, treat!

3.0 Issues of Concern

3.1 Adjustment Period after Diagnosis

When a child has recently been diagnosed with diabetes, the parents often feel shocked and scared. Diabetes is a serious disease with significant complications. Diabetes can be a serious health condition and the first year after diagnosis may be difficult while the family and student adjusts to life with diabetes.

School personnel can help by:

- Learning as much as possible about diabetes at <http://www.diabetes.ca>
- Communicating openly with parents
- Providing special considerations as suggested in the Canadian Diabetes Association publications, "Kids with Diabetes in School" and "Kids with Diabetes in Your Care"
- Helping other students in the class understand diabetes. This information may be provided by the parent, the Canadian Diabetes Association, or the student himself or herself.
- Contacting the Diabetes Education Centre, with parent permission, at 519-751-5544, ext 4267

3.2 Independence Versus Protection

Parents and school personnel need to protect the child's health while encouraging him or her to develop independent diabetes management skills.

Even very young children can share the work of managing diabetes. How much a student can do depends on his or her age, how long he or she has had diabetes and any disabilities or special needs.

3.3 Hypoglycemia (Low Blood Glucose) – an Emergency

Hypoglycemia is an emergency situation caused by LOW blood sugar. The situation can develop within minutes of the child appearing healthy and normal.

~~When tested on the blood sugar meter, glucose will be lower than 4.0 mmol/L~~

Causes	Symptoms	Immediate Treatment
Caused by one or more of the following: <ul style="list-style-type: none">• insufficient food due to delayed or missed meal• more exercise or activity than usual without a corresponding increase in food; and/or• too much insulin	<ul style="list-style-type: none">• cold, clammy or sweaty skin• pallor (paleness)• shakiness, tremor, lack of coordination (eg. deterioration in writing or printing skills)• irritability, hostility, poor behaviour, tearfulness• a staggering gait• confusion• loss of consciousness and possible seizure if not treated early <p>The child may also complain of:</p> <ul style="list-style-type: none">• nervousness• excessive hunger• headache• blurred vision and dizziness• abdominal pain and nausea	<p>It is imperative at the first sign of hypoglycemia you give sugar immediately.</p> <p>If the parents have not provided you with more specific instructions which can be readily complied with, give:</p> <ul style="list-style-type: none">• 6 oz./175 ml of fruit juice OR regular pop; or• 2-3 teaspoons/10 ml or 3-4 packets of sugar; or• 4 Dex 4 glucose tablets; or• 2-3 teaspoons/10 ml honey

NOTE - If the child's level of consciousness is impaired enough that he or she is not able to eat or drink, call 911 immediately.

Retest blood sugar in 15 minutes and if still below 4.0 mmol/L, repeat the treatment. When the child's condition improves, he or she should be given solid food. This will usually be in the form of the child's next regular meal or snack.

Until the child is fully recovered he or she should not be left unsupervised. Once the recovery is complete the child can resume regular class work. If, child does not feel well enough to return to class, contact parents.

Parents should be notified of all incidents of hypoglycemia. Repeated low blood glucose levels are undesirable and unnecessary and should be drawn to the parent's attention so that they can make adjustments in insulin doses or food provided and discuss the problem with their doctor.

If unsure whether the child is hypoglycemic, **always give sugar!** A temporary excess of sugar will not harm the child but hypoglycemia is potentially serious.

NOTE: DO NOT give food or drink if the child is unconscious.

Roll the child on his/her side and seek medical assistance immediately.

Kids With Diabetes In Your Care – Canadian Diabetes Association

- a) **Mild to moderate hypoglycemia** is common in the school setting. School personnel need to know the causes, symptoms and treatment of hypoglycemia. Symptoms of mild to moderate hypoglycemia can be misinterpreted by school personnel. The nature of the emergency is often misunderstood, placing a student at serious risk.
- b) **Severe Hypoglycemia** will occur in 3-8/100 students with diabetes per year and occur most commonly at night. Severe hypoglycemia is rare in the school setting. However, given the current treatments for diabetes, hypoglycemia may occur during daytime hours.

In severe hypoglycemia, the student may be unconscious or conscious. There may be seizures. If the student is unconscious, having a seizure or unable to swallow, **DO NOT** give food or drink.

- Roll the student on his/her side
- Call 911 or emergency medical services
- Inform parents or guardians

3.4 Glucagon (Glycogen)

Glycogen is an emergency drug that is used to treat hypoglycemia. It should only be used under the direction of a physician. Glycogen is a naturally occurring substance produced by the pancreas and it enables a person to produce his or her own blood glucose to correct a hypoglycemic state.

School staff should be educated about the potential for hypoglycemia in a student with diabetes; however, **school staff will not be giving glycogen injections**. In an emergency situation, where a student is severely hypoglycemic, a glycogen injection may be done by trained EMS paramedics. It is important to note that hypoglycemia presenting in a school setting would not normally be an immediate life-threatening condition – that is, ambulances with advanced care paramedics can respond immediately. Paramedics will make the proper assessment and provide treatment, as required. For specific guidelines for sports, field trips and other co-instructional activities, please see Section 5.2.

3.5 Hyperglycemia – High Blood Glucose

Hyperglycemia is not an emergency condition requiring immediate treatment. However, prevention of hyperglycemia is key to delaying or avoiding serious complications. The parents and the child's physician need to be aware of persistent hyperglycemia.

Children with diabetes sometimes experience high blood glucose. The earliest and most obvious symptoms of high blood glucose are increased thirst and urination. If noticed, these should be communicated to the parents to assist them in the long-term treatment. They are not emergencies that require immediate treatment.

Causes

High blood glucose often develop as a result of one or more of the following:

- too much food;
- less than the usual amount of activity;
- not enough insulin; and/or
- illness.
- Many times, however, there does not seem to be an obvious explanation.

Kids With Diabetes In Your Care – Canadian Diabetes Association

In the classroom, the behaviour of students with hyperglycemia may be taken for misbehavior (i.e. frequent requests to go to the bathroom or requests for frequent drinks).

3.6 Interference with School Activities

When blood sugar levels are outside the target range (i.e. hypoglycemia or hyperglycemia) the student's learning, behaviour and participation may be affected.

Hyperglycemia and hypoglycemia may also affect the students' behaviour. However, having diabetes is not an excuse for inappropriate behaviour.

3.7 Sick Days

Children with diabetes are no more susceptible to infection or to illness than their classmates. They do not need to be in a special "health class" at school. Their attendance record should be normal.

When children with diabetes become ill with the usual fevers and other childhood sicknesses the blood glucose balance is likely to be upset. Careful monitoring with blood glucose and urine testing, a fluid diet and extra insulin may be required. Such illness management is the responsibility of the parents.

When children with diabetes become ill at school, the parents should be notified immediately so that they can take appropriate action.

Vomiting and inability to retain food and fluids are serious situations since food is required to balance the insulin.

If the child vomits, contact the parents immediately.

If unable to reach the parents, contact 911.

Kids With Diabetes In Your Care – Canadian Diabetes Association

4.0 Blood Glucose Self-Monitoring: Testing Blood Sugar

4.1 Why do It?

Monitoring of Blood Glucose is a tool one uses for achieving the target blood sugar levels.

Blood sugar levels will change with eating, physical activity, stress, or illness. Sometimes the blood sugar fluctuates for no apparent reason.

Knowing blood sugar levels will:

- Help the student understand the balance of food, insulin and exercise
- Help the parents and doctor adjust insulin and food
- Help avoid the consequences of hypoglycemia and hyperglycemia.
- Monitoring will give early warning without waiting for the onset of symptoms.
- This is safe to do in classroom as it is part of the child's daily tasks, however some children prefer privacy. Family and school should work together to decide the best plan. A child with low sugar should not have to move from their desk to test their blood sugar and receive treatment.

4.2 Equipment for Blood Glucose Monitoring

- A small meter, which runs on batteries (There are various meters on the market)
- Test strips
- Lancet device
- Lancets
- Log book

4.3 Procedure for Blood Glucose Monitoring

- 1 The student washes hands with warm water and soap and dries hands well
- 2 Inserts a lancet in the lancet device. Lancet may be used several times.
- 3 Places a test strip in the meter
- 4 Pokes the side of the fingertip and obtains a drop of blood
- 5 Places the blood on the area indicated on the test strip
- 6 Waits for 5 to 45 seconds, depending upon the meter
- 7 Notes the reading and records in log book or automatically recorded in meter

Timing varies with the individual and is done according to the advice of the child's physician and parents. Usually the blood glucose is tested before meals, before bed and before/during/after exercise or if noticing symptoms of low sugar

4.4 Ketone Monitoring

This monitoring is not usually done daily as with blood glucose testing. However, in rare cases, some students with diabetes monitor their ketone levels according to guidelines prescribed by their healthcare professional. Teachers and other school personnel have no responsibilities in the actual procedure.

However, it is important for the staff member:

- a) To understand and accommodate the student who needs to monitor ketones.
- b) To call the parents immediately if any student with diabetes becomes ill, especially with vomiting (see 4.5, #5 below)

4.5 What Staff Members Should Know About Ketones:

1. Hyperglycemia (see High Blood Glucose) may result in ketones in the blood and urine if insulin is missed, forgotten, if the insulin pump malfunctions or too low a dose has been given. An illness often causes a need for higher doses of insulin than usual.
2. In hyperglycemia, glucose stays in the blood and the body cannot use it for fuel. The body then breaks down fat for fuel. This process produces ketones as a by-product. If ketone levels continue to rise the child's blood becomes acidic.
3. Rising ketone levels can spiral into the potentially dangerous condition known as Diabetic ketoacidosis (DKA).
4. Left untreated DKA can kill.
5. DKA usually develops over several days, but frequent vomiting can cause the ketones to build up in just a few hours. DKA can develop within a day in adolescents who have not taken insulin for that day.
6. The flu and stomach viruses are common contributors to DKA.
7. Students on insulin pumps develop DKA more quickly than if they were using injected insulin because they have no long-acting insulin to tide them over.
8. High blood glucose plus ketones may mean that the student needs more insulin than their usual regimen calls for.
9. Each student should have individualized guidelines explaining how to handle sick days and what to do if ketones are on the rise.

Example: Effects of Insulin Pump Breakdown

Sam uses an insulin pump. His infusion set that attaches him to the pump came unstuck and he did notice this. He had been without insulin for a few hours. When he checked his blood sugar at lunch his sugar was very high and he did not feel like eating his lunch. When he called his parent they asked him to check for ketones. He had moderate ketones so they had him give an injection of insulin and then put on a new infusion set.

5.0 Insulin Injections

Recent advances in medical devices allow people with diabetes to choose the way they administer their insulin:

- Conventional syringe and vial method
- Insulin pen
- Insulin pump

Most insulin injections are administered outside school hours – before breakfast and supper and at bedtime. However, the insulin regimen varies with the individual and ~~some~~ most students do require an insulin injection before lunch. Students using an insulin pump would give insulin each time they eat carbohydrate foods.

5.1 Student Responsibility for Diabetes Management

If a student is not taking responsibility for his or her diabetes care it may be due to other factors, such as language, cognitive ability, maturity level, behavioral issues and psychosocial barriers. This calls for communication between parents, teachers and possibly other professionals. Community Care Access Centre (CCAC) will arrange nursing support at school for teaching younger kids to test and do their insulin. (See Appendix K)

5.2 Sports and Co-Instructional Activities

Children with diabetes should be encouraged to participate in as many activities as they choose. They should not be excluded from school field trips. School sports and other co-instructional activities can promote self-esteem and a sense of well-being.

For children who wish to participate in vigorous physical activity, good planning is essential so that the blood glucose balance is maintained. The major risk of unplanned vigorous activity is low blood glucose. This can be prevented by eating additional food or a recommended insulin adjustment.

Parents should be notified of special days that involve extra activity so that they can ensure that the child has extra food to compensate.

It is advisable that both the parent and the child with diabetes carry some form of fast-acting sugar such as glucose tablets or juice boxes on outings or sports events.

It is critical for the child's teachers, especially Physical Education teachers and coaches and any other staff members working directly with the child, to be familiar with the symptoms, treatment and prevention of hypoglycemia.

RESPONSIBILITY CHECKLISTS

Ensuring the safety of diabetic children 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, students and school personnel must all understand and fulfill their responsibilities.

1 Responsibilities of the PARENTS/GUARDIANS of a Diabetic Child

- Inform the school of their child's diabetes and complete SO102 Request for School Assistance in Health Care.
- Provide a MedicAlert™ bracelet or necklace for their child.
- Meet with the school administration, appropriate school staff, and Pediatric Diabetes Educator or CCAC health professional to develop their child's Student Support Plan for School – Diabetes, and Student Support Plan for Transportation – Diabetes, and provide specific information related to their child's diabetic condition, including:
 - Special needs or concerns regarding the health and care of their child
 - Physician's instructions for administering medication
 - Typical signs and treatment of low blood glucose
 - Times for meals and snack times
 - When the school is to contact parents, e.g. after incidents of moderate or severe low blood glucose etc.
- Review school guidelines concerning causes, prevention, identification and treatment of hypoglycemia and include highlighted special signs or characteristics for their child.
- Inform school administration regarding changes in their child's health, lifestyle, diabetes procedures, management and emergency contact numbers on an on-going basis
- Provide and maintain a supply of fast-acting sugar, e.g. oral glucose, orange juice, etc. at the school
- Provide a safe container for blood glucose monitoring items and insulin injection items and medication labelled with your child's name for transport and storage requirements
- Provide school with an approved sharp storage container and are to dispose of it, when appropriate, at their local pharmacy.
- Provide support to school and teachers as requested
- Teach their child:
 - the importance of wearing a diabetes identification, Medic Alert, at all times
 - age appropriate understanding of the causes, identification, prevention and treatment of low blood glucose; (Younger children may not be able to recognize symptoms of low sugar usually by age 6 they become more able to do this.)
 - to recognize the first symptoms of low blood glucose, when possible.
 - to communicate clearly to adults/those in authority that he or she has diabetes and when feeling a reaction starting or a general feeling of unwellness, when possible
 - to be responsible for all treatment apparatus, including proper disposal
 - to eat only foods approved by parents
 - to take as much responsibility as possible for his or her own safety

2 Responsibilities of DIABETIC STUDENT

- Wears his/her Medic Alert™ identification at all times during the school day.
- Has age appropriate understanding of his/her diabetes.
- Recognizes symptoms of a low blood sugar reaction and can take age-appropriate action to treat the symptoms, where possible
- Takes responsibility for proper eating habits
- ~~Takes responsibility for bringing and looking after his/her blood glucose monitoring and insulin injection apparatus, including proper disposal~~ Carries meter and glucose with them at all times or has it within easy reach
- Has an age-appropriate understanding of how to administer the blood glucose monitoring system, blood testing, insulin injection, safe disposal of lancets and needles,
- Takes age-appropriate responsibility in providing self-administration of appropriate low blood glucose treatment.
- Promptly informs an adult that he/she has diabetes as soon as symptoms appear or when experiencing a general feeling of unwellness, when possible
- ~~Copes with not participating in certain activities and develops age appropriate coping strategies.~~

3. Responsibilities of the SCHOOL PRINCIPAL

- Work as closely as possible with the parents of a diabetic child.
- Meet with parent/guardian and teacher (if possible) before school starts or as soon as possible after newly diagnosed
- Ensure that parents/guardians have completed and returned all necessary forms.
 - ~~SO102 Request for School Assistance in Health Care~~
 - ~~Student Support Plan for School Diabetes (staff complete through LITE, Appendix C/D)~~
 - ~~Student Support Plan for Transportation Diabetes (staff complete through LITE, Appendix E)~~
- ~~Provide parents/guardians with the following information~~
 - ~~Protocol letter to parents.(Appendix J)~~
 - ~~Parent/Guardian Responsibility Checklist (Appendix A Section 1)~~
 - ~~Student Responsibility Checklist (Appendix A Section 2)~~
- Ensure that instruction from the child's physician is on file.
- Ensure all staff, supply teachers and volunteers have received instruction on recognizing and treating hypoglycemia.
- Ensure that the diabetic child's ~~Emergency Treatment Forms~~ Student Support Plan – Diabetes is posted in required locations (staff room, health room, classroom, office, etc.)
- Provide the Board's Transportation Department with a list of students with diabetes riding the school bus and the completed Student Support Plan for Diabetes - Transportation.
- Remind parents/guardians in September, to identify their diabetic child to the principal, if they have not done so already.
- Develop an emergency protocol for each diabetic child.
- Conduct staff meeting to identify students with diabetes and outline the Board's/school's protocol for identification, prevention and treatment of low blood glucose (hypoglycemia).
- Inform changing administration of medical information.
- Provide in-service training for school staff to prepare those involved to respond effectively

to hypoglycemia incidents and other emergency situations.

- Provide teachers with resources (human, video, print etc.) to assist their efforts in making the students in their class aware of what diabetes is.
- Provide a safe, hygienic, private space or space for students to perform self-blood-glucose monitoring and insulin injections throughout the school day. If child prefers and if blood sugar is low child should test in the classroom as it is unsafe for them to walk to another location if blood sugar is low
- Provide for suitable supervision for students (where necessary)
- Provide storage space, either in the classroom or some other safe location for the student's approved sharp (injection device) storage container.
- Students and Staff must be informed and reminded to follow 'Universal Precautions for Blood and Bodily Fluid Protocol' "HR102 – Working with Blood-Borne Infections, Precautions and Practices" where applicable.
- Awareness of ketone monitoring, if applicable for a specific student
- Provide a secure, accessible and appropriate place to store emergency food supplies (oral glucose, orange juice etc.), throughout the school (e.g. homeroom, gym, principal's office etc.)
- Provide opportunities for fast acting sources of sugar to be taken by diabetic students anywhere on school property, on buses or during school sanctioned activities.
- Ensure parents/guardians are notified when new supplies of fast acting sugar are required.
- Must endeavor to ensure that students eat all meals and snacks fully, where applicable, and on time. Be flexible with time requirements for eating – child with diabetes may need more time
- Provide for communication to parents, where requested, if child is unable to eat or when student does not finish meal.

4 Responsibilities of the CLASSROOM TEACHER of a Diabetic Child

- Meet with parent(s)/guardian(s), where possible, prior to start of school to gather information related to their child's diabetes:
 - special needs or concerns regarding the health and care of their child
 - typical signs and treatment of low blood glucose, for that child
 - protocol for meals and snack times, for that child
 - when school is to contact parents (e.g. after incidents of moderate or severe low blood glucose, when student does not finish meals/snacks etc.)
 - review school guidelines concerning: causes, prevention, identification and treatment of hypoglycemia.
- Participate in staff in-service meetings on the school's protocol for awareness, causes, prevention, identification and treatment of low blood glucose.
- Review completed SO102 Request for School Assistance in Health Care, Student Support Plan for School – Diabetes and Student Support Plan for Transportation - Diabetes with school principal
- Post the child's Student Support Plan for School – Diabetes (see Appendices C,D & E) in the classroom where parental approval is received. (Alternate place is in the supply teacher folder).
- Identify the diabetic child to all teachers, supply and on-call teachers, support staff, volunteers etc. that come into the classroom. Review the school's emergency protocol with the mentioned personnel.
- Ensure that the items for blood glucose monitoring, sharps disposal and insulin injections

are located in a secure and safe place.

- Develop open lines of communication and encourage student to inform you when he/she feels the first symptoms of low blood sugar or a general feeling of 'unwellness'. Discuss with child how he/she is to signal you that he/she is experiencing a reaction.
- Where appropriate, discuss diabetes with the class, in age appropriate terms, with student/parent permission.
- Know the emergency contact procedures in 911 Diabetes Script Protocol (Appendix H) including who is responsible for contacting parents and/or emergency services).
- Know the location of the student's emergency treatment supplies, e.g. homeroom, office, health room etc. Consider asking parent to provide a bag that travels with child with meter and sugar in case low sugar occurs in the gym or library
- Know your role for responding to hypoglycemia episodes (e.g. providing fast- acting sugar for treatment of hypoglycemia)
- Permit the student with diabetes to take action to prevent or treat low blood glucose (allow flexibility in class routine and school rules as required)
- Child with diabetes must endeavor to eat all meals and snacks fully, where applicable, and on time. Be flexible with time requirements for eating – child with diabetes may need more time.
- Inform parents/guardians, where requested, if child is unable to eat or when student does not finish meal.
- Inform parents/guardians when the supply of fast acting sugar (oral glucose, orange juice etc.) is running low.
- Prepare for the diabetic child during special events such as school trips, parties, athletic activities etc. (specifically: have emergency glucose on hand, watch for signs of hypoglycemia).
- Review emergency plans with other teachers/volunteers before field trips.

5 Responsibilities of PUBLIC HEALTH/SCHOOL NURSE

- Consult with and provide information to parents, students and school personnel
- Participate in planning school procedures
- Local Public Health Units and school nurses, where they are available, should play a role in developing and delivering in-service
- Assist in developing emergency response plans
- ~~Refer known cases of diabetes to the school principal with parental consent~~

6 Responsibilities of ALL SCHOOL STAFF

- Attend diabetes information meeting convened by the principal.
- Be able to identify students with diabetes in the school – be familiar with names and faces.
- Be familiar with the school's Type 1 Diabetes Hypoglycemia Emergency Response Plan (Appendix B)
- Know the names of the school's first aid providers and location of the first aid station.

7 Responsibilities of ALL STUDENTS

- learn to recognize symptoms of hypoglycemia
- avoid sharing food, especially with diabetic children
- refrain from "bullying" or "testing" a child with diabetes

8 Responsibilities of ALL PARENTS

- participate in parent information sessions
- encourage children to respect diabetic child and school

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APPENDIX B

TYPE 1 DIABETES – HYPOGLYCEMIA SCHOOL EMERGENCY RESPONSE PLAN

SIGNS AND SYMPTOMS of HYPOGLYCEMIA

Sweating	Trembling	Dizziness	Mood changes
Hunger	Headaches	Blurred Vision	Extreme tiredness / paleness

**LOW BLOOD SUGAR IS READING UNDER 4
WHEN IN DOUBT TREAT!!**

WHAT TO DO

1. **SELECT ONE TREATMENT** (see student's treatment chart in their blood sugar testing kit), PROVIDED BY PARENT, FROM THE FOLLOWING:

6 oz. (175 ml) of fruit juice/drink (junior juice box) OR

2-3 tsp (10-15 ml) of sugar (3-4 packets) OR

6 oz. (175 ml) of regular pop (not diet type) OR

2-3 tsp (10 – 15 ml) of honey OR

4 Dex 4 glucose tablets

OTHER _____

2. **INFORM PARENTS** that treatment has been given and child has responded/not responded

3. **WAIT 10-15 MINUTES; IF BLOOD SUGAR IS NOT**

6-10 mmol/L ages 0-6 years

4-10 mmol/L ages 6-12 years

4-7 mmol/L ages 13-18 years

REPEAT ABOVE TREATMENT

4. **DO NOT LEAVE THE STUDENT ALONE.**


If the student is unconscious, having a seizure or unable to swallow:

- ✓ DO NOT give food or drink
- ✓ Roll the student on his/her side
- ✓ Call 9-1-1

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APPENDIX C

STUDENT SUPPORT PLAN –TEMPLATE (PAGE 1 OF 2)

		Grand Erie District School Board 349 Erie Avenue, Brantford, Ontario N3T 5V3	
Student Support Plan - School			
Name	OEN	Board Id #	Grade
School	Family		Gender
Principal			DOB
Student Information		Parent/Guardian Information	
Address		Name & Address	
Home Telephone		Home Telephone	
Date Of Development			
Other Support Staff:		Agency Involvement:	
Primary Medical Concern:		<div style="border: 1px solid black; height: 150px; width: 100%; margin-bottom: 5px;">Insert Student Picture</div>	
Triggers:			
Other Relevant Information (e.g. signs, precursors, etc.)			
Immediate Communication			
Immediate Actions:			
SUMMARY OF INTERVENTION			
Action To Be Taken	Taken By	Time Line	

APPENDIX C

STUDENT SUPPORT PLAN –TEMPLATE (PAGE 2 OF 2)



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3


SUMMARY OF INTERVENTION

Action To Be Taken	Taken By	Time Line

The following signatures indicate the support of all, ensuring that the contents of this plan are followed through

Date:	Date:
Principal's Signature	Parent/Guardian Signature

STUDENT SUPPORT PLAN –FOR SCHOOL - DIABETES EXAMPLE (PAGE 1 OF 2)

		Grand Erie District School Board 349 Erie Avenue, Brantford, Ontario N3T 5V3	
Student Support Plan - School			
Name	Last Name, First Name	OEN	111222333
School	School Name	Family	Spec Ed Family
Principal	Principal Name	Board Id #	111222333
		Grade	G
		Gender	M/F
		DOB	dd-mmm-yyyy

Student Information		Parent/Guardian Information	
Address	Street Address City	Name& Address	Parent/Guardian Name Street Address City, Postal Code
Home Telephone	5195555555	Home Telephone	(519) 555-5555

Date Of Development 17-Nov-2015

Other Support Staff:	Agency Involvement:
----------------------	---------------------

Primary Medical Concern:
Diabetes

Triggers:
low/high blood sugar - diet

Other Relevant Information (e.g. signs, precursors, etc.)
sweating, trembling, dizziness, mood changes, hunger, headaches, blurred vision, extreme tiredness/paleness


Immediate Communication:
Assigned staff communicates with main office, to the attention of the Principal or Principal's designate that student is having Diabetes episode

Immediate Actions:
Do not leave the student alone, do not allow the student to use stairs, ask student to check their blood sugar - depending on blood sugar reading give fast acting sugar immediately, wait 15 minutes and repeat blood sugar check

Insert Student Picture

SUMMARY OF INTERVENTION		
Action To Be Taken	Taken By	Time Line
Remain calm	All staff, all students	
Communication with Principal/ Principal's Designate	Assigned staff	Immediately
If student is - unwell/vomiting notify parents, Call 911 (if unable to contact parents	Principal or Principal's Designate	Immediately

STUDENT SUPPORT PLAN –FOR SCHOOL
- DIABETES EXAMPLE (PAGE 2 OF 2)



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

If student is - unresponsive,
unconscious, having a seizure - roll
student on their side, call 911, do not
give food or drink

Assigned staff

Immediately

The following signatures indicate the support of all, ensuring that the contents of this plan are followed through

Date:	Date:
Principal's Signature	Parent/Guardian Signature

Diabetes
Sample Only

STUDENT SUPPORT PLAN –FOR TRANSPORTATION - DIABETES EXAMPLE (PAGE 1 OF 1)



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Student Support Plan - Transportation

Name Last Name, First Name	OEN 111222333	Board Id # 111222333	Grade G
School School Name	Family Spec Ed TC Name		Gender F/M
Principal Principal Name			DOB dd-mmm-yyyy

Student Information		Parent/Guardian Information	
Address	Street Address City	Name & Address	Parent/Guardian Name Street Address City, Postal Code
Home Telephone	5195555555	Home Telephone	(519) 555-5555

Date Of Development 11-Feb-2016

Other Support Staff:	Agency Involvement:
-----------------------------	----------------------------

Primary Medical Concern:
All information entered in this field on the Student Support Plan School will appear here on the Student Support Plan Transportation.

Triggers:
All information entered in this field on the Student Support Plan School will appear here on the Student Support Plan Transportation.

Other Relevant Information (e.g. signs, precursors, etc.)
Enter all other relevant information.

Immediate Communication:
Bus Driver contacts the Bus Line dispatch immediately to indicate the location of the incident and to request that emergency services be dispatched immediately.

Immediate Actions:
In the event of a problem during his/her travel on a school bus the bus driver will stop the vehicle and ensure that it is completely immobilized. Driver will assess the situation. Bus Driver will be attentive to student while awaiting the emergency services.

SUMMARY OF INTERVENTION

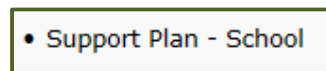
Action To Be Taken	Taken By	Time Line
The student's parent or guardian must have completed and signed SO102 - Request for School Assistance in Health Care, which must be signed by a doctor and given to the school.	Parent	
Bus Driver, Dispatcher and School Principal will follow STSBHN Emergency Procedure guidelines.	Bus Driver, Bus Operator, School Principal	Immediately

The following signatures indicate the support of all, ensuring that the contents of this plan are followed through

Date:	Date:
Principal's Signature	Parent/Guardian Signature

LITE STUDENT SUPPORT & TRANSPORTATION PLANS (1 of 4)

1. Select *SSTP* (Student Support & Transportation Plans) from the tabs across the top of the screen. From the *SSTP* tab menu select Support Plan – School.



2. Select your *School*; enter the first couple of letters of the student's last name and then select *Find*. Choose the student from the drop down list.

 A horizontal search bar with a yellow background. It contains a dropdown menu labeled "School" with the text "** Select School **", a text input field labeled "Id #", another text input field labeled "Last Name", a label "Student List", and a "Find" button on the right.

3. In the Plan Dates field select Create New Plan. A *Calendar* box adjacent to Date of Development will be accessible. Once a date is selected the *Create* button is accessible. That date will now appear in your Plan Dates box.



← Calendar Box

A new Support Plan should be created yearly, an existing plan can be modified during the school year by selecting the date of the plan.

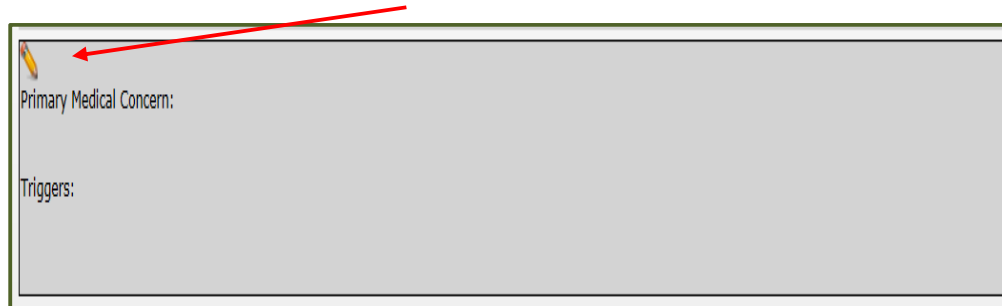
 A complex form titled "Student Support Plan - School". It has several sections: "Name" (with sub-fields for School, Principal, OEN, Family, Board Id #, Grade, Gender, and DOB), "Student Information" (with Address and Home Telephone), and "Parent/Guardian Information" (with Name & Address and Home Telephone). At the bottom, there is a "Plan Dates" dropdown menu showing "28-Jan-2016", a "Date Of Development" text field, and a "Create" button.

4. Enter the support staff that is available for the student and enter any agencies that are involved with the student, if applicab^l~

 A form section with two labels: "Other Support Staff:" and "Agency Involvement:". Below each label is a text input field with a small upward and downward arrow icon on the right side, indicating a dropdown or search function.

LITE STUDENT SUPPORT & TRANSPORTATION PLANS (2 of 4)

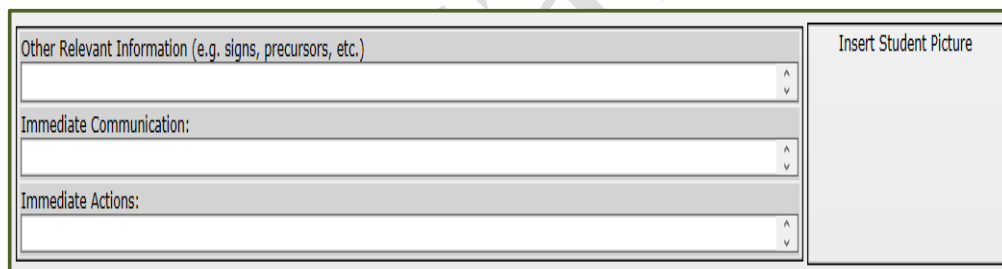
- To record information in the *Primary Medical Concern* and *Triggers* field select the Pencil icon. All information entered in this field will also appear on the Student Support Plan – Transportation if transportation plan is also required. This eliminates the need to re-enter the same information on both forms. If during the school year the information entered in Primary Medical Concern and Triggers needs to be updated, entering the data on either the School or Transportation Support Plan automatically updates the other plan with the entered information.



Primary Medical Concern:

Triggers:

- Record Other Relevant Information (e.g. signs, precursors, etc.), Immediate Communication and Immediate Actions.

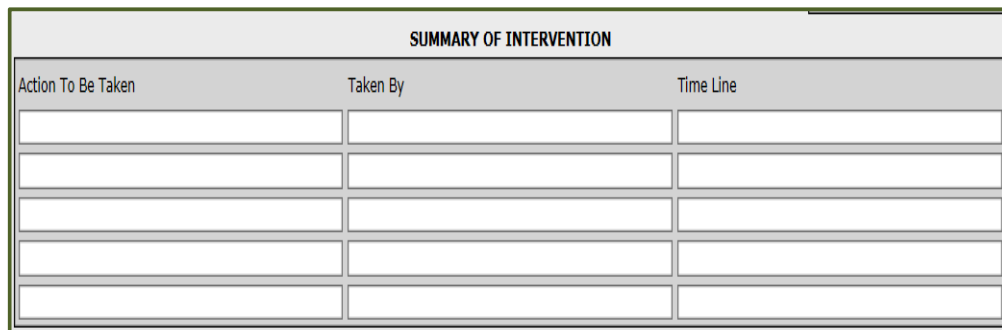


Other Relevant Information (e.g. signs, precursors, etc.)

Immediate Communication:

Immediate Actions:

Insert Student Picture

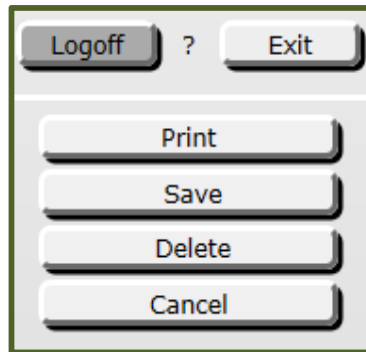


SUMMARY OF INTERVENTION		
Action To Be Taken	Taken By	Time Line

- Enter a summary of the actions that need to be taken, in sequence, during an episode. If additional lines to your SUMMARY OF INTERVENTION are required select the save button, and a new line will be inserted.

LITE STUDENT SUPPORT & TRANSPORTATION PLANS (3 of 4)

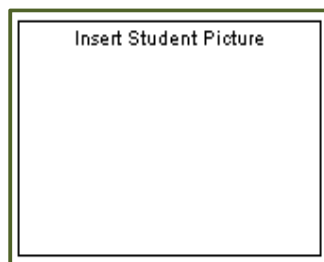
8. Select Save from the left navigation bar.



9. Print a copy of this form and have the parent/guardian sign.

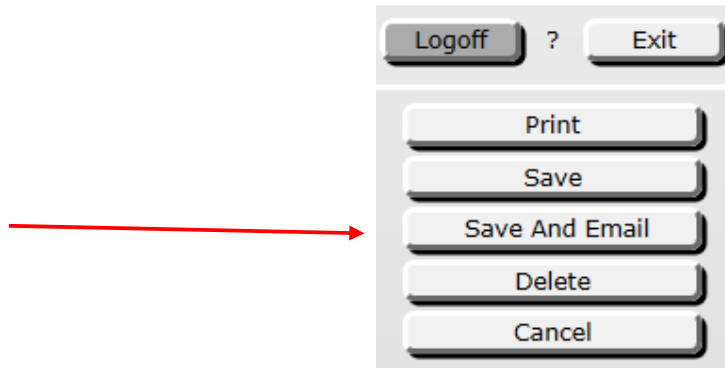
The following signatures indicate the support of all, ensuring that the contents of this plan are followed through	
Date:	Date:
Principal's Signature	Parent/Guardian Signature

10. Once saved (as a PDF), an area is provided for insertion of the student's picture if required.



LITE STUDENT SUPPORT & TRANSPORTATION PLANS (4 of 4)

11. Access and generation of the Student Support Plan – Transportation is the same as above with the exception that there is a Save and Email button. Select Save if the form is only partially completed; once completed select Save and Email. A copy of this form is automatically sent to the Transportation Department so that they may inform the Transportation Provider.



12. The Student Support Plans (Transportation and School) follow the student if they change schools and is therefore accessible to their new school within our Board.

CONSENT - SO 102 REQUEST FOR SCHOOL ASSISTANCE IN HEALTH CARE

Please refer to Procedure SO102 – Request for School Assistance in Health Care which shall be implemented to document physician directives and parental consent in regards to administration of prescribed medications.

<http://bit.ly/2bEmUMz>

File completed SO102 in the “CONSENT FORMS” (dark green) file in the Ontario Student Record (OSR).

Draft

9-1-1 Diabetes Script Protocol
TO BE POSTED BY TELEPHONE

1. This is _____ School.
Address is: _____
Nearest Major Intersection is: _____
Telephone Number is: _____
2. We have a student who is having an anaphylactic diabetic emergency. We have administered (sugar, juice, pop, etc). There has been no improvement in their condition. We need an ambulance IMMEDIATELY.
3. The closest entrance for the ambulance is on: _____ Ave. / Road / Street.
4. A staff member will be outside the school entrance to provide direction.
5. Do you need any more information?
6. How long will it take you to get here?
7. Call parent / guardian / emergency contact.

APPENDIX I

IMPORTANT MEDICAL INFORMATION REQUIRED FOR ALL STUDENTS:

For the safety of your child, it is imperative that we are aware of all students in the building that have serious medical conditions. We need to be able to let each teacher know if any of their students have conditions that could be life-threatening.

Please complete the following form so that we can ensure that our records are up to date.

Name of Student: _____

MEDICAL CONDITION	<i>This student HAS experienced an attack/reaction in the past</i>	<i>This student carries medication for this condition</i>	<i>Notes/Other: (type of medication, where stored)</i>
Anaphylaxis (Sabrina's Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Asthma (Ryan's Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Diabetes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Heart Condition	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	
Concussion	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Other:			

Any other medical notes should be included on the registration form (i.e. non-anaphylactic allergies) in the appropriate section. Please keep us informed of any changes in your child's critical medical conditions by contacting the school at (_____).

Signature of Parent/Guardian or Student 18+ years

Date

SAMPLE PROTOCOL LETTER TO PARENTS/GUARDIANS

School Letterhead

Date:

Dear Parents/Guardians:

RE: SCHOOL PROTOCOL FOR DIABETES TREATMENT

To be prepared for your child's diabetic needs and in case of low blood glucose during the school day, please refer to the attached information and forms.

Request and Consent – SO102 Request for School Assistance in Health Care

Please read through this form and complete the appropriate sections. Return the form to your child's school principal prior to your child's start of school.

Important Medical Information Required for All Students

Please complete this form and return to the school as soon as possible.

Student Support Plan for School/Transportation - Diabetes

Every child must have an up-to-date Student Support Plan for Diabetes - School and Transportation. Please work with school staff members to complete both forms.

The Student Support Plan for School – Diabetes will be placed in the teacher's day book and supply teacher book. The Form will also be posted in the staff room, health room and other appropriate locations throughout the school.

Parent/Guardian Responsibilities – Appendix A- Section 1

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

Student Responsibilities – Appendix A. – Section 2

Please review the contents with your child.

****Please call the school to arrange a meeting with myself, and a Pediatric Diabetes Educator that you currently work with and your child's classroom teacher prior to your child beginning school. Working together, we endeavor to provide the safest possible learning environment for your child.**

Sincerely

, School Principal

STEPS TO IDENTIFYING DIABETIC STUDENT IN THE STUDENT INFORMATION SYSTEM


Setting the Critical Medical Alert Symbol In Power School

1. Start Page Select Student
2. Registration Form OR Emergency Contact/Medical
3. Check "Critical Medical Condition"
4. Check "Diabetes Alert"
5. Enter student's medical / health information in the "Critical Medical Notes" field
(Note: information **must** be in this field to generate the alert symbol).
6. Click Submit
7. Alert symbol will appear next to student's name.

Other medical notes are for non-life-threatening conditions and will not generate the Critical Medical Alert.

For more information, refer to the Power School OnSIS Instruction Manual:

<http://geportal.granderie.ca/linksandresources/powerschoolmanual/Pages/default.aspx>

 <p>Connecting you with care Votre lien aux soins</p> <p>CCAC CCSC</p> <p>Community Care Access Centre Centre d'accès aux soins communautaires</p>	<h2>APPLICATION FOR SCHOOL HEALTH SUPPORT SERVICES</h2>
--	---

A. STUDENT INFORMATION (please print)

Surname:	First Name:	
Date of Birth (dd/mm/yy):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Address:	City:	Postal Code:
Health Card Number (HCN):	VC:	
Mandatory: HCN is required by HNHB CCAC in accordance with the Long-Term Care Act, 1994 to determine student's eligibility for CCAC		
Parent/Guardian: Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Relationship:	
Home Phone #: ()	Work #: ()	Cell #: ()
Parent/Guardian: Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Relationship:	
Home Phone #: ()	Work #: ()	Cell #: ()
Family Physician:	Phone: ()	
Other Medical / Professional Personnel:		
Medical Diagnosis:		
Language Spoken in Home (if other than English):		

B. SCHOOL INFORMATION

<input type="checkbox"/> Public <input type="checkbox"/> Separate <input type="checkbox"/> Private <input type="checkbox"/> Home	Specify Board:
School:	City:
Resource Teacher:	Phone: () Fax: ()

C. SERVICES REQUESTED

<input type="checkbox"/> Nursing	
<input type="checkbox"/> Occupational Therapy**	<input type="checkbox"/> Safety / Accessibility
<input type="checkbox"/> Physiotherapy**	<input type="checkbox"/> Equipment
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Re – referral
<input type="checkbox"/> Speech Therapy**	
For 'Private and Home School' only: <input type="checkbox"/> Personal support <input type="checkbox"/> Equipment	
**Mandatory – Supporting documentation must accompany referral	

D. RELEASE OF INFORMATION & CONSENT TO ASSESSMENT

I do hereby give consent to the school to release/share information including Third Party records, relevant to the care and status of my child to the Community Care Access Centre (CCAC) as deemed necessary for assessment of School Health Support Services. I consent to the following:

- HNHB CCAC will enter the referral information into its database;
- HNHB CCAC will share referral information with their contracted Service Providers;
- HNHB CCAC will exchange and share information with school / school will exchange and share information with HNHB CCAC.

Parent/Guardian or Student (16 years+): _____

Date: _____
(dd/mm/yy)

Print Name: _____

Principal/Designate Signature: _____

As a CCAC client, or as a guardian acting on behalf of a client, you have the right to refuse to provide personal information for the purposes explained above. Refusal to provide this information may impact on CCAC's ability to provide services. No information is released for any other purpose without your consent, unless required by law.

Fax to: HNHB CCAC Intake (1-866-655-6402) / (905) 639-8704, or
Mail to: HNHB CCAC Intake ♦ 440 Elizabeth Street, 4th Floor ♦ Burlington, ON, L7R 2M1



Health Management Plan Epilepsy and Seizure Disorder

September 2016 ~~February 2016~~

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Draft

1.0 Introduction

Epilepsy is also known as a seizure disorder. The terms are used interchangeably. ~~is not often talked about in public.~~ Misconceptions and fears persist that are sometimes more burdensome to persons living with seizure disorders than the seizures themselves. The fact is epilepsy is not a disease but a common neurological disorder affecting one out of every one hundred Canadians. Anyone can develop a seizure disorder at any time without a known cause. Most often diagnosed in children and in seniors, the seizure disorder affects each person differently. Many people with seizure disorders successfully control their seizures with medication. ~~and are able to enjoy healthy and fulfilling lives.~~

2.0 Rationale for a Seizure Management Protocol

The goal of this protocol is to educate school personnel about epilepsy, its causes, symptoms and treatments so that a child diagnosed with a seizure disorder can have the support needed in the school setting or on a school trip to successfully participate in their education.

3.0 Legal Context - Duty of Care

This Epilepsy and Seizure Disorder Management Protocol for school administrators, teachers and other employees has been developed to meet the requirements of:

Education Act:

- s. 265 (1) Duties of principals:
- j) care of pupils and property – to give assiduous attention to the health and comfort of the pupils,

Regulation 298:

- s. 20 Duties of teachers:
- g) ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible,

The Board's liability policy provides coverage for employees acting within the scope of their duties with the board. Thus, all school staff that administer first aid to a student who is experiencing a seizure within the school or during a school activity are covered.

This protocol recognizes the Accessibility for Ontarians with Disabilities Act, 2005 and the Ontario Human Rights Code both in spirit and intent.

4.0 Epilepsy / Seizure Disorder? – What is it?

Epilepsy or seizure disorder is a neurological disorder caused by sudden, brief changes in how the brain works, e.g. when the normal electrical balance in the brain is lost. Seizures are the physical effects of unusual burst of electrical energy in the brain and may include muscle spasms, mental confusion, loss of consciousness, uncontrolled or aimless body movement, incontinence and vomiting. Note:

- Seizures are not contagious
- Seizures are not the child's fault
- Many seizures are hidden
- Seizures are not dangerous to others
- One seizure does not lead to a seizure diagnosis
- The type of seizure depends on where in the brain the discharge begins.

5.0 Definitions – Types of Seizures

Some children have just one type of seizure but it is not unusual for more than one type of seizure to occur in the same child. There are more than 40 types of seizures but most are classified into two main types of seizures. If the electrical discharge disturbs the whole brain, the seizure is called generalized. If the seizure disturbs only part of the brain, it is called partial. This section provides general information about different types of seizures that may be present in people diagnosed with a seizure disorder.

5.1 Important Information

Status Epilepticus is a state of prolonged seizure or repeated seizures without time for recovery and may exist for any seizure type. Tonic-clonic status is a medical emergency. It can lead to severe brain damage and even loss of life. If a tonic-clonic seizure lasts longer than 5 minutes, the individual needs immediate medical care. **CALL 911!** (Appendix H – 911 Seizure Disorder Script Protocol)

5.2 Generalized Seizures – Types:

- a) **Absence Seizures**, formerly petit mal seizures, are brief periods of complete loss of awareness. The child may stare into space – completely unaware of surroundings and unable to respond. These seizures start and end abruptly, without warning. They last only a few seconds. The child may stop suddenly in mid-sentence, stare blankly, then continue talking without realizing that anything has happened. Rapid blinking, mouth or arm movement may occur.

During absence seizures, the child is not day dreaming, forgetting to pay attention or deliberately ignoring your instructions. These seizures happen many times a day, interrupting attention and concentration. Absence seizures often disappear before adolescence

- b) **Tonic-clonic Seizures**, formerly known as grand mal seizures, are general convulsions with two parts. First, in the tonic phase, the child may give a loud cry or groan. The child loses consciousness and falls as the body grows rigid. Second, in the clonic phase, the child's muscles jerk and twitch. Sometimes the whole body is involved; at other times, just the face and arms. Shallow breathing, bluish skin or lips, heavy drooling and loss of bladder or bowel control may occur. These seizures usually last 1 to 3 minutes. Afterwards, consciousness returns slowly and the child may feel groggy and want to sleep. The child will not remember the seizure.
- c) **Atypical Absence Seizures** involve pronounced jerking or automatic movements, a duration of longer than 20 seconds, incomplete loss of awareness.
- d) **Myoclonic Seizures** involves a sudden, shocking jerk of the muscles in the arms, legs, neck and trunk. This usually involves both sides of the body at the same time and the student may fall over.
- e) **Atonic Seizures** last a few seconds. The neck, arms, legs or trunk muscles suddenly lose tone or loss of tone without warning. The head drops, the arms lose their grip, the legs lose strength or the person falls to the ground. Students with atonic seizures may have to wear a helmet to protect their head from injury during a fall. Child's surroundings may need to be altered to ensure safety.

5.3 Partial Seizures –types:

- a) **Simple Partial Seizures**, formerly known as focal seizures, cause strange and unusual sensations, distorting the way things look, sound, taste or smell. Consciousness is unaffected – the child stays awake but cannot control sudden, jerky movements or one part of the body.
- b) **Complex Partial Seizures**, formerly known as psychomotor or temporal lobe seizures, alter the child's awareness of what is going on during the seizure. The child is dazed and confused and seems to be in a dream or trance. The child is unable to respond to directions. The child may repeat simple actions over and over e.g. head turning, mumbling, pulling at clothing, smacking lips, make random arm or leg movements or walk randomly. The seizure lasts only a minute or two but the child may feel confused or upset for some time and may feel tired or want to sleep after the seizure.

6.0 Myths and Common Misconceptions – Epilepsy Ontario

1. You can swallow your tongue during a seizure. It is physically impossible to swallow your tongue.
2. You should force something into the mouth of someone having a seizure. Absolutely not! That is a good way to chip teeth, puncture gums, or even break someone's jaw. The correct first aid is simple: just gently roll the person onto their side and put something soft under the head to protect from injury.
3. You should restrain someone having a seizure. Never use restraint! The seizure will run its course and you cannot stop it.

(See Appendix M – Common Misconceptions/Myths)

7.0 Causes of Seizure Disorders

Children with inherited disorders or brain injury may have epilepsy among their symptoms. Many factors can lead to seizures, but 75% of the time, the exact cause is unknown or "idiopathic". Common causes include:

- Head injury – severe head blows from falls, car or bicycle accidents.
- Brain Injury caused by tumour, stroke, trauma or infectious diseases – viral encephalitis, meningitis or even measles
- Poisoning due to substance abuse, e.g. drug or alcohol use
- Brain injury can occur in-utero, during childbirth or later in infancy/life
- Fevers leading to febrile convulsion in young children.
- In most cases, epilepsy is not inherited. Everyone inherits a "seizure threshold" – when brain cells are irritated beyond this point, a seizure will occur. People with a low seizure threshold tend to develop seizures more easily than others.

RESPONSIBILITIES CHECKLIST

1.0 Role of the PARENT/GUARDIAN OR ADULT STUDENT

The parent/guardian of the student or an adult student who has been diagnosed with seizure disorder is expected to:

- inform the school principal/designate of the child's seizure disorder at the beginning of each school year regardless of whether the child is a new student or not;
- complete a Student Support Plan for School and Transportation – Seizure Disorder
- complete SO102 Request for School Assistance in Health Care on an annual basis;
- inform the school principal/designate of any changes to the child's seizure disorder and/or medication that will affect their school routine, performance or ability to participate in school activities;
- inform a new school of their child's medical needs, if the child transfers to another school within the Board's jurisdiction;
- provide a minimum of one (1) up-to-date medication package) properly marked with child's name and expiry date;
- provide up-to-date emergency contact names and telephone numbers;
- provide current photographs of their child (if they consent to the sharing of the child's photo on safety plans);
- provide a Medic Alert™ bracelet or equivalent for their child (The form can be obtained by calling 1-800-668-1507);
- Complete and return to the school the Individual Seizure Disorder Action Plan Student Support Plan for School – Seizure Disorder (Appendix C/D) for their child. It should include the following information –
 - Triggers to the student's seizure activity
 - The signs and symptoms of the student's seizure
 - If and when to provide medication
 - If and when to call parents/emergency contacts after a seizure.
 - Medication – name and dosage prescribed;
 - Management plan – what should be done if seizure occurs or gets worse;
- In collaboration with their health care provider teach their child to:
 - be able to recognize symptoms of oncoming seizures, including those related to exercise
 - communicate to an adult about seizure symptoms and the need for help
 - access and use medication quickly and correctly
 - have any prescribed medication handy at all times, either on his/her person or in a safe location nearby ~~his/herself~~.
 - be prepared for school field trips.

2.0 Role of the **STUDENT**

Dependent on the physical and cognitive capabilities of the student and the informed consent of the parent/guardian, the student diagnosed with seizure disorder has the responsibility to:

- tell teachers, educational assistants, school principal and friends about her/his seizure disorder;
- tell occasional personnel (i.e. occasional teachers, occasional educational assistants, lunch room monitors/supervisors, crossing guards, school bus drivers, volunteers) about her/his seizure disorder;
- tell teachers, educational assistants, school principal where to find her/his prescribed medication;
- carry prescribed medication on her/his person at all times;
- follow the instructions of her/his physician and parent/guardian;
- know how and when to use prescribed medication safely, including -
 - making sure their name is on the medication container
 - not sharing medications ~~with friends~~
 - knowing when medication is empty
 - telling parents and teachers every time medication is used (as per direction outlined in SO102 – Request for School Assistance in Health Care)
 - telling a teacher if help is required to take medication
- wear a Medic Alert™ bracelet or equivalent, when provided by the parent;
- know what triggers a seizure and makes it worse and have a plan for handling seizure triggers;
- telling teachers when seizure is about to occur, when possible;
- learning more about seizure disorders by –
 - attending seizure disorder education programs
 - seeing health care provider on a regular basis
 - visiting websites <http://epilepsyontario.org> or <http://www.aboutkidshealth.ca/En/ResourceCentres/Epilepsy>

3.0 Role of the **SCHOOL ADMINISTRATOR (PRINCIPAL)/Designate**

3.1 Registration

- At the time of the registration of each new student, if documentation is provided that the student has a seizure disorder, the school principal shall ensure ~~record~~ that information is recorded in the medical information section in the student information system.
- At the beginning of each school year, the school principal/designate shall ensure ~~update~~ the medical information of each student enrolled in the school is updated to determine if new medical conditions have developed and/or if existing medical conditions have changed.
- Provide parents /guardians with information about the ~~Epilepsy and Seizure Disorder Management Protocol~~ School Seizure Disorder Emergency Response Plan (Appendix B), school's responsibilities, parent responsibilities, child's responsibilities and forms to be completed.

3.2 Authorization

When the school principal/designate is informed by the parent/guardian/adult student that a student within the school has been diagnosed with seizure disorder and may require the administration of emergency seizure disorder medication, the school

principal/designate shall: request that the parent/guardian/adult student return a completed SO102 Request for School Assistance in Health Care <http://bit.ly/2bEmUMz> Medication

If the physician authorization form indicates that the student requires the administration of seizure disorder medication during the school day, the school principal/designate shall:

- obtain a minimum of one (1) dose from the parent/guardian (adult student);
- ensure that the medication is already labelled to indicate the name of the student, the name of the medication and the expiry date;
- with parent/guardian informed, written consent, arrange to emergency medication on the student's person (e.g. in a fanny pack) at all times;
 - if necessary arrange to have an emergency medication dose in a safe secure location (e.g. main office) or if the student does not have the medication on her/his person, in the classroom;
 - ensure that any medication which has reached its expiry date is returned to the parent/guardian (adult student) and replaced by up-to-date medication.

3.3 Staff Education

When the school principal/designate is informed by the parent/guardian/adult student that a student enrolled at the school has a seizure disorder and authorization for the administration of seizure disorder medication has been received, the school principal/designate shall:

- identify the student to all staff members of the school as a student with a seizure disorder, maintaining the dignity and well-being of the student;
- arrange for a seizure disorder education session for staff members (including school principal, school vice-principal(s), department heads, guidance counsellors, resource teachers, classroom/subject teachers, occasional teachers, designated early childhood educators, occasional designated early childhood educators, educational assistants, occasional educational assistants, school secretaries, lunch room monitors and lunch room supervisors) with respect to seizure disorders, the safe, effective use of seizure disorder medication, and a review of the ~~Epilepsy & Seizure Disorder Management Plan. (see example in Appendix D)~~ **Student Support Plan for Seizure Disorder – School (Appendix C/D)**
- Resources to assist: Canadian Epilepsy Alliance – www.epilepsymatters.ca see resource list (Appendix N)

3.4 Student Support Plan for School – Seizure Disorder

- Upon completion of the staff education the school principal/designate shall develop a Student Support Plan for School and Transportation – Seizure Disorder in consultation with the parent/guardian/adult student.
- This plan will be reviewed at minimum on an annual basis.
- The Student Support Plan for School – Seizure Disorder (see Appendix D for example) shall be available in key locations around the school including the Main Office, the student's classroom, and other locations accessible to staff only. A copy of the Student Support Plan for Transportation – Seizure Disorder (see Appendix E for example) shall also be provided for the student's regular or field trip school bus driver when applicable.

3.5 Filing in the Ontario Student Record (OSR)

After the Student Support Plan for School–Seizure Disorder and the Student Support Plan for Transportation–Seizure Disorder has been developed, the school principal/designate shall file both documents, as well as a completed SO102 Request for School Assistance in Health Care (<http://bit.ly/2bEmUMz>) in the “CONSENT FORMS (dark green)” section of the OSR.

3.6 Documentation

The school principal/designate shall ensure that each time a staff person assists a student with the administration of a medication for a seizure disorder the incident will be recorded on the Individual Student Log of Administered Medication (see SO 102 Request for School Assistance in Health Care <http://bit.ly/2bEmUMz>)

3.7 Prevention

The school principal/designate shall take steps to create a supportive, safe environment for students with seizure disorder, including:

- sending a letter to parents/guardians requesting information about any child with seizure disorder and medication
- arranging general seizure disorder awareness and education sessions for the entire school if appropriate;
- providing opportunities for regular staff education regarding identifying and managing seizure disorders, proper use of medication and identifying signs of seizure disorder episodes;
- Know the triggers to the student’s seizure activity;
- Know the signs and symptoms of the student’s seizure;
- Know if and when to provide medication;
- Call parents/emergency contacts after a seizure;
- Ensure fluorescent light fixtures in classroom/school are working correctly (not flickering);
- Monitoring for seizure disorder triggers on an ongoing basis and taking action to reduce exposure to seizure disorder triggers whenever possible;
- Providing seizure disorder resources for the school office and school library;
- Creating and supporting the expectation that students with seizure disorder should be participating in physical activities to the best of their abilities, including recess and physical education;
- Ensuring that when a student with a seizure disorder is involved in an out-of-school learning experience, the student has seizure disorder medication on her/his person and that the supervising teacher has a cell phone to be used in emergency situations.

4.0 Role of the SCHOOL STAFF

- When the school principal/designate is informed by the parent/guardian (adult student) that a student within the school has a seizure disorder and the parent/guardian/adult student has authorized the administration of emergency seizure disorder medication whether the student does or does not require assistance from staff, all school staff shall participate in the staff education session about seizure disorder and specifics for the student
- The staff shall remain vigilant concerning circumstances or events which may constitute

- a situation that can put students at risk of experiencing a seizure disorder episode and shall report these to the school principal/designate.
- When a student experiences a seizure disorder episode the staff member(s) who recognizes the warning signs/symptoms shall respond and ensure the emergency seizure disorder medication is administered immediately, if appropriate, and shall inform the school secretary/adult designate.
 - At this point the steps in the student's Student Support Plan for School – Seizure Disorder will be implemented
 - ~~If there is no improvement within 5-10 minutes after taking the emergency seizure disorder medication, staff member will follow the School Seizure Disorder Emergency Response Plan~~
 - ~~After the medication has been administered, the staff member(s) shall record the incident in the Individual Student Log of Administered Medication. – see SO 102 Request for School Assistance in Health Care (<http://bit.ly/2bEmUMz>);~~
 - Each time the student experiences a seizure disorder episode, the details are noted in the Seizure Disorder Incident Recording Form (Appendix K)

5.0 Role of the **CLASSROOM/SUBJECT TEACHER**

- Know the identity of students in the class with a seizure disorder
- Be knowledgeable about the Student Support Plan for School/Transportation – Seizure Disorder
- Have a process in place for informing the Occasional Teacher about the Student Support Plan for School/Transportation – Seizure Disorder
- Where applicable, attend meeting arranged by the school administrator to gather information related to the student's seizure disorder. Participants may include Principal/designate, parent/guardian and medical personnel
- Be familiar with the following seizure disorder information posted in the Student Support Plan for School – Seizure Disorder
 - Know the triggers to the student's seizure activity
 - Know the signs and symptoms of the student's seizure
 - Know if and when to provide medication
 - Know when to call parents/emergency contacts after a seizure.
- Communicating information about the student's seizure disorder to others;
 - Provide information to support staff and volunteers working with a student with a seizure disorder
 - With the student's parent permission encourage the sharing of information about seizure disorders with the class in age-appropriate terms. Students must be aware that seizure disorders are not contagious, the child cannot control the seizure and having a seizure is not dangerous to others.
- Develop open lines of communication with the student and encourage the student to inform you when he/she feels the first symptoms of a seizure or a general feeling of malaise
- Develop open lines of communication with the parents/guardians, phone calls, a communication book, behaviour changes that may be due to medications, etc.
- If a student is prone to Tonic Clonic seizures, have their desk placed so that if they fall, there is room for the seizure to run its course.

- Where appropriate, have a buddy system in place so that the student is not alone in the washrooms or hallways.

Draft

6.0 Role of the **SCHOOL SECRETARY**

In addition to the duties described in subsection 3.1 (Registration), the school secretary is expected to record the presence of the student's health problem in the Student Information System and follow the School Seizure Disorder Emergency Response Plan (Appendix B) at the time of a seizure disorder episode or emergency.

7.0 Role of **OTHER PARENTS/GUARDIANS** and **SCHOOL VOLUNTEERS**

Coaches, Co-Curricular Supervisors, Volunteers, etc.

- Provide appropriate first aid to students exhibiting signs and symptoms of a seizure – refer to School Seizure Disorder Emergency Response Plan
- When you are coaching and/or supervising an activity or club, have access and be knowledgeable about the student's Student Support Plan for School – Seizure Disorder

Draft

APPENDIX B

SCHOOL SEIZURE DISORDER EMERGENCY RESPONSE PLAN

STUDENTS NOT DIAGNOSED with EPILEPSY / SEIZURE DISORDER -CALL 911 IMMEDIATELY.

GENERALIZED CONVULSIVE SEIZURE (e.g. Tonic Clonic Seizure) CALL 911 IMMEDIATELY.

IF IN DOUBT - CALL 911 IMMEDIATELY

STEPS IN MANAGING AN INDIVIDUAL EXPERIENCING A SEIZURE:

PARTIAL NON- CONVULSIVE SEIZURES – RESPONSE:

1. KEEP CALM. STAY WITH THE PERSON.

- Do not try to stop the seizure, let the seizure take its course.
- Talk gently and reassure the person that everything is ok and you are there to help.
- The person will be unaware of his/her actions and may or may not hear you.
- Using a light touch, guide the student away from hazards.
- Record the episode on the Seizure Disorder Incident Recording Form.
- Contact the parent/guardian as soon as possible.

GENERALIZED CONVULSIVE SEIZURES – RESPONSE:

1. KEEP CALM. STAY WITH THE PERSON

- Record time seizure begins on Seizure Incident Record Form.

2. DO NOT RESTRAIN OR INTERFERE WITH THE PERSON'S MOVEMENTS

- Do not try to stop the seizure, let the seizure take its course.

3. PROTECT FROM FURTHER INJURY WHERE POSSIBLE

- Move hard or sharp objects away.
- Place something soft under the head e.g. pillow, article of clothing.
- Loosen tight clothing especially at the neck.

4. DO NOT PLACE OR FORCE ANYTHING IN THE PERSON'S MOUTH

- Doing so may cause harm to the teeth, gums or even break someone's jaw.
- It is physically impossible to swallow the tongue.
- The person may bite their tongue and/or inside of their mouth.

5. ROLL THE PERSON TO THEIR SIDE AS SOON AS POSSIBLE:


- Sometimes during and after a seizure a person may vomit or drool a lot. To prevent choking, simply roll the person on their side. That way, fluids will drain out instead of blocking off the throat and airway.
- DO NOT BE FRIGHTENED if a person having a seizure appears to stop breathing momentarily.
- Record the episode on the Seizure Disorder Incident Recording Form (Appendix H).
- Contact the parent/guardian as soon as possible.

AFTER ALL TYPES OF SEIZURES (The student will be groggy and disoriented).

- Talk gently to comfort and reassure the person that everything is ok.
- Stay with them until they become re-oriented.
- Provide a place where the student can rest before returning to regular activity.

APPENDIX C

STUDENT SUPPORT PLAN BLANK TEMPLATE – Page 1 of 1

		Grand Erie District School Board 349 Erie Avenue, Brantford, Ontario N3T 5V3	
Student Support Plan - School			
Name	OEN	Board Id #	Grade
School	Family		Gender
Principal			DOB
Student Information		Parent/Guardian Information	
Address		Name & Address	
Home Telephone		Home Telephone	
Date Of Development			
Other Support Staff:		Agency Involvement:	
Primary Medical Concern:		Insert Student Picture	
Triggers:			
Other Relevant Information (e.g. signs, precursors, etc.)			
Immediate Communication			
Immediate Actions:			
SUMMARY OF INTERVENTION			
Action To Be Taken	Taken By	Time Line	

STUDENT SUPPORT PLAN FOR SCHOOL SEIZURE DISORDER EXAMPLE Page 1 of 2



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Student Support Plan - School

Name	Last Name, First Name	OEN	111222333	Board Id #	111222333	Grade	7
School	School Name	Family	Family			Gender	M/F
Principal	Principal Name					DOB	dd-mmm-yyyy

Student Information		Parent/Guardian Information	
Address	Street Address City	Name & Address	Parent/Guardian Name Street Address City, Postal Code
Home Telephone	(519) 555-5555	Home Telephone	(519) 555-5555

Date Of Development 26-Aug-2013

Other Support Staff:	Agency Involvement:
	CAS

Primary Medical Concern:

Epilepsy/seizure disorder

Triggers:

dehydration (must drink 3 cups of liquids daily, one each block); sudden loud noises or sudden movements around her; not feeling well

Other Relevant Information (e.g. signs, precursors, etc.)

Signs of a seizure: stare, absent look, twitching, jerking, stiffness; episodes of muscle spasm and jerking alternating with periods of muscle relaxation

Immediate Communication:

Assigned teacher / EA communicates (via Walkie-Talkie) that a seizure has started and that assistance is required. Communication will be directed to the main office, to the attention of the Principal or Principal's Designate.

Immediate Actions:

1. Staff present at the onset of seizure will initiate the seizure protocol . 2 people stay with Student.
 2. Additional staff will respond to the situation as outlined in the Student Support Plan for School
- Seizure Disorder

Insert Student Picture

SUMMARY OF INTERVENTION

Action To Be Taken	Taken By	Time Line
Remain Calm	All Staff, All Students	
Communication with Principal or Principal's Designate	Assigned Teacher	Immediately
Principal or Principal's Designate attends the classroom to assess and coordinate supports required	Principal or Principal's Designate	Immediately
Available Staff called to support Student during seizure.	Principal or Principal's Designate	Immediately

STUDENT SUPPORT PLAN FOR SCHOOL SEIZURE DISORDER EXAMPLE Page 2 of 2



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3


Time the seizure and note quality of seizure	Staff responding	Immediately
After 5 minutes of continual clusters of seizures administer 2 mg. (2 tablets) of Ativan.	Staff responding	After 5 minutes of continual clusters
After Ativan is given call 9-1-1, call the parent 519-555-5555, C 519-111-1111. Announce on PA System "Code White"	Classroom teachers will clear hallways and close classroom doors	When "CODE WHITE" is called
One person will travel with Student in the AMBULANCE, taking Student's personal information located on a ring in his/her desk	Person who has been with him/her since the outset of the incident.	When ambulance arrives
Ensure area is safe for student by clearing sharp objects or furniture	Staff responding	Throughout seizure
Be present and attentive; however, do not try to restrain student. If student appears ok, simply wait out the seizure in a calm manner.	Staff responding	Throughout seizure
Speak to him/her in a reassuring tone about things that are close to student. Student may wish to cuddle or be comforted.	Staff responding	
Contact Family	Office Staff	As soon as grand mal seizure begins and/or if 9-1-1 is called

The following signatures indicate the support of all, ensuring that the contents of this plan are followed through

Date:	Date:
Principal's Signature	Parent/Guardian Signature

APPENDIX E

STUDENT SUPPORT PLAN FOR TRANSPORTATION SEIZURE DISORDER EXAMPLE Page 1 of 1

		Grand Erie District School Board 349 Erie Avenue, Brantford, Ontario N3T 5V3	
Student Support Plan - Transportation			
Name	Last Name, First Name	OEN	111222333
School	School Name	Board Id #	111222333
Principal	Principal Name	Family	Spec Ed TC Name
		Grade	G
		Gender	F/M
		DOB	dd-mmm-yyyy

Student Information		Parent/Guardian Information	
Address	Street Address City	Name & Address	Parent/Guardian Name Street Address City, Postal Code
Home Telephone	5195555555	Home Telephone	(519) 555-5555

Date Of Development 11-Feb-2016

Other Support Staff:	Agency Involvement:
----------------------	---------------------

Primary Medical Concern:
All information entered in this field on the Student Support Plan School will appear here on the Student Support Plan Transportation.
Triggers:
All information entered in this field on the Student Support Plan School will appear here on the Student Support Plan Transportation.
Other Relevant Information (e.g. signs, precursors, etc.)
Enter all other relevant information.

Immediate Communication:
Bus Driver contacts the Bus Line dispatch immediately to indicate the location of the incident and to request that emergency services be dispatched immediately.
Immediate Actions:
In the event of a problem during his/her travel on a school bus the bus driver will stop the vehicle and ensure that it is completely immobilized. Driver will assess the situation. Bus Driver will be attentive to student while awaiting the emergency services.

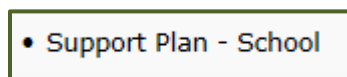
SUMMARY OF INTERVENTION		
Action To Be Taken	Taken By	Time Line
The student's parent or guardian must have completed and signed SO102 - Request for School Assistance in Health Care, which must be signed by a doctor and given to the school.	Parent	
Bus Driver, Dispatcher and School Principal will follow STSBHN Emergency Procedure guidelines.	Bus Driver, Bus Operator, School Principal	Immediately

The following signatures indicate the support of all, ensuring that the contents of this plan are followed through

Date:	Date:
Principal's Signature	Parent/Guardian Signature

LITE – STUDENT SUPORT and TRANSPORTATION PLANS

1. Select *SSTP* (Student Support & Transportation Plans) from the tabs across the top of the screen. From the *SSTP* tab menu select Support Plan – School.



2. Select your *School*; enter the first couple of letters of the student's last name and then select *Find*. Choose the student from the drop down list.

 A yellow search bar with fields for "School" (a dropdown menu showing "Select School"), "Id #", "Last Name", and a "Find" button.

3. In the Plan Dates field select Create New Plan. A *Calendar* box adjacent to Date of Development will be accessible. Once a date is selected the *Create* button is accessible. That date will now appear in your Plan Dates box.



Calendar Box

A new Support Plan should be created yearly, an existing plan can be modified during the school year by selecting the date of the plan.

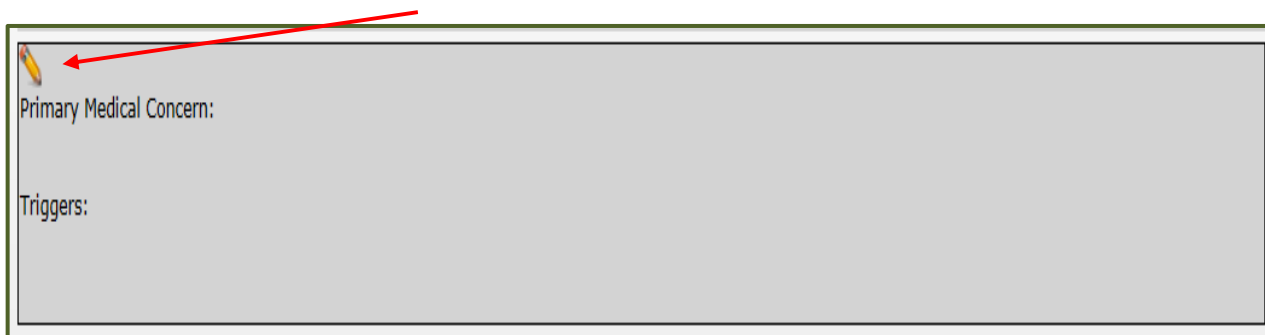
 A form titled "Student Support Plan - School". It contains fields for "Name", "School", "Principal", "OEN", "Family", "Board Id #", "Grade", "Gender", and "DOB". Below these are sections for "Student Information" (Address, Home Telephone) and "Parent/Guardian Information" (Name & Address, Home Telephone). At the bottom, there is a "Plan Dates" dropdown menu showing "28-Jan-2016", a "Date Of Development" field, and a "Create" button.

4. Enter the support staff that is available for the student and enter any agencies that are involved with the student, if applicable.

 A form with two sections: "Other Support Staff:" and "Agency Involvement:". Each section has a text input field and a small dropdown arrow icon.

LITE – Student Support Plans –School/Transportation Page 2 of 4

5. To record information in the *Primary Medical Concern* and *Triggers* field select the Pencil icon. All information entered in this field will also appear on the Student Support Plan – Transportation if transportation plan is also required. This eliminates the need to re-enter the same information on both forms. If during the school year the information entered in Primary Medical Concern and Triggers needs to be updated, entering the data on either the School or Transportation Support Plan automatically updates the other plan with the entered information.



Primary Medical Concern:

Triggers:

6. Record Other Relevant Information (e.g. signs, precursors, etc.), Immediate Communication and Immediate Actions.

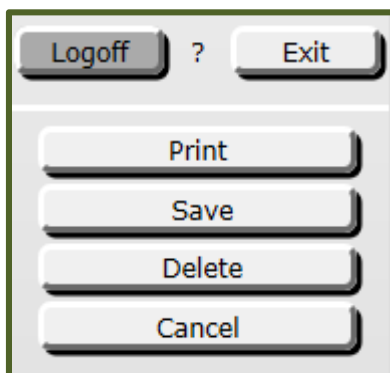
Other Relevant Information (e.g. signs, precursors, etc.)	Insert Student Picture
Immediate Communication:	
Immediate Actions:	

7. Enter a summary of the actions that need to be taken, in sequence, during an episode. If additional lines to your SUMMARY OF INTERVENTION are required select the save button, and a new line will be inserted.

SUMMARY OF INTERVENTION		
Action To Be Taken	Taken By	Time Line

LITE – Student Support Plans –School/Transportation Page 3 of 4

8. Select Save from the left navigation bar.



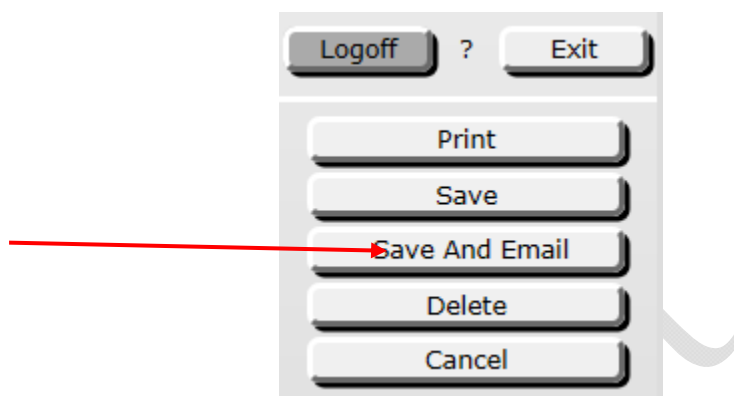
9. Print a copy of this form and have the parent/guardian sign.

The following signatures indicate the support of all, ensuring that the contents of this plan are followed through	
Date:	Date:
Principal's Signature	Parent/Guardian Signature

10. Once saved (as a PDF), an area is provided for insertion of the student's picture if required.

Insert Student Picture

11. Access and generation of the Student Support Plan – Transportation is the same as above with the exception that there is a Save and Email button. Select Save if the form is only partially completed; once completed select Save and Email. A copy of this form is automatically sent to the Transportation Department so that they may inform the Transportation Provider.



12. The Student Support Plans (Transportation and School) follow the student if they change schools and is therefore accessible to their new school within our Board.

CONSENT

Please refer to Procedure SO102 – Request for School Assistance in Health Care which shall be implemented to document physician directives and parental consent in regards to administration of prescribed medications and/or care during medical episode.

<http://bit.ly/2bEmUMz>

File completed SO102 in the “CONSENT FORMS” (dark green) file in the Ontario Student Record (OSR).

9-1-1 Seizure Disorder Incident Script Protocol

TO BE POSTED BY TELEPHONE

1. This is _____ School.
Address is: _____
Nearest Major Intersection is: _____
Telephone Number is: _____
2. We have a student who is having an ~~asthma~~ **emergency seizure**. We are timing the seizures/have administered a ~~Reliever Inhaler~~ **seizure medication/etc.** There has been no improvement in their ~~breathing~~ **condition**. We need an ambulance IMMEDIATELY.
3. The closest entrance for the ambulance is on:
_____ Ave. / Road / Street.
4. A staff member will be outside the school entrance to provide direction.
5. Do you need any more information?
6. How long will it take you to get here?

Call parent / guardian / emergency contact.

APPENDIX I**IMPORTANT MEDICAL INFORMATION REQUIRED FOR ALL STUDENTS:**

For the safety of your child, it is imperative that we are aware of all students in the building that have serious medical conditions. We need to be able to let each teacher know if any of their students have conditions that could be life-threatening.

Please complete the following form so that we can ensure that our records are up to date.

Name of Student: _____

MEDICAL CONDITION	<i>This student HAS experienced an attack/reaction in the past</i>	<i>This student carries medication for this condition</i>	<i>Notes/Other: (type of medication, where stored)</i>
Anaphylaxis (Sabrina's Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Asthma (Ryan's Law)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Heart Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Concussion	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Other:			

Any other medical notes should be included on the registration form (i.e. non-anaphylactic allergies) in the appropriate section. Please keep us informed of any changes in your child's critical medical conditions by contacting the school at (_____).

Signature of Parent/Guardian or Student 18+ years _____

_____ Date

SAMPLE LETTER TO PARENTS/GUARDIANS

School Letterhead

Date:

Dear Parents/Guardians:

RE: SCHOOL PROTOCOL FOR SEIZURE DISORDER MANAGEMENT

To be prepared for your child's needs in case a seizure disorder episode occurs during the school day, please refer to the attached information and forms.

Request and Consent – SO102 Request for School Assistance in Health Care

Please read through this form and complete the appropriate sections with your family physician. Return the form to your child's school principal prior to your child's start of school. Please include a recent photo of your child (minimum 2"x3" head and shoulder shot) that will be used on your child's Student Support Plan for School – Seizure Disorder

Student Support Plan for School/Transportation – Seizure Disorder

The Student Support Plans will be provided to each of the child's teachers to be stored in a safe place the classroom. The Plans will also be placed in the supply teacher binder and will be posted in the staff room, health room and other appropriate locations throughout the school.

Parent/Guardian Responsibilities Checklist

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

Student Responsibilities Checklist

Please review the contents with your child.

** Please call the school to arrange a meeting with school staff and if possible, a Seizure Disorder Educator with whom you currently work, prior to your child beginning school. We look forward to working together to provide the safest possible learning environment for your child.

Sincerely

Principal

SEIZURE DISORDER INCIDENT RECORDING FORM

Student Name: _____
 D.O.B.(DDMMYYYY): _____

Date	Time of Seizure	Length of Seizure	Events before Seizure	Description of Seizure	Events After Seizure	Date /Time Parent Contacted

TIPS FOR TEACHERS

Implications on Learning Possible Triggers

- Improper medication balance
- Stress- both excitement and emotional upset
- Lack of sleep
- Illness
- Poor diet
- Menstrual cycle
- Change in weather
- Televisions, videos, flashing lights (including flickering overhead lights)
- Inactivity

Side Effects of Medications Taken for Seizure Disorders

- Concentration concerns
- Short term memory loss
- Fatigue/drowsiness
- Hyperactivity
- Motor capacity can be affected: eye-hand coordination, balance, speech coordination
- General well-being can be affected: dizziness, unsteadiness, vomiting
- Mood changes: depression, aggressiveness, anti-social behaviours
- Toxicity: liver damage, anemia

Possible Outcomes/Concerns

- Safety risks
- Possible behaviour issues
- Social issues
- Chronic absenteeism
- Feelings of lack of control
- Poor self-image
- Academic performance can be affected

How Learning Can Be Affected

Intermittent disruptions caused by seizures may impact learning and the student's ability to attend. This can change from day to day or within the day.

Medications may slow down the processing of information or may induce fatigue

Seizures themselves during the day may cause disruptions in the student's memory of what was just learned.

“Invisible” or absence seizures may result in slower processing, consolidation and retrieval of information
Night time seizures may leave a student feeling fatigued and less attentive in class the next day
Possible academic problems with reading, writing, and math as well as difficulty with comprehension and speech may result
Impaired working memory
Disorientation
Disorganization
Possible difficulty with time management

Some Suggested Teaching Strategies and Accommodations

Repeat instructions several times or use a “step by step” strategy to help the student who has “blanked out” during a seizure
Have student repeat the instructions back to the teacher as necessary
Establish a buddy system so the child can ask the buddy questions and receive missed class work
Use visual instructions/tools so that the student can refer to them as required i.e. wall calendars, activity lists
Use visual and verbal prompts to keep the student oriented
Label items around the class
Minimize written output as required
Allow extra time for tests and assignment when required
Cue the student ahead of an expected response
Allow extra response time
Encourage the student to work in a small group
Make use of a weekly list of deadlines and activities (agenda)
Use tape recorded textbooks or scanned documents as required
Use consistent expectations and routines

Other Considerations

Ensure during physical activities, where climbing is involved, that the student is properly assisted and does not climb to great heights
Ensure fluorescent light fixtures in classroom/school are working correctly (not flickering)
Minimize the use of videos in class, if possible
Avoid loud noises (gym) as much as possible
Avoid using the “lights out” technique for class control
Ensure that plans left for a supply teacher includes a picture of the student with a seizure disorder, as well as the Seizure Protocol that is in place
If calling in for an absence, ensure that you leave instructions as to where to find the information regarding the student with the seizure disorder.

Field Trips and Special Events

Students with a seizure disorder should be encouraged to participate in school activities and extra curricular activities.

For school events such as a dance, ensure that the family is aware that the music will be louder than normal and refrain from using any type of strobe lights. If the student is attending a sports event where they may need to climb a set of bleachers for seating, arrangements should be made to ensure that an area is left open near the lower seats for this student and some friends.

Additional Supports

In some cases, where seizures are not under control, and are considered “drop seizures” or in the case of epilepsy- tonic-clonic seizures, which may happen at any time, the student’s occupational or physical therapist may prescribe specific equipment, e.g. soft helmet, face piece, a gait trainer harness, etc. to ensure the student’s safety.

Remember, it is essential to involve parents in all of these decisions.

You may want to consider having a community health expert speak to the class and staff about seizures. This should be done with both parental and student permission. In some cases, the entire class is encouraged to take on a specific role in the event of a seizure, which empowers the other students and helps them to understand what is happening during a seizure. This is a school-based decision.

COMMON MISCONCEPTIONS/MYTHS

MYTH: Epilepsy is contagious.

About as contagious as a gun-shot wound! You simply can't catch epilepsy from another person.

MYTH: Only kids get epilepsy.

Epilepsy happens to people over age 75 more often than it does to children aged 10 and under. Seizures in the elderly are often the after effect of other health problems like stroke and heart disease.

MYTH: People with epilepsy are disabled and can't work.

People living with the condition have the same range of abilities and intelligence as the rest of the population. Some have severe seizures and cannot work; others are successful and productive in challenging careers.

MYTH: People with epilepsy shouldn't be in jobs of responsibility and stress.

People with seizure disorders are found in all walks of life and at all levels in business, government, the arts and other professions. We aren't always aware of them because many people, even today, do not talk about having epilepsy for fear of what others might think.

MYTH: With today's medication, epilepsy is largely a solved problem.

Epilepsy is a chronic medical problem that for many people can be successfully treated. Unfortunately, pharmaceutical treatment doesn't work for everyone and there's a critical need for more research.

MYTH: Epilepsy is rare and there aren't many people who have it.

There are more than twice as many people with epilepsy in Canada as the number of people with cerebral palsy, muscular dystrophy, multiple sclerosis and cystic fibrosis combined. Epilepsy can occur as a single condition, or may accompany other conditions affecting the brain, such as cerebral palsy, mental retardation, autism, Alzheimer's disease, and traumatic brain injury.

MYTH: You can't die from epilepsy.

Epilepsy is a very serious medical condition and individuals do die of it. Epilepsy as a direct cause of death can be divided in different categories.

- Seizure-related deaths, such as from accidental drowning, auto accidents, etc.
- Death due to prolonged seizures ([status epilepticus](#))
- [Sudden Unexplained Death in Epilepsy](#) (SUDEP)

MYTH: You can't tell what a person might do during a seizure.

- Seizures usually take a characteristic form: the individual will do much the same thing during each episode. Although the behaviour may be "inappropriate" for the time and place, it is unlikely to cause harm to anyone and should not be seen as an embarrassment to anyone.

MYTH: People with epilepsy are physically limited in what they can do.

- In most cases, epilepsy isn't a barrier to physical achievement, although some individuals are more severely affected and may be limited in what they can do. Professional sports players with epilepsy include Greg Walker (baseball, Chicago

RESOURCES

- Epilepsy Canada <http://www.epilepsy.ca>
- Canadian Epilepsy Alliance <http://www.epilepsymatters.com>
- Epilepsy Ontario <http://www.epilepsyontario.org>
- Local agencies to assist families <http://www.advanceinepilepsy.com>
- Epilepsy Classroom <http://www.epilepsyclassroom.com>
- Epilepsy Support Centre <http://www.epilepsysupportcentre.com/> Click on About Epilepsy tab, scroll to the bottom of the screen and click on School programs for grades 5 and 12 – handouts, curriculum and much more –both public and catholic curriculum posted.
- Be Aware of Ketogenic Diet
<http://www.epilepsyfoundation.org/answerplace/Medical/treatment/diet>

Videos

Glen's Journey <http://www.destinymaker.org>

Dr. Henry Hasson, MD, Paediatric Neurology explains seizures
<http://www.youtube.com/watch?v=NxeMr2PSwdQ>

Reuber, M., Schachter, s., Elger, c., Altrup, v. (2009). *Epilepsy Explained: A book for People Who want to Know More*. Toronto, ON: Oxford University Press.
 ISBNL 978-0-19-537953-2

Epilepsy Foundation <http://shop.epilepsyfoundation.org> has several videos at reasonable prices. *Seizure Disorder and the School I (elementary school) and Seizure Disorder and the School II (secondary school)* – designed to improve understanding of epilepsy for teachers, administrators and other school personnel. The videos show actual seizures in children, describe first aid and management in the classroom and stress the importance of early recognition. Fears and concerns of school personnel are addressed. Details how epilepsy may affect learning and discusses how the teacher can make the school experience a positive one. Reviews the importance of promoting self-esteem, assuring full inclusion of the child in all school activities and responding to the reactions and questions of other students.

Out of the Shadows. Teens with Epilepsy Take Charge is a fast-paced, documentary-style program that shares the stories of four teens living with epilepsy.

STEPS TO IDENTIFYING DIABETIC STUDENT IN THE STUDENT INFORMATION SYSTEM

Setting the Critical Medical Alert Symbol In Power School

1. Start Page Select Student
2. Registration Form OR Emergency Contact/Medical
3. Check "Critical Medical Condition"
4. Check "Diabetes Alert"
5. Enter student's medical / health information in the "Critical Medical Notes" field
(Note: information **must** be in this field to generate the alert symbol).
6. Click Submit
7. Alert symbol will appear next to student's name.

Other medical notes are for non-life-threatening conditions and will not generate the Critical Medical Alert.

For more information, refer to the Power School OnSIS Instruction Manual:

<http://geportal.granderie.ca/linksandresources/powerschoolmanual/Pages/default.aspx>



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: Liana Thompson, Superintendent of Education

RE: **SO31 Accessibility**

DATE: September 12, 2016

Recommended Action: Moved by _____ Seconded by _____
 THAT the Grand Erie District School Board approve Policy SO31 "Accessibility".

Background

Policy SO31 – Accessibility was circulated to all appropriate stakeholders for comments to be received by May 27, 2016.

Comments Received

1. Page 2, 3: a feedback process will be created – should there be a timeline on this?
 Response: **Main point of soliciting feedback will be the accessible GEDSB website. RFP for this work is in development.**
2. Page 2 Board Resources – SO14 – correct title to Equity and Inclusive Education
 Response: amended
3. Page 4 1.2 – correct title SO124 – use of service dogs
 Response: amended
4. Page 3 (Table of Contents) – appendix A-1, A-2 and A-3 should be changed to Appendix A, B, C to be the same as in the manual
 Also need to change the titles on the appendices
 Response: **A-1, A-2, A-3 augment SO31 Accessibility – Appendix A and therefore cannot be renamed Appendix A, B, C**
5. Pages 9 – 16 - 3.3 to 3.10, 4.3.1, 4.7, 5.3, 6.3 – remove all reference dates since all dates have passed
 Response: amended – dates that have been passed have been removed
6. Page 10 - Should there be a reference to where the SO, Principal or Manager can access training material?

Response: amended to include **“3.8.6 Training materials are available in the GEDSB Staff Portal”**

7. Page 11 - 4.2.3 – would this not be subject to the collective agreement if one is in place?

Response: amended to state **“4.3.2 Redeployment Means the reassignment of employees to other departments or jobs as an alternative to lay-off, when a particular job or department has been eliminated where possible.”**

8. Page 16 6.3 – change reference to administrative procedure to policy

Response: amended

9. Page 17 Appendix A-1 – should this be expanded to include a student over 18 to sign for themselves?

Response: Amended to state the following **“I, (parent/guardian or student over the age of 18) consent to the sharing of confidential information by the staff member named below in relation to my child/ward/self, in the presence of my child/ward’s/own support person named below.**

Consent for Student Support Person

Print Name of Student (if applicable)”

Additional Information

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

Proposed Changes

Wording Approved for Circulation	Proposed Wording
Policy SO14 – Equity and Inclusion Procedure SO124 – Use of Service Dogs	Policy SO14 Equity and Inclusive Education Procedure SO124 Use of Service Dogs in Schools
3.8.6 N/A	3.8.6 Training materials are available in the GEDSB Staff Portal
4.3.2 Redeployment Means the reassignment of employees to other departments or jobs as an alternative to lay-off, when a particular job or department has been eliminated.	4.3.2 Redeployment Means the reassignment of employees to other departments or jobs as an alternative to lay-off, when a particular job or department has been eliminated where possible.
I, (parent/guardian) consent to the sharing of confidential information by the staff members named below in relation to my child/ward, in the presence of my child/ward’s support person named below. Parent/Guardian Consent for Student Support Person	I, (parent/guardian or student over the age of 18) consent to the sharing of confidential information by the staff member named below in relation to my child/ward/self, in the presence of my child/ward’s/own support person named below. Consent for Student Support Person

	Print Name of Student (if applicable)
--	---------------------------------------

Communication Plan

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

Respectfully submitted,

Liana Thompson
Superintendent of Education



Accessibility

Board Received:

Review Date:

Policy Statement

Grand Erie District School Board provides accessibility accommodations that foster independence, equity of opportunity, dignity and respect for students, parents/guardians, employees and the community.

The Accessibility Policy embeds the policies of the Integrated Accessibility Standards Regulation (IASR) of the Accessibility for Ontarians with Disabilities Act (AODA), which includes mandatory accessibility standards that identify, remove and prevent barriers for people with disabilities in five areas: Customer Service, Information and Communications, Employment, Transportation, and Design of Public Spaces.

Accountability

1. Frequency of Reports – As needed
2. Criteria for Success – Accessibility training for employees
– Adherence to standards set out in the AODA

Legal Framework

Accessibility for Ontarians with Disabilities Act 2005 (AODA)
Accessibility Standards for Customer Service, Ontario Regulation 429/07
Integrated Accessibility Standard Regulation (IASR), Ontario Regulation 191/11
Ontario Human Rights Code
Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, cM56

Procedures

1. Training on the Human Rights Code as it pertains to persons with disabilities will be provided when required. Employees who develop the Board's policies and procedures and those who interact with the community or other third parties on behalf of the Board shall receive training with respect to any changes to the Ontario Human Rights Code and the Integrated Accessibility Standards Regulation (IASR) as needed.
2. All employees will be provided with Accessibility Awareness Training. A record of the training, including the names of those trained and the dates on which the training was provided, shall be kept.

Board employees will consider the impact on persons with disabilities when purchasing new equipment, developing or building new spaces, designing new systems, planning a new initiative and providing accessible means of transportation where deemed appropriate.

3. A feedback process will be created that will review the implementation of this policy with the Board's various constituency groups.
4. The Board will maintain the Accessibility Committee as per Bylaw 8 in order to prepare a multi-year accessibility plan, with annual progress reports.
 - 4.1 The Board will establish a process for consulting with employees who have a role in implementing the expectations and procedures established under this policy to review its effectiveness.
5. The Integrated Accessibility Awareness Manual (Appendix A), shall be followed, and used for training and daily operation.

Definitions

Disability:

Disability covers a broad range and degree of conditions, some visible and some not visible. A disability may have been present from birth, caused by an accident, or developed over time.

Accessibility:

Accessibility is defined as that which enables people to achieve their full potential.

Barrier:

A "barrier" means anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an information or communications barrier, an attitudinal barrier, a technological barrier, policy or a practice; ("obstacle")

Accommodation:

An accommodation is a means, through reasonable efforts, of preventing and removing – in a timely manner - barriers that impede individuals with disabilities from participating fully in the services of the Board.

Board Resources

Policy SO14 – Equity and Inclusive Education
Procedure SO 124 – Use of Service Dogs in Schools



Integrated Accessibility Awareness Manual

September 2016 ~~January 2016~~

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draft

1.0 Introduction to Accessibility Awareness

1.1 Legal Framework

- Accessibility for Ontarians with Disabilities Act, 2005 (AODA), S.O. 2005, CHAPTER 11
- Accessibility Standards for Customer Service, Ontario Regulation 429/07
- Integrated Accessibility Standards, Ontario Regulation 191/11
- Ontario Human Rights Code, R.S.O. 1990, CHAPTER H.19
- Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, cM56

1.2 Related Policies/Procedures

- Policy SO31 Accessibility
- Policy SO14 – Equity and Inclusive Education
- Procedure SO124 – Use of Service Dogs in Schools

2.0 Customer Service Standards

2.1 Monitoring and Feedback on Accessible Customer Service

- 2.1.1 The Chair of the Accessibility Committee will maintain a process for collecting feedback on Accessibility – Customer Service Standards that has the following components:
- 2.1.2 Information on the Board and school websites inviting users of Board services to provide feedback on their experience with, or concerns about, access to services for people with disabilities.
- 2.1.3 Printed information available through school offices and public offices of the Board to invite people with disabilities to provide feedback on their experience with, or concerns about, accessibility of services. Consideration must be given to providing information in alternate formats.
- 2.1.4 Information on how the Board will respond to feedback.
- 2.1.5 Methods of feedback:
 - a) A range of methods for soliciting feedback is employed to ensure optimum access to the feedback process by people with disabilities.
 - b) Methods include Board/school websites, e-mail, verbal input, social media, a suggestion box or a feedback card. Accessibility concerns are directed to the Board's Accessibility Committee by site administrators.
 - c) The feedback process should include the title(s) of the person(s) responsible for receiving feedback and indicate how the Board's response to the feedback will be made known.
- 2.1.6 Proactive measures for accessible customer service:
 - a) To ensure ongoing efficient and effective adherence to Accessibility – Customer Service Standards, Board staff, will take into account the impact on people with disabilities when purchasing new equipment, designing new systems or planning a new initiative.

2.2 Use Of A of a Service Dog By The General Public

2.2.1 Recognizing service dogs:

A service dog is an animal that is being used because of a person's disability and this is either readily apparent or is supported by a letter from a regulated health care provider.

Examples of service animals include dogs used by people who have vision loss, hearing-alert animals for people who are deaf, deafened or hard of hearing, and animals trained to alert an individual to an oncoming seizure and lead them to safety. The customer service standard's provisions also apply to animals providing other services to people with disabilities. It is "readily apparent" that an animal is a service dog when it is obvious by its appearance or by what it is doing. For example, it may be readily apparent that an animal is a service dog if it is wearing a harness, saddlebags, a sign that identifies it as a service dog if it has a certificate or identification card from a service animal training school or an identification card from the Attorney General of Ontario. It may also be readily apparent if a person is using the animal to assist him or her in doing things, such as opening doors or retrieving items.

2.2.2 Responsibilities:

- a) Supervisory Officers, Principals, Vice-Principals and Managers will ensure that all staff, volunteers and others dealing with the public are properly trained in how to interact with people with disabilities who are accompanied by a service dog.
- b) Any person with a disability who is accompanied by a service dog will be welcomed on Board premises with his or her service dog and may be accompanied by the service dog while on the premises. Access will be in accordance with normal security procedures.
- c) This requirement applies only to those areas of the premises where the public or third parties customarily have access and does not include places or areas of the school or Board offices where the public does not have access.
- d) This procedure deals solely with the individual's right to be accompanied by a service dog. Access to classrooms for service dog used by students and staff is covered under separate procedures (SO124 – Use of Service Dogs).

2.2.3 Exclusion of Service Dog:

- a) A service dog can only be excluded from access to the premises where this is required by another law. Examples include the Health Protection and Promotion Act and the Food Safety and Quality Act. The former Act prohibits service animals in places where food is prepared, processed, or handled (e.g., kitchen of school cafeteria or culinary arts classroom) although service dogs are permitted where food is served and sold (e.g. school cafeteria or lunchroom).
- b) Where there is a risk to the health and safety of another person as a result of the presence of a service dog, consideration must be given to options available prior to exclusion of a service dog. An example would be a situation where an individual has a severe allergy to the service dog. It is the Board's expectation that the situation be fully analyzed and all measures to eliminate the risk be considered, e.g., creating distance between the two individuals concerned, making reasonable alterations to schedules, etc.
- c) A service animal dog can be excluded if it is of a breed that is prohibited by law. An example would be the Ontario Dog Owners' Liability Act, which places restrictions on pit bull terriers.

- d) In the rare instance where a service dog must be excluded, the Board must make every effort to put alternative arrangements in place to provide the services required by the person with a disability. This could involve leaving the service dog in a secure area where it is permitted by law and discussing with the person how best to serve her/him, e.g., a person with a vision disability might need someone (a member of staff or volunteer) to guide her/him.

draft

2.2.4 Confirming the Status of a Service Dog:

- a) At times it may be necessary to confirm that an animal is a service dog. Where an animal is not a trained guide dog and it is not readily apparent that the animal is a service dog, the school or Board staff member may request a letter from an Ontario regulated health professional, e.g., a physician or nurse confirming that the employee requires a service dog because of a disability. The letter does not need to identify the disability, why the dog is needed or how it is used.
- b) Where the person using the service animal regularly attends at the school or Board facility, the principal or departmental manager may request to keep a copy of the letter on file but only as long as required by the circumstances.
- c) Alternatively, the person using the service animal may be asked to produce a letter on occasions when visiting the premises. The principal or departmental manager shall preserve the confidentiality of the letter and information contained in the letter, and shall not use or disclose the letter or information except as provided for in the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, cM56, or as otherwise required by law.

2.3 Use of Support Persons by the General Public

2.3.1 A support person is a person who assists or interprets for a person with a disability who accesses the services of the Board. A support person is distinct from a Board employee who provides support services to a student or staff person – separate and specific procedures apply. A support person is an individual chosen by a person with a disability to provide services or assistance with communication, mobility, personal care, medical needs or with access to goods or services. Personal care needs may include, but are not limited to, physically transferring an individual from one location to another or assisting an individual with eating or using the washroom. Medical needs may include, but are not limited to, monitoring an individual's health or providing medical support by being available in the event of a seizure. The support person could be a paid professional, a volunteer, a friend or a family member.

2.3.2 Supervisory Officers, Principals and Managers will ensure that staff members receive training in interacting with people with disabilities who are accessing Board services accompanied by a support person.

2.3.3 Access to Board premises and school events:

- a) Any person with a disability who is accompanied by a support person will be welcomed on Board premises with his or her support person. Access will be in accordance with normal security procedures.
- b) This requirement applies only to those areas of the premises where the public or third parties customarily have access and does not include places or areas of the school or Board offices where the public does not have access.
- c) Where an individual with a disability who is accompanied by a support person wishes to attend a school, Family of Schools or Board-organized event for which a fee is charged, the notice of the event will include information as to whether support persons will be charged a fee and specify the amount of the fee.
- d) The Board may require a person with a disability to be accompanied by a support person when on the premises, but only if a support person is necessary to protect the health or safety of the person with a disability or the health or safety of others on the premises.

NOTE: This would be a rare situation and would only occur where, after consultation with the person with the disability, requiring a support person is the only means available to allow the person to be on the

premises and, at the same time, fulfill the Board's obligations to protect the health or safety of the person with a disability or of others on the premises.

It is further noted that people with disabilities are free to accept a reasonable risk of injury to themselves just as other people do. Different individuals will have a different tolerance for risk. Risk should be weighed against any benefit for the person with a disability. It is not enough that the support person might help to protect health and safety; a support person must be necessary or essential to protect health and safety before one may be required – the risk cannot be eliminated or reduced by other means. Any considerations in protecting health or safety should be based on specific factors and not on assumptions. Just because someone has a disability doesn't mean he/she not capable of meeting health or safety requirements.)

2.3.4 Confidentiality

- a) Where a support person is accompanying a person with a disability, who is not the parent/guardian of a student, for the purpose of assisting in a discussion that may involve confidential information concerning the student, the Superintendent of Education, principal or other staff member must first secure the consent of the parent/guardian regarding such disclosure.
- b) Consent to the disclosure of confidential information in the presence of the support person must be given in writing by the parent or guardian. (See Appendix A Consent Form for Student Support Person).
- c) The support person must also provide assurance in writing to safeguard the confidentiality of information disclosed in the discussion.
- d) A copy of the signed consent document will be retained in the school/Board office.
- e) If the parent/guardian uses a different support person for subsequent meetings, a new signed consent will be required.

2.4 Use of Assistive Devices by the General Public

- 2.4.1 Supervisory Officers, Principals, Vice-Principals and Managers will ensure that staff are trained to support parents and the general public who may use assistive devices while accessing Board services.
- 2.4.2 Training is focused on how to interact with people using assistive devices rather than on the technical use of the assistive devices. (See Appendix B – Information on Interacting with People Using Assistive Devices.)
- 2.4.3 Students and staff have separate and specific procedures related to their personal use of assistive devices.
- 2.4.4 Communication with respect to the use of assistive devices:
 - a) The Board website and each school website will indicate that all Board facilities provide services that respect the independence and dignity of people with disabilities and offer services that include the use of assistive devices.
 - b) Each Board facility that is open to the public will post information in the front office/reception area that welcomes the use of assistive devices and encourages users to seek support from staff and volunteers as they require it.
 - c) The Board website and school websites, as applicable, will indicate the availability of assistive devices provided by the Board* or school to assist in provision of services to people with disabilities.

- d) Each Board facility that is open to the public will, as applicable, post information in the front office/reception area that indicates the availability of assistive devices and encourage potential users to seek support from staff and volunteers as they require it.

*Note – these could include:

- **Assistive devices:** TTY service, telephones with large numbers, amplifiers, lifts.
- **Services:** Sign language interpretation, oral interpretation, real-time captioning.
- **Alternate service methods:** Assistance of a staff person to complete a transaction, e.g., school registration)

2.5 Notice of Disruption of Service

- 2.5.1 As members of the general public, people with disabilities may rely on certain facilities, services or systems in order to access the services of the school or Board offices. Escalators and elevators, for example, are important to people with mobility disabilities because that may be the only way they can access the premises. Other systems and services designed to meet the needs of people with disabilities can include accessible washrooms, amplification systems, and note-taking or TTY services. When those facilities or services are temporarily unavailable or if they are expected to be temporarily unavailable in the near future, a notice of disruption of service is required. Generally, disruptions to any of the Board's services, such as a major storm or power outage, do not require this special notice. However, if the disruption has a significant impact on people with disabilities, a notice of the disruption should be provided.
- 2.5.2 Supervisory Officers, Principals, Managers, Manager of Communications and Community Relations will ensure that the users of Board and school services are notified when there is a disruption in services that may have an impact on access to services by people with disabilities.
- 2.5.3 Notice may be given by posting the information at a conspicuous place at or in the school or at or in Board facilities. Other options that may be used include: posting on the Board and/or school website; through direct communication with users of the services in accordance with school practices. (See Appendix C – Sample Notices of Disruption to Services.)
- 2.5.4 Notice must be provided in multiple formats (upon request).
- 2.5.5 If the disruption is planned, notice should be provided in advance of the disruption. If the notice is unplanned, notice should be provided as soon as possible after the disruption has been identified.
- 2.5.6 The notice of disruption of service must include information about the reason for the disruption, its anticipated duration and a description of alternative facilities or services, if any, that are available.

3.0 Information & Communications

3.1 Regulation

The Grand Erie District School Board is committed to ensuring that people with disabilities have the same opportunity of access to our services as all others we serve. The Board is committed to meeting the accessibility needs of people with disabilities, in a timely manner, in the provision of services related to information and communications.

3.2 Definitions

3.2.1 Information

Includes data, facts and knowledge that exist in any format, including text, audio, digital, or images, and conveys meaning.

3.2.2 Communication

Means the interaction between two or more persons or entities, or any combination of them, where information is provided, sent or received.

3.2.3 Accessible Formats

Include, but are not limited to, options such as large print, screen readers, braille, audio format, or captioning.

3.2.4 Conversion-ready

Is an electronic or digital format that facilitates conversion into an accessible format. **WCAG** refers to the Web Content Accessibility Guidelines.

3.3 Responsibility ~~(by January 1, 2014)~~

Supervisory Officers, Principals, Vice-Principals and Managers will ensure that all staff, volunteers and others providing services and programs on behalf of the Board have received initial training in the requirements of the Integrated Accessibility Standards Regulation, including the Standards related to Information and Communications.

3.4 Feedback ~~(by January 1, 2014)~~

3.4.1 Administrators/managers will ensure that processes for receiving and responding to feedback are accessible to persons with disabilities.

3.4.2 Upon request, administrators/managers will provide or arrange for the provision of accessible formats and/or communication supports to facilitate feedback.

3.4.3 Administrators/managers will notify the public about the availability of accessible formats and communication supports with regard to its feedback processes.

3.5 Procurement ~~(by January 1, 2013)~~

3.5.1 All Board employees with responsibility for purchasing will, wherever practicable, incorporate accessibility criteria and features when procuring or acquiring goods and services, designing new systems or planning new initiatives that are related to provision of information and communication services.

3.6 Provision of Information and Communications in Accessible Formats ~~(by January 1, 2014)~~

- 3.6.1 Upon request, Administrators/Managers will provide, or arrange for the provision of, accessible formats and communication supports for persons with disabilities to facilitate their access to the services of the Board.
- 3.6.2 Accessible formats and communication supports will be provided in a timely manner that takes into account the person's accessibility needs and a cost no greater than the regular cost charged to other persons.
- 3.6.3 Administrators/Managers will determine the suitability of an accessible format or communication support and, in so doing, will consult with the person making the request.
- 3.6.4 Administrators/Managers will notify the public, through websites, general publications and other relevant means, about the availability of accessible formats and communication supports.

3.7 Accessible Websites ~~(by January 1, 2014)~~

- 3.7.1 The Communications & Community Relations Manager will ensure that all new websites and web content on these sites will conform with WCAG 2.0 at Level A.
- 3.7.2 The Communications & Community Relations Manager will ensure that, as of January 1, 2021, all its internet websites and web content will conform with WCAG 2.0 at Level AA.
- 3.7.3 These requirements do not include Live Captions or Pre-recorded Audio Descriptions.
- 3.7.4 These requirements apply to:
 - (a) websites and web content, including web-based applications, that the Board controls directly or controls through a contractual relationship that allows for modifications of the product;
 - (b) web content published on a website after January 1, 2012
- 3.7.5 Where the Communications & Community Relations Manager determines that meeting these requirements is not practicable, such determination will include consideration of:
 - (a) the availability of commercial software or tools or both; and
 - (b) significant impact on an implementation timeline that was planned or initiated before January 1, 2012.

3.8 Educational and Training Resources and Materials ~~(by January 1, 2013)~~

- 3.8.1 Administrators/managers will, upon notification of need, provide educational or training resources or materials in an accessible format that takes into account the accessibility needs due to a disability of the person to whom the material is to be provided.
- 3.8.2 To do so, the Accessibility Committee will procure through purchase, or obtain by other means, an accessible or conversion-ready electronic format, where available.
- 3.8.3 If the resources cannot be procured or converted into an accessible format, administrators/managers will arrange for the provision of comparable resources.
- 3.8.4 Administrators/Managers will, upon notification of need, provide information on the requirements, availability and descriptions of programs in an accessible format to persons with disabilities.
- 3.8.5 School administrators will, upon notification of need, provide student records in an accessible format to persons with disabilities.
- 3.8.6 Training materials are available in the GEDSB Staff Portal.

- 3.9 **Training for Program/Classroom Staff (~~by January 1, 2013~~)**
- 3.9.1 The Accessibility Committee will ensure that all staff involved in program or course design, delivery and instruction will be provided with accessibility awareness training related to these responsibilities.
- 3.9.2 The Accessibility Committee will keep a record of the training provided, including the dates on which training was provided and the number of individuals to whom training was provided.
- 3.10 **School Libraries**
- 3.10.1 The Accessibility Committee will ensure that school libraries are able to provide, procure or acquire an accessible or conversion-ready format of print resources upon request by a person with a disability (~~by January 1, 2015~~).
- 3.10.2 The Accessibility Committee will ensure that school libraries are able to provide, procure or acquire an accessible or conversion-ready format of digital or multi-media resource materials upon request by a person with a disability (by January 1, 2020).

4.0 EMPLOYMENT

- 4.1 **Regulation**
- The Grand Erie District School Board is committed to ensuring that people with disabilities have the same opportunity of access to employment opportunities and services as do all employees and prospective employees. The Board is committed to meeting the accessibility needs of people with disabilities, in a timely manner, in the provision of services related to employment.
- 4.2 **Definitions**
- 4.2.1 **Performance management**
Means activities related to assessing and improving employee performance, productivity and effectiveness with the goal of facilitating employee success.
- 4.2.2 **Career development and advancement**
Includes providing additional responsibilities within an employee's current position and the movement of an employee from one job to another that may be higher in pay, provide greater responsibility or be at a higher level, or a combination of these. For both additional responsibilities and employee movement, this is usually based on merit or seniority or a combination of these.
- 4.2.3 **Redeployment**
Means the reassignment of employees to other departments or jobs as an alternative to lay-off, when a particular job or department has been eliminated ~~where possible~~
- 4.2.4 **Information**
Includes data, facts and knowledge that exist in any format, including text, audio, digital or images, and that conveys meaning.
- 4.2.5 **Communication**
Means the interaction between two or more persons or entities, or any combination of them, where information is provided, sent or received.

- 4.2.6 **Accessible formats**
Include, but are not limited to, options such as large print, screen readers, braille, audio format, or captioning.
- 4.2.7 **Conversion-ready**
Is an electronic or digital format that facilitates conversion into an accessible format.
- 4.2.8 **WCAG** refers to the Web Content Accessibility Guidelines.
- 4.3 **Procedures**
 - 4.3.1 Responsibility ~~(by January 1, 2014)~~
 - 4.3.2 All staff who have responsibility for hiring and employee selection and/or supervise the work of employees of the Board will ensure that the provisions in this procedure are implemented.
 - 4.3.3 Human Resource Services will ensure that the provisions of this procedure are incorporated in the Board's hiring practices.
- 4.4 **Recruitment**
 - 4.4.1 Human Resource Services will ensure that in its recruitment outreach practices the public is made aware that the Board will provide accommodation for applicants with disabilities in its recruitment processes.
 - 4.4.2 Applicants to the Board will be made aware that Human Resource Services provides accommodation for applicants with disabilities in its recruitment processes.
 - 4.4.3 For a job selection process, the principal/supervisor will make applicants aware that, upon request, they have access to accommodations in relation to materials and processes that will be used for applicant selection and that they will be consulted about the necessary accommodations that take into account their accessibility needs due to disability.
 - 4.4.4 When making an offer of employment, the principal/supervisor will notify the successful applicant of its policy of accommodating employees with disabilities.
- 4.5 **Supports for Employees**
 - 4.5.1 Human Resource Services will inform employees of the Board's policy of supporting employees with disabilities and procedures that provide for job accommodations.
 - 4.5.2 Human Resource Services will make this information available as soon as practicable to new employees and will provide updated information as policies are revised.
- 4.6 **Accessible Formats and Communication Supports**
 - 4.6.1 Where an employee with a disability so requests, the principal/supervisor will consult with the employee to provide or arrange for accessible formats and communication supports in relation to information that is generally available to employees in the workplace and that the employee needs to perform the employee's job.
 - 4.6.2 The principal/supervisor, in determining the suitability of an accessible format or communication as required in 4.1, will consult with the employee.

4.7 Workplace Emergency Response Information (~~by January 1, 2012~~)

- 4.7.1 The principal/supervisor will ensure that individualized workplace emergency response information is provided to employees who have a disability, provided the disability is such that individualized information is necessary and the principal/supervisor has been made aware of the need for accommodation due to the disability. The principal/supervisor will provide the necessary information as soon as practicable after becoming aware of the need for accommodation.
- 4.7.2 If an employee who receives individualized workplace emergency response information requires assistance, the principal/supervisor will, with the consent of the employee, provide such information to the person(s) designated to provide assistance to the employee.
- 4.7.3 The principal/supervisor, in consultation with the Health and Disability Officer, will review individualized workplace emergency response information:
 - a) when the employee moves to a different location in the Board;
 - b) when the employee's overall accommodation needs or plans are reviewed; and
 - c) when the Board reviews its general emergency response procedures.

4.8 Individual Accommodation Plans

- 4.8.1 The Board will have in place a written process for the development of documented individual accommodation plans for employees with disabilities.
- 4.8.2 The Board's written process will address:
 - a) how the employee requesting accommodation can participate in the development of the individual accommodation plan.
 - b) the means by which the employee is assessed on an individual basis.
 - c) how the Health and Disability Officer, or designate, can request an evaluation by an outside medical or other expert, at the Board's expense, to assist in determining if accommodation can be achieved and, if so, how it can be achieved.
 - d) how the employee can request to have a representative of his/her bargaining unit, or another workplace representative if the employee is not a member of a bargaining unit, participate in the development of the individual accommodation plan.
 - e) the steps taken to protect the privacy of the employee's personal information.
 - f) the frequency with which the individual accommodation plan will be reviewed and updated and how this will be done.
 - g) how the reasons for denying an individual accommodation plan will be provided to an employee, if accommodation is denied.
 - h) how the Health and Disability Officer, or designate, will ensure that the individual accommodation plan is provided in a format that takes into account the employee's accessibility needs due to disability.
- 4.8.3 The Health and Disability Officer, or designate, will provide individual accommodation plans that:
 - a) include, if requested, any information regarding accessible formats and accommodation supports provided;
 - b) include, if required, individualized workplace emergency response information; and
 - c) identify any other accommodation to be provided.

4.9 Return to Work Process

- 4.9.1 This return-to-work process does not replace or override any other return-to-work process created as a result of any other statutory compliance, e.g., under the Workplace Safety and Insurance Act, 1997, S.O. 1997, CHAPTER 16
- 4.9.2 The Health and Disability Officer, or designate, will develop, put in place and document a return-to-work process for its employees who have been absent from work due to disability and require disability-related accommodations in order to return to work.
- 4.9.3 The return-to-work process will:
 - a) outline the steps to be taken to facilitate the return to work of employees who were absent because their disability required them to be away from work;
 - b) use documented individual accommodation plans (as in 6.0) as part of the process; and,
 - c) ensure that all staff involved in program or course design, delivery and instruction will be provided with accessibility awareness training related to these responsibilities.

4.10 Performance Management

In administering performance appraisal processes in respect of employees with disabilities, the principal/supervisor will take into account the accessibility needs of employees with disabilities as well as individual accommodation plans.

4.11 Career Development

Where the Board provides career development and advancement to its employees, the accessibility needs of employees with disabilities as well as any individual accommodation plans will be taken into account.

4.12 Redeployment

Where the Board has in place a redeployment process, Human Resource Services will take into account the accessibility needs of employees with disabilities as well as any individual accommodation plans during the redeployment process.

5.0 TRANSPORTATION

5.1 Regulation

The Grand Erie District School Board is committed to ensuring that people with disabilities have the same opportunity of access to our services in a similar way as these services are available to all others we serve. We are committed to meeting, in a timely manner, the accessibility needs of students with disabilities in the provision of services related to student transportation.

The provision of accessible student transportation services will include the development of an individual school transportation plan for each student who has a disability that affects his/her transportation to and from school. The plan will be developed in consultation with the student's parents or guardians.

5.2 Definitions

5.2.1 Individual school transportation plan

Is defined as a plan that provides details of the arrangements that meet the transportation needs of an individual student who has a disability.

5.2.2 Operator

Means the driver of the school transportation vehicle.

5.2.3 Transportation Provider

Is defined as an entity or person who has entered into an agreement with the Board for the transportation of students in accordance with the Education Act.

5.2.4 Transportation Services

Means transportation that a Board provides for students in accordance with the Education Act.

5.3 Responsibility ~~(by January 1, 2014)~~

The Superintendent of Education responsible for Special Education and the Manager of Transportation Services will ensure that the provisions of this Administrative Procedure are implemented.

5.4. Individual School Transportation Plans

5.4.1 The Superintendent of Education responsible for Special Education, or his/her designate, will, in consultation with parents or guardians, annually identify students who require specific transportation services and provide a Student Support Plan; such identification will, wherever possible, be made prior to the commencement of the school year.

5.4.2 Following consultation with parents or guardians, the Superintendent of Education responsible for Special Education, or his/her designate, will work with the Manager of Transportation Services, or his/her designate, to implement recommendations within an individual student transportation plan for each student who requires specific transportation services.

5.5 Content of Individual School Transportation Plans

An individual school transportation plan shall, in respect of each student requiring specific transportation services, include the following:

5.5.1 Details of the student's assistance needs with respect to transportation to and from school.

5.5.2 Provisions for the boarding, securement and debarking of the student, as applicable.

5.6 Communication of Responsibilities re Individual School Transportation Plans

The Superintendent of Education responsible for Special Education and, where appropriate, the Manager of Transportation Services, will identify and communicate roles and responsibilities with regard to the implementation of the individual school transportation plan to the following:

a) The Transportation Provider

b) The parents or guardians of the student

c) The operator (driver) of the student transportation vehicle

d) The appropriate members of the school staff (e.g., principal, teacher, educational assistant)

e) The student

6.0 DESIGN OF PUBLIC SPACES

6.1 Regulation

The Grand Erie District School Board is committed to ensuring that people with disabilities have the same opportunity of access to public spaces and play areas as do all students and members of the public. The Board is committed to meeting the accessibility needs of people with disabilities, in a timely manner, in the provision of design of new public spaces and play areas.

6.2 Definitions

6.2.1 Accessible Public Spaces:

Include special features that make it easier for everyone, especially people with disabilities, seniors and families to use public spaces.

6.2.2 Public Recreational Spaces:

Can also include recreational elements such as outdoor eating areas & play spaces that people of all abilities can enjoy.

6.2.3 Accessibility by Design:

Benefits everyone; good public spaces are planned and designed from the beginning with accessibility in mind and can provide people with disabilities with more opportunities to work and play independently.

6.3 Responsibility ~~(by January 1, 2016)~~

The Superintendent of Education responsible for Special Education and the Manager of Transportation Services will ensure that the provisions of this Administrative ~~Procedure~~ Policy are implemented.

6.4 Public Design Standards

6.4.1 All organizations with accessibility plan requirements must make sure that their multi-year accessibility plan outlines how their requirements under the regulation (including the Design of Public Spaces Standard) will be met.

6.4.2 Designated public sector organizations are required, except where not practicable to do so, to "incorporate accessibility design, criteria and features when procuring or acquiring goods, services or facilities", which may be relevant to the accessibility features of public spaces such as outdoor play spaces or outdoor public use eating areas.

6.5 Features of Accessible Public Spaces

6.5.1 Sidewalks that are free of barriers & wide enough to move around

6.5.2 Gentler ramp slopes

6.5.3 Wider accessible parking spaces for people with mobility limitations.

6.5.4 Service counters that a person seated in a mobility device can use.

Grand Erie District School Board

Integrated Accessibility Awareness Manual

Consent Form for Student Support Persons

(to be filed in the student's OSR)

I, (parent/guardian or student over the age of 18) consent to the sharing of confidential information by the staff members named below in relation to my child/ward/self, in the presence of my child/ward's/own support person named below.

a) Staff Members who may Share Information with the Student Support Person

My support person consents to safeguarding the confidentiality of the information shared.

Name (print please)	Position
	School Administrator (Principal)
	Classroom Teacher

b) ~~Parent/Guardian~~ Consent for Student Support Person

Signature _____ Date _____

Printed Name of Parent/Guardian _____

Printed Name of Student (if applicable) _____

c) Support Person - Declaration of Confidentiality Agreement

I undertake to safeguard the confidentiality of information shared between school staff and parent/guardian for whom I am a student support person:

Signature _____ Date _____

Printed Name of Support Person _____

Witness (Principal/Staff Member)

Signature _____ Date _____

Printed Name of
Witness _____

draft

Grand Erie District School Board

Integrated Accessibility Awareness Manual

Information on Interacting with People Using Assistive Devices

1. Assistive Devices:

Many users of Board services and facilities who have disabilities will have their own personal assistive devices. Examples of personal assistive devices include:

- wheelchairs
- scooters
- walker
- amplification devices that boost sound for listeners who are hard-of-hearing without reducing background noise
- hearing aids
- oxygen tanks
- electronic notebooks or laptop computers
- personal data managers
- communication boards used to communicate using symbols, words or pictures
- speech-generating devices that “speak” when a symbol, word or picture is pressed

Key Point to Remember: One should not touch or handle an assistive device without permission.

2. Moving Personal Assistive Devices

If you have permission to move a person in a wheelchair remember to:

- wait for and follow the person’s instructions;
- confirm that the person is ready to move;
- describe what you are going to do before you do it;
- avoid uneven ground and objects that create bumpy and unsafe ride; and
- practise consideration and safety – do not leave the person in an awkward, dangerous or undignified position such as facing a wall or in the path of opening doors.
- Do not move items or equipment, such as canes and walkers, out of the user’s reach.
- Respect personal space. Do not lean over a person with a disability or lean on their assistive device.
- Let the person know about accessible features in the immediate environment (automatic doors, accessible washrooms, etc.).

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3. How to use Canada Relay Services and TeleTYpewriter (TTY)

- a) How to communicate using the Relay Service
 1. Phone the Relay Service number (1-800-855-0511).
 2. Tell the operator the number you wish to reach.
 3. The operator will make the call for you. You speak to the operator as if you were talking directly to the person you are calling. For example, say "Hi, How are you doing?" Do not say: "Tell him I said hello."
 4. Remember to say "Go Ahead" (GA) when you finish speaking, so the person on the other end will know it is their turn to speak.
 5. If you normally speak very quickly, the operator may ask you to speak more slowly so your message can be typed while you are speaking. There will be brief silences as the operator types to the TTY user and the user replies in text.
- b) How to use a TTY (Teletypewriter)

TTY (Teletypewriter) is a device that allows users to send typed messages across phone lines. Many people who are Deaf, deafened, hard of hearing, or who are deafblind may use TTYs to call other individuals.

This device generally has a keyboard and display that lets the user send and receive typed messages over telephone lines. People who are deafblind may use an additional large print or Braille display to read the typed messages.

A stand-alone TTY must communicate with another TTY. TTY users can directly call other TTY numbers or they can call a Relay Service. The Relay Service operator will receive the messages on a TTY and relay the messages, by standard phone, to a person who does not have a TTY. A standard phone user can also place a call through the Relay Service operator to a TTY user.

If your business or organization has a TTY, learn how to operate the device.

To make a TTY call:

1. Push the "ON" switch.
2. Place the telephone receiver on the TTY's rubber receptacles. Make sure that the receiver is firmly in place and that the telephone's receiver cord is on the LEFT side of the TTY.
3. Check the telephone indicator light; if it is lit, you have the line.
4. Dial the number, and watch the telephone light; if it is flashing slowly, this indicates that the device on the other end is ringing.
5. When the person you are calling answers, you will see a phrase appear on the screen such as: "Hello, this is Richard GA." The "GA" stands for Go Ahead --
6. Don't forget to use "GA" whenever you have finished what you are saying, so that the other person will know it is his/her turn.
7. When you wish the call to end and you wish to advise the other person, type GA or SK ("Stop keying"). The person will respond by "SK" if he/she agrees. Be courteous - wait until the other person indicates "SK" before hanging up.

Note:

- The person who receives the call is always the one who starts typing first.
- Always switch the TTY "OFF" as soon as you have finished the call.

(© Queen's Printer for Ontario 2008)Resources Section of the e-course: Serve-Ability: Transforming Ontario's Customer Service, Accessibility Directorate of Ontario, Ministry of Community and Social Services

Grand Erie District School Board
Integrated Accessibility Awareness Manual
Sample Notices of Disruption to Services

Sample 1 – Access to School Building

School Letterhead

Date: _____

To: Parents, Guardians and Community Users of our School

Maintenance work will make the main door of the school and the access ramp inaccessible from _____ (YYYY / MM / DD) to _____ (YYYY | MM | DD).

A temporary ramp has been set up that gives access to the door at the following end or side area of the school building:

- ☐ East
- ☐ West
- ☐ South
- ☐ North

We regret this inconvenience. If you have questions or concerns, please contact _____ by calling _____.

Thank you,

School Administrator Signature and Name

Sample 2 – Accessible Washroom

Date: _____

To: Visitors to the Education Centre

Our accessible washroom is out of service due to a broken water pipe. Repairs are underway and the washroom is expected to be usable again by tomorrow. In the interim, we have made arrangements for our visitors to use the accessible washroom at [123 Main Street], which is located [next door to our premises]. We apologize for this inconvenience.

Thank you,

Name: _____, Division Manager of Facility Services – Maintenance

Grand Erie District School Board



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: Liana Thompson, Superintendent of Education

RE: **SO17 Accessibility – Customer Service Standards**

DATE: September 12, 2016

Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board rescind Policy SO17 Accessibility – Customer Service Standards
--

Background

Policy SO31 Accessibility and the accompanying Integrated Accessibility Awareness Manual has been amended to include Accessibility Customer Service Standards policies formerly covered by Policy SO17.

Additional Information

As a result of the inclusion of the policy requirements in SO31 and accompanying manual, policy SO17 Accessibility – Customer Service Standards should be rescinded.

Respectfully submitted,

Liana Thompson
Superintendent of Education



Accessibility – Customer Service Standards

Board Received: March 25, 2013

Review Date: April 2016

Policy Statement

The Grand Erie District School Board provides an environment in all of its facilities that builds independence, dignity and respect for our students, staff, parents/guardians, and the public. We are committed to giving people with disabilities the same opportunity to access our services, in a similar way, as these services are available to all others we serve.

The Grand Erie District School Board is committed to providing services to our students, staff, parents/guardians, and the public that are free of barriers and biases. The Grand Erie District School Board strives to ensure that key principles of independence, dignity, integration and equality of opportunity are reflected and valued in our learning and working environments. Our conduct will demonstrate our belief in the strength diversity brings to our communities.

Accountability

1. Frequency of Reports – As needed
2. Severity Threshold – Changes in legislation
3. Criteria for Success – Customer service standards training for staff
– Adherence to standards set out in the AODA

Procedures

1. The Board will make all reasonable efforts to ensure that all policies and administrative procedures are consistent with the principles of independence, dignity, integration and equality of opportunity to all with particular attention for persons with disabilities.
2. The Board will welcome all members of the school and broader community to our facilities by committing our staff and volunteers to providing services that respect the independence and dignity of persons with disabilities, such service to incorporate measures that include, but are not limited to, the use of assistive devices and service animals.
3. To ensure greater awareness and responsiveness to the needs of a person with disabilities, the Board will provide appropriate training for all staff who deal with the public or other third parties on behalf of the Board.
4. Training as identified in No. 3 will be provided to all staff and, when appropriate, to volunteers. As new staff are hired, the training will become a component of their orientation training and will be provided within a reasonable timeframe.
5. The Board will ensure that its policies and administrative procedures related to the *Accessibility for Ontarians with Disabilities Act, 2005* are made available to the public and also ensure there is capacity to provide communication about these policies and administrative procedures in a format that takes into account a person's disability.

6. When services that are normally provided to a person with a disability are temporarily unavailable, such as access to an elevator, a disruption-of-service notice will be posted at the site and on the Board's website.
7. So that adherence to this policy can be achieved efficiently and effectively, the Board and all its managers and school-based administrators will take into account the impact on persons with disabilities when purchasing new equipment, designing new systems or planning a new initiative.
8. The Board will create a feedback process that will review the implementation of this policy with the Board's various constituency groups. Examples include the Special Education Advisory Committee (SEAC), Federations, unions, and citizens' groups, and methods would include use of electronic means such as websites, as well as alternative formats.
10. The Board will establish a process for consulting with frontline staff and volunteers who have a role in implementing the expectations and procedures established under this policy to review its effectiveness.

Definitions

Customer	is any person who uses the services of the school board who is not a student or staff.
Assistive Device	is any device used by people with disabilities to help with daily living. Assistive devices include, but are not limited to, a range of products such as wheelchairs, walkers, white canes, oxygen tanks, electronic communication devices.
Service Animal	is an animal that is being used because of a person's disability and this is either readily apparent or is supported by a letter from a medical practitioner.
Support Person	is a person who assists or interprets for a person with a disability as he/she accesses the services of the Board. A support person is distinct from an employee who supports a student in the system.
Third Party Contractors	is any person or organization acting on behalf of or as an agent of the Board (e.g. bus operators, contracted professionals).
Barrier to Accessibility	is anything that prevents a person with a disability from fully participating in all aspects of the services of the Board. This includes, but is not limited to, a physical barrier, an architectural barrier, information or communications barrier, an attitudinal barrier, or a technological barrier.
Accommodation	is a means, through reasonable efforts, of preventing and removing – in a timely manner - barriers that impede individuals with disabilities from participating fully in the services of the Board.

Legal Framework

Accessibility for Ontarians with Disabilities Act, 2005 (AODA)

Accessibility Standards for Customer Service, Ontario Regulation 429/07

Ontario Human Rights Code

Board Resources

Policy SO14 – Equity and Inclusive Education

Policy SO23 – Accessibility – Integrated Accessibility Standards Regulation

Administrative Procedure SO135 – Accessibility - Customer Service Standards

Administrative Procedure SO137 – Accessibility – Integrated Accessibility Standards Regulation (Transportation)

Administrative Procedure SO138 – Accessibility – Integrated Accessibility Standards Regulation
(Information & Communications)

Administrative Procedure SO139 – Accessibility – Integrated Accessibility Standards Regulation
(Employment)

GEDSB Character Attributes



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: Liana Thompson, Superintendent of Education

RE: **SO23 Accessibility – Integrated Accessibility Standards Regulation**

DATE: September 12, 2016.

Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board rescind Policy SO23 Accessibility – Integrated Accessibility Standards Regulation

Background

Policy SO31 Accessibility and accompanying Integrated Accessibility Awareness Manual has been amended to include Integrated Accessibility Standards Regulation policies formerly covered by Policy SO23.

Additional Information

As a result of the inclusion of the policy requirements in SO31 and accompanying manual, policy SO23 Accessibility – Integrated Accessibility Standards Regulation should be rescinded.

Respectfully submitted,

Liana Thompson

Superintendent of Education



POLICY

SO23

Accessibility – Integrated Accessibility Standards Regulation (IASR)

Board Received: January 28, 2013

Review Date: February 2016

Policy Statement

The Grand Erie District School Board provides an environment in all of its facilities that fosters independence, dignity and respect for our students, parents/guardians, the public and our staff. We are committed to ensuring that people with disabilities have the same opportunity of access to our services in a similar way as these services are available to all others we serve. We are committed to meeting the accessibility needs of people with disabilities, in a timely manner, in the provision of services related to information and communication, employment, and student transportation.

The Grand Erie District School Board is committed to providing services to our students, parents/guardians, the public and our staff that are free of barriers and biases. The Grand Erie District School Board strives to ensure that key principles of independence, dignity, integration and equality of opportunity are reflected and valued in our learning and working environments. Our conduct will demonstrate our belief in the strength that diversity brings to our communities. We strive to have all individuals recognized for their abilities, as well as accommodated for their disabilities.

Accountability

- | | | | |
|----|----------------------|---|--|
| 1. | Frequency of Reports | - | As needed |
| 2. | Severity Threshold | - | Changes in legislation |
| 3. | Criteria for Success | - | Integrated Accessibility Standards Regulation training for staff |
| | | - | Adherence to IASR standards |

Legal Framework

Accessibility for Ontarians with Disabilities Act (AODA)
Accessibility Standards for Customer Service, Ont. Reg. 429/07
Ontario Human Rights Code

Board Resources

Policy SO14 – Equity and Inclusion
Policy SO17 – Accessibility – Customer Service Standards
GEDSB Character Attributes
Procedure SO135 – Accessibility – Customer Service Standards
Procedure SO137 – Accessibility – Integrated Accessibility Standards Regulation (Transportation)
Procedure SO138 – Accessibility – Integrated Accessibility Standards Regulation (Information & Communications)
Procedure SO139 – Accessibility – Integrated Accessibility Standards Regulation (Employment)



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: Jamie Gunn, Superintendent of Business and Treasurer

RE: **FT104 – Reporting of Vandalism and Unusual Property Occurrence Incidents**

DATE: September 12, 2016

Recommended Action: Moved by _____ Seconded by _____
 THAT the Grand Erie District School Board forward Procedure FT104 – Reporting of Vandalism and Unusual Property Occurrence Incidents to all appropriate stakeholders for comment to be received by December 2, 2016

Background

Procedure FT104 – Reporting of Vandalism and Unusual Property Occurrence Incidents was approved by the Board in June 2013 and has been identified for review.

Additional Information

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

Proposed Changes

Original Wording	Proposed Wording
<p>Title: ADMINISTRATIVE PROCEDURE</p> <p>2. Severity Threshold – As needed (eg. Incidents that impede daily operations)</p> <p><u>Procedures:</u></p> <p>2a)ii) The original signed Vandalism and Unusual Property Occurrence Report is sent to the Superintendent of Business who will forward to Facility Services as necessary. A copy of this report should also be kept at the site.</p>	<p>Title: ADMINISTRATIVE PROCEDURE</p> <p>2. Severity Threshold – As needed (eg. Incidents that impede daily operations)</p> <p>3.</p> <p><u>Procedures:</u></p> <p>2a)ii) The original signed Vandalism and Unusual Property Occurrence Report is sent to the Superintendent of Business who will forward and copied to Facility Services as necessary. A copy of this report should also be kept at the site.</p> <p>Restitution Template – Appendix B has been updated to reflect current costs.</p>

Communication Plan

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

Respectfully submitted,

Jamie Gunn
 Superintendent of Business and Treasurer



Reporting of Vandalism and Unusual Property Occurrence Incidents

Board Received:

Review Date:

Accountability:

1. Frequency of Reports – As Needed
2. ~~Severity Threshold – As Needed (eg. incidents that impede daily operations)~~
3. Criteria for Success – Incidents reported immediately and accurately.
– Safety always considered first.

Procedures:

1. Responsibility of the Site Administrator or Designate:
 - a) It shall be the responsibility of the Site Administrator or Designate to determine whether an act of vandalism or an unusual occurrence has taken place.
 - b) It shall be the responsibility of the Site Administrator or Designate to complete a report whenever police are included in the investigation of the incident.
 - c) In the event the Site Administrator or Designate is not available during extended school breaks, Senior Administration and / or Facility Services personnel will make the determination and complete Appendix A, The Vandalism & Unusual Property Occurrence Report.
2. Vandalism:

Definition: Vandalism shall be defined to include the willful damaging or defacing of property owned by the Grand Erie District School Board and shall be deemed to include the offences contained in the relevant Criminal Code of Canada.

 - a) If the damage is considered by the Site Administrator or Designate to be an act of vandalism:
 - i) The Site Administrator or Designate will complete a Vandalism and Unusual Property Occurrence Report (Appendix A), ensuring that the Vandalism box has been checked, the work order number is recorded and that as much information as possible regarding the vandalism is reported. In emergency situations, a call should be made to Facility Services.
 - ii) The original signed Vandalism and Unusual Property Occurrence Report is sent to the Superintendent of Business ~~who will forward and copied~~ to Facility Services ~~as necessary~~. A copy of this report should also be kept at the site.
 - iii) The Site Administrator or Designate shall proceed to speak to the parties involved in the incident, if known, and then inform the parents of underage students. The Site Administrator or Designate responsible for informing the parents and/or the student(s) that restitution **may** be required.
 - iv) In circumstances where restitution is not supported by the Site Administrator or Designate, a note explaining why must accompany the report form. While administrator input is valuable, the final decision regarding matters of restitution is at the discretion of the Superintendent of Business.
 - v) Attached as Appendix B is a Restitution Template indicating the repair and staff cost of typical vandalism damage. The Site Administrator or designate may use this template to assess and request restitution at the time damage and the person/s responsible for the vandalism is/are identified. Other costs will be evaluated by Facility Services for Building

and Grounds items and by Purchasing Services for Furniture and Equipment items. The template will be updated as required to keep costs current.

- vi) When vandalism restitution is collected at the school level, funds are to be submitted to Accounts Receivable with a copy of the Vandalism / Unusual Occurrence Report which indicates Facility and Business Services staff do not need to pursue.
 - vii) When restitution is not obtained at the school level, and where the person responsible for the vandalism is known, the Manager of Facility Services shall be responsible for advising the person responsible or their parent(s) (where the person is a minor), in writing, of the assessed damages and for the seeking of restitution. The notice will include information that amounts unpaid after 60 days may be forwarded to a collection agency.
 - viii) Business Services staff shall be responsible for creating an invoice and delivering it along with the letter notifying the parent/s or age of majority student from whom the Board is seeking restitution.
 - ix) Facility Services staff will track damage caused by vandalism through work orders and invoices and prepare reports as required for the Superintendent of Business.
 - x) Occurrences which happen during the school's hours of operation and not indicated as vandalism by the Site Administrator or Designate but deemed to be such by senior management, will be chargeable to an appropriate school budget. Related restitution collected by the Board will be credited to the matching school account.
 - xi) In the event of a conviction in a court of law as a result of an act of vandalism, the court shall be asked to order restitution, where applicable, and the Board shall forthwith enter a judgment against the offender in the appropriate court pursuant to the relevant sections of the Criminal Code of Canada.
- b) Each school shall establish programs aimed at reducing vandalism both at the school and in the community. Examples may include lighting, surveillance cameras, student, parent and community awareness etc.
 - c) The Board may pay a reward in any amount, not to exceed \$500, for information resulting in a conviction of any person or persons responsible for damage to property owned or under the control of the Grand Erie District School Board. In the event that more than one person provided information which led to a conviction of vandalism, the reward shall be divided and distributed, in equal amounts, among those providing the information.
 - d) If a student commits an act of vandalism, the School Administrator shall administer discipline within the parameters of the Education Legislation of Ontario and in accordance with Board policies and administrative procedures.
3. Unusual Occurrences:
- Definition:* Unusual occurrences shall be defined as an occurrence that involves damage or loss caused to buildings, grounds, Board property and personal property on a Board site, equipment or vehicles that are of an unusual nature, but not classified as vandalism.
- a) The Site Administrator or Designate should complete the Vandalism and Unusual Property Occurrence Report when such an incident occurs. The Report must be signed by the staff member completing the Report and also signed by the Site Administrator or Designate.
 - b) The original signed Vandalism and Unusual Property Occurrence Report is emailed to facility@granderie.ca. A copy of this report should also be kept at the site
 - c) Further investigation of the incident will be at the discretion of the Superintendent of Business.
 - d) This Report must be completed in the case of theft or disappearance of Board equipment.
 - e) Personal injuries should not be reported on the Vandalism and Unusual Property Occurrence Report.
 - f) Occurrences arising outside the regular business hours of the School Board shall be reported to the Board's Answering Service who shall immediately contact the Facility Services staff member who is on call at that time.

4. Restitution:

- a) Final decisions on matters of restitution are at the discretion of the Superintendent of Business.
- b) School Administrators shall inform students, and the parents of underage students who were involved in vandalism that restitution may be required and that amounts unpaid after 60 days may be forwarded to a collection agency.
- c) Correspondence regarding restitution shall be completed by the Facility Services and Business Services staff as set out in 2 a) vii and viii.
- d) Work Orders for vandalism damages will be arranged by the Facility Services staff.

5. Insurance:

- a) Incidents involving insurance investigation of Board property or equipment will be at the decision of the Superintendent of Business and will be investigated by Purchasing Services and/or Facility Services who will complete the insurance claim/report.
- b) The Board's insurance policy does not provide coverage for personal items. Staff or students experiencing damage to or loss of personal property are advised to seek compensation from their Comprehensive General Insurance or Homeowner's policy.

Appendix A

Grand Erie District School Board Vandalism & Unusual Property Occurrence Report

Unusual Occurrence	
Vandalism	
Work Order #	

In case of **EMERGENCY**: report immediately by telephone to Facility Services 519-752-6387

School or Facility:				Date of Occurrence:		
Location of Occurrence:				Time of Occurrence:		
Police Involvement:	Yes:	Officer & Detachment:			Police Report Incident #	
	No:					
Describe What Happened (attach additional sheet/s if necessary):						
Describe the Damage and/or Articles Missing (attach additional sheet/s if necessary):						
Names, Addresses, Telephone # of Parties Contributing to Vandalism or Damage (If under age of majority, provide DOB and parent contact information)				Names, Addresses, Telephone # of Witnesses (If under age of majority, provide DOB and parent contact information)		
Name				Name		
DOB				DOB		
Mailing Address				Mailing Address		
Telephone				Telephone		
Parent Name				Parent Name		
Describe the plan to prevent future recurrence (attach additional sheet/s if necessary):						
Estimate value of loss:	\$	Additional notes attached:	Yes:	Restitution Supported	Yes:	No: (attach note of explanation)
			No:	Restitution Collected	Yes:	Submit to Accounts Receivable w/ Form

Theft and vandalism rob precious dollars from education funding. The Board will make every effort to seek restitution from the parties involved in these acts. The signature of the Site Administrator or Designate / Manager will indicate acknowledgement of, and agreement to, the process:

Signature of Person Completing Report

Signature of Site
Administrator/Designate/Manager

Name of Person Completing Report

Name of Site Administrator/ Designate/ Manager

Distribution: Original e- mailed to *Supt of Business* and copied to facility@granderie.ca ; 1 copy retained on site

Restitution Template

Appendix B

AREA OF VANDALISM	TYPE OF DAMAGE	Cost of Replacement Glass (subject to change)	Cost of Parts (subject to change)	Custodial Labour (Rates will be adjusted annually or as required)	Maintenance Labour (Rates will be adjusted annually or as required)	Administration Fee	Total Charge
CEILING TILES	Broken, Missing		\$15 / tile	Regular Time = Number of Hours X \$25.00 Overtime = Number of Hours X \$34.50 \$50.00 Contact your Custodian to calculate the number of hours	Regular Time = Number of Hours X \$34.00 Overtime = Number of Hours X \$40.00 \$70.00 Contact Maintenance Dispatch to calculate the number of hours	A \$25.00 \$50.00 Administration Fee will be added to the cost of each act of vandalism.	Total of Glass Cost + Part Cost + Custodial + Maintenance + Administration Fee + HST
DOORS	Door Closures		\$300				
	Locksets - Knob 63K		\$400				
	Heavy Duty Lever Handle		\$500				
	Crashbar/Panic Hardware		\$600				
GRAFITTI	Small Area Metre Square or less)		\$200				
	Medium Sized Area (1-2 Metres Square)		\$400				
	Large Sized Area (2 Metres Square +)		\$800				
	Portable Classroom		\$200				
	Washroom Stall		\$200				
	Entire Washroom		\$1,500				
LOCKERS	Door Replacement		\$150 ea				
	Full locker replacement		\$400 ea				
WALLS	Small Area of Damage (1 Metre Square or less)		\$300				
	Large Area of Damage (More Than 1 Metre Sq)		\$500				
WASHROOM S	Door Partition		\$500				
	Panel Partition		\$500				
	Plugged Toilet		\$150				
	Toilet Tissue Dispenser		\$50 \$60				
WINDOWS	Double Diamond	\$5.60/sq ft	\$7/sq ft				
	GPW (Wire Mesh)	\$14.75/sq ft	\$7/sq ft				
	Laminated	\$15.00/sq ft	\$7/sq ft				
	Thermo (Double Pane)	\$15.00/sq ft + \$30	\$7/sq ft				



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: Jamie Gunn, Superintendent of Business and Treasurer

RE: **HR101 – Fragrance/Scent-Safe Workplace**

DATE: September 12, 2016

Recommended Action: Moved by _____ Seconded by _____
 THAT the Grand Erie District School Board forward Procedure HR101 – Fragrance/Scent-Safe Workplace to all appropriate stakeholders for comment to be received by December 2, 2016

Background

Procedure HR101 – Fragrance/Scent-Safe Workplace was approved by the Board in June 2013 and has been identified for review.

Additional Information

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

Proposed Changes

Original Wording	Proposed Wording
Title: ADMINISTRATIVE PROCEDURE	Title: ADMINISTRATIVE PROCEDURE
2. Severity Threshold – As needed (eg. Significant Health & Safety issue identified for staff)	2. Severity Threshold – As needed (eg. Significant Health & Safety issue identified for staff)

Communication Plan

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

Respectfully submitted,

Jamie Gunn
 Superintendent of Business and Treasurer

**Fragrance/Scent-Safe Workplace****Board Received:****Review Date:****Accountability:**

1. Frequency of Report – As needed
2. ~~Severity Threshold – As needed (eg. Significant Health and Safety issue identified for staff)~~
3. Criteria for Success – All staff with identified chemical sensitivities are accommodated appropriately

Purpose:

The Grand Erie District School Board, as an employer, has a duty to support employees who may be adversely affected or suffer a severe medical reaction when exposed to a fragrance or scented product. Principals/managers have a responsibility to ensure that all reasonable steps are taken to make the working environment safe for those with chemical sensitivities in the same manner that any other health issue or safety hazard is addressed.

In the interest of creating and maintaining a safe and healthy working environment for employees, this procedure has been developed to assist principals/managers with implementing a fragrance/scent-safe workplace when made aware that an employee is experiencing an adverse reaction to fragrances/scents in their work environment.

What is the Grand Erie District School Board doing about fragrance/scent related issues in the workplace?

Recognizing that fragrances and scents may negatively impact on indoor air quality, the Board will:

- Minimize the use of products which contain fragrances and scents.
- Promote the use of environmentally-friendly products in cleaning and building materials.
- Optimize air quality by means of proper ventilation, as well as ensuring peak performance and proper maintenance of building ventilation systems.
- Develop information for the GEDSB community.

Scope

This procedure applies to all work sites, buildings and schools, owned or leased by Grand Erie District School Board. It is applicable to all employees, students, volunteers and contractors as well as to visitors.

Definitions

Scent-free product:

- a product labeled unscented, scent-free or fragrance-free by the manufacturer.

Scent-reduced product:

- a product having minimal scent, labeled hypo-allergenic or for sensitive skin.

Scent/fragrance:

- a chemical or additive that creates an aroma or odour. These are found in a wide range of common products including perfume, aftershave, deodorant, soap, air fresheners, fabric softeners, laundry detergents, facial tissues, candles, and maintenance products.

Procedures for Responding To Fragrance/Scent Concerns

Scent-related complaints and issues will typically fall into one of two separate categories:

- a) Medically supported evidence of ill-health effects (either arising from or exacerbated by scents) provided; or
- b) Comfort- related concerns.

In the case of comfort-related concerns, only the informal process can be initiated. In the case that scent-free cannot be achieved in the affected workers environment, efforts should be made to explain the difference between comfort-related issues and hazards associated with ill-health as well as to continue to attempt to facilitate a resolution.

A principal/manager is responsible for initiating the informal process when notified by an employee, either verbally or in writing, of a concern related to scents, fragrances and/or construction and maintenance products.

While it may be required at some point that the employee provide supporting medical documentation in respect to the causes and symptoms of their issue, the absence of such does not remove the need for an immediate response.

Principal/Manager Responsibilities

1.0 Informal Process

- 1.1 Meet with the individual to clarify the issue, to understand the impact that the fragrance/scent is having on their health and the actions that they are taking to address the problem.
- 1.2 In a timely manner, develop a fragrance/scent-safe workplace plan. Note – the workplace plan does not need to be complicated. It could be as simple as asking staff to refrain from wearing colognes/perfumes while at work, or requesting employees to refrain from bringing air fresheners or cleaning products into the workplace.
- 1.3 Communicate with staff and students highlighting the key points of the plan and requesting everyone's cooperation and understanding to create a safe environment for all.
- 1.4 Continue to monitor the situation both in terms of the employee's health and the implementation of the plan.
- 1.5 If the principal/manager does not receive the necessary cooperation and/or the situation is not resolved by the informal steps, it may be necessary to initiate the formal process.

2.0 Formal Process

- 2.1 Meet with the employee to discuss next steps, including consultation with the Health and Disability Officer and, where applicable their union representative and the requirement for medical documentation which includes specific restrictions and limitations. This is necessary in order to develop an official fragrance/scent-safe accommodation plan.
- 2.2 The Health and Disability Officer will facilitate the development of a medical accommodation plan that will identify the necessary actions and outline the responsibilities of the principal/manager/employee/superintendent to establish and maintain a fragrance/ scent-safe workplace. The plan may include but are not limited to:

- Place a fragrance/scent-safe statement in all Ebase work orders for the workplace.
 - Install signage indicating that this workplace is a fragrance/scent-safe environment (front door, side entrance, daycare if applicable).
 - Update SDS 'The school is fragrance/scent-safe. No fragrances/scents permitted, due to potential severe allergic reaction'.
 - Memo to school staff (Appendix 1)
 - Memo to parents - elementary (Appendix 2)
 - Memo to students – secondary (Appendix 3)
 - Memo to All Itinerant Staff, Volunteers, and Visitors including Childcare Programs (full day, B & A programs) and Community Outreach Programs (Appendix 4)
 - Memo to Maintenance Staff & Contractors (Appendix 5)
 - For meetings held in enclosed rooms (within or outside of the school premises), advise attendees in advance that it will be a fragrance/scent-safe environment and to refrain from wearing any perfume/cologne or scent producing products.
 - Reminder messages for curriculum night, interview night, school website, school newsletter (minimum once per term), and community use of schools.
- 2.3 Share the mandatory requirements of the workplace plan with staff, students and others who must comply with the expectations. Reinforce the need for cooperation to ensure that the goal of a healthy and safe workplace is attained.
- 2.4 Continue to monitor the situation both in terms of the employee's health and in the implementation of the plan.
- 2.5 If compliance with a fragrance/scent-safe workplace does not occur at this level, contact the superintendent with responsibility for the facility/workplace for support in addressing the issue.

Appendix 1 Initial Memo to Staff

Dear Staff:

Please be aware that we have received a request to establish a fragrance/scent-safe workplace due to medical reasons. We ask that you review the following information and respond as requested. If you have any questions please do not hesitate to contact me.

What is the issue?

Exposure to fragrances and scented products can trigger serious health reactions in individuals with asthma, allergies, migraines, or chemical sensitivities.

Fragrances and scents are found in a wide range of products including perfume, aftershave, deodorant, soap air fresheners, fabric softeners, laundry detergents, facial tissues, and candles.

It is a personal choice to use fragrances or scents; however it is important to recognize that the chemicals from which these are created are, by their very nature, shared. The chemicals vapourize into the air and are easily inhaled by those around us. Today's fragrances/scented products are made up of a complex mixture of chemicals which can contribute to indoor air quality problems and cause health problems.

Susceptible individuals can experience a variety of symptoms, including headache, sore throat, runny nose, sinus congestion, wheezing, and shortness of breath, dizziness, anxiety, anger, nausea, fatigue, mental confusion and an inability to concentrate. Although the mechanisms by which chemicals act to produce symptoms are not yet understood, the impact on all those affected can be quite severe, resulting in great difficulty in work and study activities.

Moving towards a fragrance/scent-safe environment.

In order to protect those individuals with sensitivities to fragrances and scents, we are asking for your cooperation towards a fragrance/scent-safe environment in this workplace. Employees, students and visitors are strongly encouraged to avoid or reduce the use of fragrances or scented products.

What is the Grand Erie District School Board doing about fragrance/scent related issues in the workplace?

Recognizing that fragrances and scents may negatively impact on indoor air quality, the Board will:

- Minimize the use of products which contain fragrances and scents.
- Promote the use of environmentally-friendly products in cleaning and building materials.
- Optimize air quality by means of proper ventilation, as well as ensuring peak performance and proper maintenance of building ventilation systems.
- Develop information for the GEDSB community.

What can you do to help?

- Be considerate of those who are sensitive to fragrances and scents. Avoid using these products in the workplace.
- If you must use a fragrance or scented product please use it sparingly. A general guideline for fragrances and scented products is that they should not be detectable more than an arm's length away.
- Avoid using products such as air fresheners in your work area.
- If possible, avoid using scented laundry products or cleaning agents. Allow dry cleaned clothing to be aired out prior to wearing.

What should you do if you are approached because you are using a fragrance or wearing a scented product?

If you are informed that the fragrance that you are using or wearing is creating a health problem and you are requested to refrain from using the product while at work, you may feel puzzled, hurt, annoyed, defensive or even insulted by the request. Understand that it is not about you as a person or about your choice of fragrance or scent, but it is about the product and the adverse effect it is having on someone.

- Consider discussing the issue openly with the person or with your supervisor and the person. Ask questions about the health impact on the person and the types of symptoms experienced.
- Work with cooperation and understanding towards a mutual satisfactory resolution.

What should you do if you encounter a person in the school who is either wearing a fragrance or using scented products?

- If you feel you can do so comfortably, approach the individual and let them know that the fragrance or scent may cause an adverse reaction to some individuals in the workplace. Talk to the individual in a cordial and respectful manner, requesting their understanding and cooperation. Remember that many people are unaware of the potential adverse health effects caused by the wearing or use of fragrances or scented products.
- As an employee, you may ask your supervisor/principal to discuss this matter with the individual involved or with the group of employees.

Thank you for your attention regarding this matter. Sincerely,

Principal/Manager, School/ Dept/Board

Appendix 2 Sample Memo for Parents - Elementary

Dear Parents,

XXX School is instituting a 'FRAGRANCE/SCENT-SAFE' environment in our school effective DATE.

This requirement is a necessary response to a medical concern and will apply to all staff, students, parents, visitors, and volunteers who work or visit the school.

Background

Fragrances and scents are found in a wide range of products including perfume, aftershave, deodorant, soap air fresheners, fabric softeners, laundry detergents, facial tissues, and candles. Exposure to fragrances and other scented products may trigger adverse health reactions (e.g., asthma attack, anaphylactic reaction and shortness of breath) in individuals with asthma, allergies, migraines, or chemical sensitivities. Other less serious but equally debilitating symptoms include headache, sore throat, runny nose, sinus congestion, wheezing, dizziness, anxiety, anger, nausea, fatigue, mental confusion and an inability to concentrate.

Moving towards a fragrance/scent-safe environment

In order to protect those individuals with sensitivities to fragrances and scents, and to possibly prevent others from developing such sensitivities, we are asking for your cooperation towards a 'fragrance/scent-safe' environment at this school. Employees, students and visitors are being requested to avoid the use of these products while at the school.

While it is recognized that it is a personal choice to use fragrances or scented products, the chemicals from these products are, by their very nature, shared as they vapourize into the air and are easily inhaled by others. Today's fragrances and scented products are made up of a complex mixture of chemicals which can contribute to indoor air quality problems and cause health problems.

What can you do to help?

Be considerate of those who are sensitive to fragrances or scents. Avoid using these products in the school.

- If fragrances or scented products must be used, do so sparingly. A general guideline for fragrances and scented products is that they should not be detectable more than an arm's length away from you.
- Discuss this issue with your children.
- Please understand that this issue is not about you as a person or about your choice of fragrance or scent, but it is about the adverse reaction the use of the product may cause.

The success of our fragrance/scent-free initiative will depend upon the thoughtfulness, consideration, and cooperation of everyone within the school community.

Thank you for your cooperation.

Principal School

Appendix 3 Sample Memo for Secondary Students

XXX School is instituting a 'FRAGRANCE/SCENT-SAFE' environment in our school effective DATE.

This requirement is a necessary response to a medical concern and will apply to all staff, students, parents, visitors, and volunteers who work or visit the school.

Background

Fragrances and scents are found in a wide range of products including perfume, aftershave, deodorant, and soap. Exposure to fragrances and other scented products may trigger adverse health reactions (e.g., asthma attack, anaphylactic reaction and shortness of breath).

Your cooperation is expected regarding the following:

- Avoid using fragrances or scented products such as perfume, cologne, body spray or scented soap while at school.
- If fragrances or scented products must be used, do so sparingly. A general guideline for fragrances and scented products is that they should not be detectable more than an arm's length away from you.

Please understand that this issue is about the serious adverse health reaction that can occur as a result of the product you are wearing.

The success of our fragrance/scent-free initiative will depend upon the thoughtfulness, consideration, and cooperation of everyone within the school community.

Thank you for your cooperation.

Principal School

Appendix 4 • Sample Memo to All Itinerant Staff, Volunteers, and Visitors including Childcare Programs (full day, Before & After programs) and Community Outreach Programs



**Growing Excellence...
Inspiring Success**

Grand Erie District School Board
Head Office: 349 Erie Avenue, Brantford, Ontario N3T 5V3
Telephone: (519) 756-6301 Fax: (519) 756-9181

TO: All Itinerant Staff, Volunteers, and Visitors
FROM: XXXX, Principal/Manager
DATE: XXXX
SUBJECT: Fragrance/Scent Safe School

Please be advised that there is a member of our school community who has a serious or life threatening allergy to scents and/or fragrances.

In order to provide a safe environment, we are asking for co-operation from staff, students and visitors to avoid the use of fragrances or scented products while at the school.

Thank you for your co-operation

Appendix 5 Sample Memo for Maintenance Grand Erie District School Board



**Growing Excellence...
Inspiring Success**

Grand Erie District School Board
Head Office: 349 Erie Avenue, Brantford, Ontario N3T 5V3

Telephone: (519) 756-6301 Fax: (519) 756-9181

TO: Maintenance Services Staff and contractors
FROM: XXXX
DATE: XXXX
SUBJECT: Maintenance and Work Related Odours and Fragrance/Scent Safe Schools

Please be advised that there is an individual at School/Facility who has a serious or life threatening allergy to a wide variety of chemicals (e.g., scents/fragrances, maintenance and plant related odours, such as soldering and cleaning chemicals).

Upon entering the School/Facility, it is required that all Maintenance Staff and Maintenance Contractors check in with the office staff/receptionist and the Head Custodian prior to starting work at this school each day. Please ensure that you speak to the office staff/receptionist; signing the log book is not sufficient.

The office staff/receptionist will contact the employee to inform them that maintenance work is going to be performed. You will be advised when it is safe to proceed with your work.

Thank you for your co-operation.

Appendix 6 Sample Memo for School Newsletter

We would like to remind parents and students that School is a fragrance/scent-safe environment. There are staff members and/or students who could suffer severe adverse reactions when exposed to even the smallest amount of a fragrance or scents. We ask that the community support us in our efforts to maintain a healthy and safe environment by refraining from wearing fragrances or scented products when visiting the school, even if your visit will be short.

Draft



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: Scott Sincerbox, Superintendent of Education

RE: **HR113 Teacher Performance Appraisal**

DATE: September 12, 2016

Recommended Action: Moved by _____ Seconded by _____
 THAT the Grand Erie District School Board forward Administrative Procedure HR113 “Teacher Performance Appraisal” to all appropriate stakeholders for comment to be received by December 2, 2016.

Background

Administrative Procedure HR113 “Teacher Performance Appraisal” was approved by the Board in June, 2013, and has been identified for review.

Additional Information

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

Proposed Changes

Original Wording	Proposed Wording
<u>Accountability:</u> 2. Severity Threshold – As needed (eg. Changes in Ministry guidelines/collective agreements)	<u>Accountability:</u> 2. Severity Threshold – As needed (eg. Changes in Ministry guidelines/collective agreements)
<u>Procedures</u> 5. Parent and Student Surveys Teachers are encouraged to gather parent and student input in developing, reviewing, and updating their ALP each year. Seeking parental and student input is an important vehicle for informing a teacher’s professional learning and teaching practice. Attached are Appendix B “Parent Input Survey” and Appendix C “Student Input Survey”, for those teachers who wish to use them to gather input.	5. Parent and Student Surveys Teachers are encouraged to gather parent and student input in developing, reviewing, and updating their ALP each year. Seeking parental and student input is an important vehicle for informing a teacher’s professional learning and teaching practice. Attached are Appendix B “Parent Input Survey” and Appendix C “Student Input Survey”, for those teachers who wish to use them to gather input.
Appendix A Annual Learning Plan	Appendix A New version attached
Appendix B	Appendix B

Parent Input Survey Appendix C Student Input Survey	Removed Appendix C Removed
Appendix D Individual NTIP Strategy Form	Appendix D (Now Appendix B) New version attached

Communication Plan

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

Respectfully submitted,

Scott Sincerbox
Superintendent of Education

**Teacher Performance Appraisal****Board Received:** June 24, 2013**Review Date:** September 2016**Accountability:**

1. Frequency of Reports – As needed
2. ~~Severity Threshold – As needed (eg. Changes in Ministry guidelines/collective agreements)~~
3. Criteria for Success – Process enhances job performance and the learning environment.

Procedures**1. Experienced Teachers****a) Annual Learning Plans**

- i) The Grand Erie District School Board will ensure that every teacher employed by the Board has an Annual Learning Plan (ALP) (see Appendix A) that addresses the teacher's own professional growth.
- ii) The teacher must prepare an ALP every year in consultation with his/her principal and submit it by October 15th.
- iii) All ALP's must include the teacher's professional growth objectives as well as their proposed action plan and timelines for achieving those objectives.
- iv) In the teacher's evaluation year, the teacher and principal must review and update the teacher's current ALP in a meeting as part of the performance appraisal process. The pre-observation and post-observation meetings provide opportunities for this review to take place.

b) Teacher Performance Appraisals

- i) Teacher performance appraisals are to be conducted using the timelines and procedures as outlined in the *Education Act*, Regulations and the document entitled, "Performance Appraisal of Experienced Teachers – Technical Requirements Manual".
- ii) Principals must conduct a minimum of one performance appraisal for each experienced teacher in their year of review.
- iii) The principal must notify all teachers for whom performance appraisals will be conducted within the first 20 school days of the school year.
- iv) If necessary, the provision for missed timelines in Section 277.22 of the *Education Act* may be applied.

c) Documentation Requirements

- i) Every person who conducts a performance appraisal of a teacher shall submit a copy of the summative report and the ALP to the Family of Schools Superintendent for inclusion in the human resources file of the teacher. Teachers who have had a performance appraisal will receive a copy of the signed Summative Report.

- ii) Human Resources Services will retain a copy of each performance appraisal record for at least six years from the date of the summative report.

2. Teachers New to the Profession

a) Definition

Teachers newly hired by the Board into permanent contract positions (full-time or part-time) to begin teaching for the first time in the province of Ontario.

b) Teacher Performance Appraisals

- i) Teacher performance appraisals are to be conducted using the timelines and procedures as outlined in the *Education Act*, Regulations and the document entitled, “Manual for Performance Appraisal of New Teachers”.
- ii) Principals must conduct two performance appraisals in the first 12 months that a teacher new to the profession is employed. For teachers who do not receive two performance appraisals with satisfactory ratings in the first 12 months after they begin teaching, additional evaluation(s) will occur in a second 12 month period.
- iii) Where a teacher is teaching in only one semester, both evaluations will be completed during that one semester.
- iv) Where a teacher is assigned to semester one in a school and semester two in another school, one performance appraisal shall be completed in each school during the teacher’s initial 12 months of employment.

c) Documentation Requirements

- i) Every person who conducts a performance appraisal of a teacher shall immediately submit a copy of the summative report to the Family of Schools Superintendent for inclusion in the human resources file of the teacher.
- ii) After two satisfactory performance appraisals have been completed within the first 12 months of teaching, and the teacher has participated in the New Teacher Induction Program (orientation, mentoring, professional development and training), the principal shall complete an Individual Strategy Form (Appendix D). The form is submitted to Human Resources Services and the performance appraisals to their Family of Schools Superintendent, who will then forward them to Human Resources Services.
- iii) Human Resources Services shall notify the Ontario College of Teachers that the teacher has successfully completed the New Teacher Induction Program within 60 calendar days of completion.
- iv) Human Resources Services will retain a copy of each performance appraisal record for at least six years from the date of the summative report.
- v) When a principal is considering employing a teacher from another Board, prior to any job offer, the principal shall contact Human Resources Services who will contact the last Board that employed the teacher, if any, to request the following:
 - information about the elements of the New Teacher Induction Program that the teacher was required to participate in at the board in accordance with section 270 of the *Education Act* and O. Reg 266/06;
 - copies of the performance appraisal documents that are in possession of the board that relate to performance appraisals of the teacher conducted by the board;
 - copies of all documents relied on in conducting performance appraisals of the teacher;

- copies of any Enrichment Plan prepared for the teacher under clause 277.40.1(2)(g) of the Act and any Improvement Plan prepared for the teacher under clause 277.40.2(2)(g) of the Act;
- copies of any documents relating to the termination of the employment of the teacher or to a recommendation for the termination of the employment that are in the possession of the board and that, in the opinion of the board, may be relevant to the decision of the requesting board;
- copies of any documents relating to the teacher's resignation while on review status

3. Teachers New to the Board (but not new to the profession)

a) Definition

Teachers newly hired by the Board into permanent contract positions (full-time or part-time) who have previous permanent teaching experience with another Board in the province of Ontario.

b) Teacher Performance Appraisals

- Teacher performance appraisals are to be conducted using the timelines and procedures as outlined in the *Education Act* and Regulations.
- Principals must conduct at least one performance appraisal in the first year that a teacher is employed.

c) Documentation Requirements

- Every person who conducts a performance appraisal of a teacher shall submit a copy of the summative report (and the ALP with the first report) to the Family of Schools Superintendent for inclusion in the human resources file of the teacher.
- Human Resources Services will retain a copy of each performance appraisal record for at least six years from the date of the summative report.
- When a principal is considering employing a teacher from another Board, the principal shall conduct appropriate reference checks with the teacher's former principal and/or vice-principal using the approved Reference Check Form. Completion of the Reference Check Form will indicate if the teacher had a recent Teacher Performance Appraisal and what the rating was. Prior to making any job offer, the principal shall contact Human Resources Services who, if necessary, will then contact the last Board that employed the teacher to request the following:
 - Copies of the performance appraisal document and all other documents relied on in conducting the last two performance appraisals of the teacher, if either of those appraisals resulted in an unsatisfactory rating.
 - Copies of any documents relating to the termination of the teacher's employment or to a recommendation for the termination of the teacher's employment that are in the possession of the Board and that, in the opinion of the Board, may be relevant to the decision of the requesting Board.
 - Copies of any documents relating to the teacher's resignation while on review status that are in the possession of the Board and that, in the opinion of the Board, may be relevant to the decision

4. Duties and Powers re: Performance Appraisals

- a) The principal assigned to the school to which the teacher is assigned must conduct the performance appraisals in the teacher's evaluation year unless the responsibility is delegated to the vice-principal.
- b) Duties or powers of a principal shall be performed or exercised by the Family of Schools Superintendent where:
 - i) the principal and Superintendent agree that the Superintendent shall perform the duty or exercise the power.
 - ii) the Family of Schools Superintendent is of the opinion that the principal is unable to perform the duty or exercise the power in a timely way because of absence or some other reason.
- c) The duty or power of the Family of Schools Superintendent may be performed or exercised by another Superintendent employed by the Board where the Superintendent who would ordinarily perform the duty or exercise the power is unable to do so in a timely way because of absence or some other reason.
- d) When a series of one or more performance appraisals are to be conducted as part of a process, the effect of each of the appraisals is the same regardless of whether the duties or powers in relation to different appraisals are performed or exercised by different individuals or individuals holding different titles.
- e) Where a teacher is assigned to teach part-time in each of two schools, the performance appraisal will be completed by the principal of the teacher's designated home school.
- f) Performance appraisals for itinerant teachers, teacher-consultants and coordinators will involve observing the mandated competencies in situations such as the delivery of workshops, program meetings, parent/student conferences and the teaching of sample lessons.
- g) Performance appraisals of all teacher support staff (i.e. Program Coordinators, Teacher Consultants or itinerant teachers) will be completed by the appropriate Principal-Leader or Superintendent.

~~5. Parent and Student Surveys~~

~~Teachers are encouraged to gather parent and student input in developing, reviewing, and updating their ALP each year. Seeking parental and student input is an important vehicle for informing a teacher's professional learning and teaching practice. Attached are Appendix B "Parent Input Survey" and Appendix C "Student Input Survey", for those teachers who wish to use them to gather input.~~

5. Accountability

- a) In order to ensure compliance with all timelines provided in the teacher performance appraisal process, Family of Schools Superintendent will communicate with each of their principals by both January 31 and May 31 of each school year and will review the progress of the performance appraisals.
- b) Principals who do not comply with the timelines and procedures outlined in the teacher performance appraisal process will be subject to disciplinary procedures (as outlined in HR119 Progressive Discipline) implemented by the Family of Schools Superintendent.

- c) The Director of Education has overall responsibility for ensuring that performance appraisals are conducted according to the acts, regulations and Board policies and procedures.

Teacher’s Last Name

Teacher’s First Name

Principal’s Last Name

Principal’s First Name

Name of School

Name of Board

Description of Teacher’s Assignment (Grade(s), Subject(s), Full-time/Part-time, Elementary/Secondary, etc.)

Background to Inform Professional Growth Goals, Action Plan, and Timelines

Recommended professional growth goals and strategies from the summative report of my most recent performance appraisal:

Professional learning and growth that I have experienced over the past year(s):

Reflections on parental and student input to inform my professional learning and teaching practice:

***Note: Teachers are encouraged to consider parental and student input to inform their professional learning and teaching practice. This is not a mandatory component.

Professional Growth Goals	Professional Growth Strategies to Help Reach Goals	Rationale for Professional Growth Goals and Strategies	Action Plan and Timelines

Other Comments (Teacher)

Other Comments (Principal)

Date of Next Review and Update of the Annual Learning Plan

Date (yyyy/mm/dd)

Principal’s Signature

My signature indicates that the teacher consulted with me to review and update the Annual Learning Plan.

Date (yyyy/mm/dd)

Teacher’s Signature

My signature indicates that I reviewed and updated the Annual Learning Plan in consultation with my principal.

Date (yyyy/mm/dd)

Appendix B

INDIVIDUAL NTIP STRATEGY FORM



Name:

New Teacher Induction Program (NTIP) Elements	Professional Learning Goals	Strategies for meeting my goals	Principal Initials*
*The principal only needs to initial the elements in which the new teacher /beginning LTO teacher has participated in the event that the new teacher transfers schools/boards before completing the NTIP			
Orientation			
Board level (See section 4.3 in NTIP Induction Elements Manual)			
School level (See section 4.3 in NTIP Induction Elements Manual)			
Professional Development and Training - <i>These opportunities must be differentiated to meet the needs of the teachers' specific assignments (e.g., rotary, itinerant, self-contained, elementary, secondary...etc.)</i> Opportunities might address: Classroom Management; Planning, Assessment and Evaluation; Communication with Parents; Teaching Students with Special Needs and other Diverse Learners; Education Priorities (e.g., Literacy and Numeracy strategies, Student Success, Safe Schools, PAL, FSL, Early Learning, Equity and Inclusive Education)			
<u>Area of PD and Training</u> • e.g., Classroom Management	<u>Professional Learning Goals</u> e.g., Developing effective classroom routines.	<u>Strategies for meeting my goals</u> e.g., Attend workshop; meet with mentor; dialogue with colleagues.	
Mentoring – Development of NTIP Individual Strategy with Mentor; Mentoring activities (e.g., planning, dialogue, professional development, other)			

<u>Mentoring Activity</u>	<u>Professional Learning Goals</u>	<u>Strategies for meeting my goals</u>	
<ul style="list-style-type: none"> e.g., Planning 	e.g., Develop effective strategies to maximize uninterrupted learning time and student time on task.	e.g., Observe mentor; engage in pre and post observation dialogue with mentor.	

SIGNATURES ARE REQUIRED UPON COMPLETION OF THE NTIP.

I have participated in the NTIP elements described above.	
Teacher* Signature: _____	Date: _____ *The new teacher should keep a copy of the completed form.
This new teacher has completed two satisfactory teacher performance appraisals and his/her name will be forwarded to the Ontario College of Teachers for NTIP notation.	
Principal Signature: _____	Date: _____



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: Jamie Gunn, Superintendent of Business and Treasurer

RE: **SO133 – Signing Authorities for Short Term Agreements**

DATE: September 12, 2016

Recommended Action: Moved by _____ Seconded by _____
 THAT the Grand Erie District School Board forward Procedure SO133 – Signing Authorities for Short Term Agreements to all appropriate stakeholders for comment to be received by December 2, 2016

Background

Procedure SO133 – Signing Authorities for Short Term Agreements was approved by the Board in June 2013 and has been identified for review.

Additional Information

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

Proposed Changes

Original Wording	Proposed Wording
Title: ADMINISTRATIVE PROCEDURE	Title: ADMINISTRATIVE PROCEDURE
2. Severity Threshold – As needed	2. Severity Threshold — As needed
Procedures: 2.1c) provided all conditions of SO105 procedures are followed.	Procedures: 2.1c) provided all conditions of SO105 Policy SO15-Out of Classroom Field Trips and Excursions are followed.

Communication Plan

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

Respectfully submitted,

Jamie Gunn
 Superintendent of Business and Treasurer

**Signing Authorities for Short Term Agreements****Board Received:****Review Date:****Accountability**

1. Frequency of Reports – As needed
2. ~~Severity Threshold – As needed~~
3. Criteria for Success – Agreements are within budget limits
– Board liability exposure is reduced from improperly signed agreements

Procedures

1. In addition to “Bylaw 13 – Signing Authorities of the Board”, certain situations exist where school administrators may be requested to enter into agreements with organizations to facilitate school management. Permission to sign certain short term agreements is extended to school administrators under certain conditions following proper review of the documents by Senior Administration. All documents for review must be submitted to the Superintendent of Business a minimum of 30 days prior to the event.
2. Out of classroom trips and tours requiring agreements with operators of facilities.
 - 2.1 School Administrators’ Authority
School administrators wishing to approve out of classroom trips and tours requiring agreements with operators of facilities will be permitted to sign agreements for excursions:
 - a) lasting not more than three days;
 - b) subject to limits of available budgets and within any applicable fund raising criteria;
 - c) provided all conditions of ~~SO105 procedures~~ Policy SO15-Out of Classroom Field Trips and Excursions are followed.
 - 2.2 Teachers do not have signing authority for these agreements.
3. Lease or Rental of Offsite Facilities for Special Occasions
 - 3.1. School Administrators’ Authority
School administrators wishing to approve rental of offsite facilities for graduation exercises, etc. will be permitted to sign lease agreements:
 - a) for periods of one to five days;
 - b) subject to limits of available budgets and within any applicable fund raising criteria.
 - 3.2. Teachers do not have signing authority for these agreements.
4. Lease or Rental of Offsite Facilities for Program Use
 - 4.1. Senior Administrators’ Authority
 - a) School administrators wishing to approve rental of offsite facilities for programs are required to complete an inspection of the premises by authorized Board staff according to “Pre-Lease Requirements”. (Appendix A attached.)
 - b) Lease agreements will be signed by the authorities listed in Bylaw 13, only after school administrators have demonstrated available operational and maintenance budgets.
 - 4.2. Principals and Teachers do not have signing authority for these agreements.

5. Funding Agreements with Charitable or Other Organizations for School Fundraising
 - 5.1. Senior Administrators' Authority
 - a) School administrators wishing to work with external agencies for the purpose of school fundraising or to accept donations to the school are to submit all applications to the office of the Superintendent of Business for review and approval.
 - b) Funding agreements will be signed by the authorities listed in Bylaw 13, only after school administrators have demonstrated all conditions of relevant Board policy or procedures are complied with including:
 - F3 Capital Related Fundraising and Community Donations,
 - ~~F105 Capital Related Fundraising and Community Donations,~~
 - ~~F106 Donated Appliances, Equipment, Furnishings and Supplies.~~ Receipt of Charitable Donations.
 - 5.2. Principals and Teachers do not have signing authority for these agreements.
6. Contracts with Outside Organizations for Goods or Services
 - 6.1. Senior Administrators' / Senior Support Staff Authority.
 - 6.2. Agreements for system-wide services or goods, such as Requests for Quotations, Invitations to Tender, Request for Proposals or competitive bids for copiers, postage meters, office equipment/furniture, computers, consumable supplies, catering services, auto leases are reviewed by the Superintendent of Business and signed according to Bylaw 13.
 - 6.3. Principals and Teachers do not have signing authority for these agreements.
7. Contracts with Outside Organizations for Goods and Services not listed above are not to be signed until reviewed by Senior Administration.



Grand Erie District School Board Pre-Lease Requirements for Off-Site Locations

Section A

School	Program	Principal

Section B

Check Before Proceeding		Approved By:	
		Division Manager – Operations and Health & Safety Call 281136	Health & Safety Officer Call 281136
1	Is Current Use of Property Appropriate For Educational Site? State Current Use:		
2	MOE and MOL Regulations Met or Exceeded		
3	Compliance With Municipal Bylaws		
4	Washrooms Appropriate for Male and Female staff and students		
5	Zoning Appropriate for Education Purposes		

Section C

		Fill in Required Information if Available		
1	Address of proposed program site			
2	Landlord mailing address			
3	Landlord telephone Number			
4	How much space (square footage) is being rented?			
5	Term of Rental (eg. September to August)			
6	Amount of monthly rent and HST			
7	Who is Responsible for:		Landlord	Tenant
	(a) Utilities			
	(b) Snow Clearing			
	(c) Grass Cutting			
	(d) Daily Cleaning			
	(e) Maintenance			
	(f) Furniture			
8	Insurance Requirements are Met by both the Landlord and the Tenant			
9	Is transportation (public or Board) available			

Submit completed forms to : Administrative Assistant to the Superintendent of Business



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: Scott Sincerbox, Superintendent of Education

RE: **HR110 Hiring Procedures**

DATE: September 12, 2016

Recommended Action: Moved by _____ Seconded by _____
 THAT the Grand Erie District School Board receive Procedure HR110 — “Hiring Procedures” as information.

Background

Administrative Procedure HR110 - “Hiring Procedures” was circulated to all appropriate stakeholders for comments to be received by May 27, 2016.

Comments Received

#1 Please include Equity And Inclusive statements

Response: These statements are covered in the policy and the posting

#2 change 1a to clarify

Response: Change made

#3 suggest adding ‘complete and’ to 3l

Response: Change made

#4 correct title of HR108 in 4d and Appendix A

Response: Change made

Additional Information

Suggested revisions have been made to the Administrative Procedure and a draft revised procedure is attached.

Proposed Changes

Original Wording	Proposed Wording
Procedures: 1. Preparation for the Hiring Process a) Where Collective Agreements or legislation dictate otherwise, those provisions supersede where applicable.	Procedures: 1. Preparation for the Hiring Process a) Where Collective Agreements or legislation dictate otherwise, those provisions supersede where applicable these provisions.

<p>3. Interview Process (Guidelines for Conducting Interviews [Appendix A])</p> <p>l) The candidate will sign a Reference Consent Form to authorize contacting of references.</p> <p>4. Selection Process</p> <p>d) New employees will receive a conditional offer of employment until such time as they have submitted a Police Record Check including a vulnerable sector search that is acceptable to the Board as per HR108 Police Record Checks for New Employees.</p>	<p>3. Interview Process (Guidelines for Conducting Interviews [Appendix A])</p> <p>l) The candidate will complete and sign a Reference Consent Form to authorize contacting of references.</p> <p>4. Selection Process</p> <p>d) New employees will receive a conditional offer of employment until such time as they have submitted a Police Record Check including a vulnerable sector search that is acceptable to the Board as per HR108 Police Record Checks for New Employees.</p>
<p>Appendix A DO</p> <p>7. All new employees to Grand Erie must submit a satisfactory Police Record Check including a vulnerable sector search prior to commencement of duties, as per HR108 Police Record Checks for New Employees.</p>	<p>Appendix A DO</p> <p>7. All new employees to Grand Erie must submit a satisfactory Police Record Check including a vulnerable sector search prior to commencement of duties, as per HR108 Police Record Checks for New Employees.</p>

Communication Plan

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

Respectfully submitted,

Scott Sincerbox
Superintendent of Education



PROCEDURE

HR110

Hiring Procedures

Board Received:

Review Date: February 2016

Accountability:

1. Frequency of Reports – As needed
2. Criteria for Success – Hiring is fair, equitable and transparent

Procedures:

1. Preparation for the Hiring Process

- a) ~~Where Collective Agreements or legislation dictate otherwise, those provisions supersede where applicable these provisions.~~
- b) New positions or additional staff require approval from Human Resources Services, and the Board where required, and must be consistent with collective agreements.
- c) Positions shall be posted internally and/or advertised externally as required. Postings are prepared by Human Resources Services and will provide instructions on the application process.
- d) The principal/supervisor, or designate, shall ensure that the principles of equity and inclusive education are incorporated into all aspects of the hiring/selection process. It is important that students see themselves reflected in their curriculum, their physical surroundings, the broader environment and in the adults with whom they interact while at school.

2. Processing of Applications

- a) The principal/supervisor, or designate, shall screen applications to ensure candidates are qualified for the position. Job related criteria must be developed and consistently applied.
- b) Screening of candidates for the interview is based on job criteria and in accordance with HR9 – Hiring, Supervision and Placement of a Family Member.
- c) Individuals to be interviewed will be given reasonable notice of time and location. Information concerning the make-up of the interview team will not be made available to the candidates or to the public.

3. Interview Process (Guidelines for Conducting Interviews [Appendix A])

- a) When contacting applicants to set up an interview, the principal/supervisor, or designate, must consult with each candidate regarding any necessary accommodation to enable their participation in the interview process. If the candidate indicates that they do require accommodation, the principal/supervisor, or designate, must determine the nature of that accommodation and make arrangements to provide a suitable accommodation to meet the needs of the applicant. Selected applicants must also be notified that any assessment and selection materials and processes used will be available in an accessible format upon request.
- b) The principal/supervisor, or designate, shall develop interview questions and an evaluation tool consistent with job criteria and relevant legislation such as the Human Rights Code. The interview questions should include some behavioural-based questions.

- c) The interview team shall contain diversity of gender, if at all possible. A minimum of three principals/supervisors, or designate, will serve on the team. If, at times of the year, three principals/supervisors, or designate, are not available, a contact with the appropriate Superintendent to obtain consent to have two principals/supervisors (or non-union supervisors) on the team is an option.
- d) The principal/supervisor, or designate, will direct the team.
- e) Each team member will be provided with a package of information consisting of resumes of candidates and the posting, preferably in advance of the interviews.
- f) The team will meet to discuss the questions and selection criteria to ensure that there is a common understanding of the process and the criteria.
- g) Each candidate shall be asked the same questions.
- h) The questions posed should be based on the job criteria and be of such a nature as to probe the candidate's actual performance and degree of success in past roles. The candidate should demonstrate specific areas of strength and the ability to grow professionally.
- i) Although appropriate to ask a candidate to clarify, expand on an idea, or to pursue a particular line of thinking, it is not acceptable to prompt or lead a candidate in his/her response.
- j) During the interview, team members should record only the factual responses of the candidates.
- k) Based on the interview, the principal/supervisor, or designate, will be responsible for developing an evaluative summary for each candidate.
- l) The candidate will complete and sign a Reference Consent Form to authorize contacting of references. The candidate may be asked to provide references in addition to those they have provided on the Reference Consent Form.

4. Selection Process

- a) The interview team will determine the successful candidate as soon as possible following the interviews. At least two appropriate references (one of whom must be the current/most recent supervisor) for every candidate who is recommended to be hired for a permanent position will be checked before a final recommendation is made.
- b) The principal/supervisor, or designate, is responsible for collecting all materials, including the job posting. These must be filed in a secure area as per the *Municipal Freedom of Information and Protection of Privacy Act* and Board guidelines and retained for two years from the date of the interview.
- c) Prior to offering the successful candidate the position, the principal/supervisor, or designate, must contact Human Resources Services.
- d) New employees will receive a conditional offer of employment until such time as they have submitted a Police Record Check including a vulnerable sector search that is acceptable to the Board as per HR108 Police Record Checks for New Employees.
- e) In making the job offer, the principal/supervisor, or designate, must also notify the successful applicant of the Board's Policy/Procedure HR116 for accommodating employees with disabilities.
- f) Human Resources Services will coordinate the formal sign up and orientation for successful candidates.

5. Follow Up Procedures

- a) The principal/supervisor, or designate, will notify all candidates who were interviewed of the competition results in a timely manner, preferably through personal contact.
- b) An interview debriefing may be initiated by either the principal/supervisor, or designate, or candidate.

Appendix A

GUIDELINES FOR CONDUCTING INTERVIEWS

With the emphasis on human rights in the workplace, it becomes increasingly important that interviewing teams be aware of legislative requirements related to hiring staff. Every effort should be made to ensure the interview process is objective.

Some basic do's and don't's are outlined here to assist interviewing teams charged with the responsibility of selecting Board staff.

DO

1. Have a minimum of three people involved in the interview. This provides for more individual perspectives and a better assessment of applicants.
2. Establish questions based on job-related criteria to be asked of each candidate. This allows a better evaluation of each candidate's responses and ensures that everyone is treated equally.
3. Ensure that each candidate possesses the basic required skills/experience for the position. Interviewers should be familiar with the essential job requirements before the interviews take place.
4. Check references after the interviews, but prior to offering the position. While this can be time consuming, reference checks, particularly with former supervisors, provide important information about the candidate's work habits and interpersonal relationships. Only those references listed by the candidate may be contacted. Additional references may be requested.
5. Contact Human Resource Services before offering any position.
6. Be aware of human rights legislation that expects a "duty of accommodation" by employers, when considering a candidate. Unless the accommodation would provide "undue hardship" for the employer, some accommodation must be made. It is important to remember that although there may be no intent to discriminate, the Human Rights Commission will be concerned with the outcome of an employer's action.
7. All new employees to Grand Erie must submit a satisfactory Police Record Check including a vulnerable sector search prior to commencement of duties, as per HR108 Police Record Checks for New Employees.

DON'T

1. Make any assumption about the type of candidate being sought for a particular position. For example, if a candidate has indicated to you that they have a disability, or if that is evident to you, do not assume that the disability will prevent the applicant from carrying out the essential duties of the position.
2. Screen applicants or ask questions during the interview relating to:
 - marital status
 - dependents
 - plans for a family
 - ethnic origin
 - age or date of birth
 - religion
 - schools attended
 - health problems
 - or any other prohibited ground under the Ontario Human Rights Code
3. Participate on an interview team if you have a conflict of interest with any applicant (refer to HR9 – Hiring, Supervision and Placement of a Family Member if applicable).



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: Liana Thompson, Superintendent of Education

RE: **SO102 Request for School Assistance in Health Care**

DATE: September 12, 2016

Recommended Action: Moved by _____ Seconded by _____
 THAT the Grand Erie District School Board receive Procedure SO102 — “Request for School Assistance in Health Care” as information.

Background

Procedure SO102 “Request for School Assistance in Health Care” was circulated to all appropriate stakeholders for comments to be received by May 27, 2016.

Comments Received

1. Page 8 - Financial barrier to annual requirement to provide doctor’s signature (condition does not change)
 Response: The condition may change. Leave as is.
2. Supervision – need space for additional alternate names
 Response: amended
3. Page 5 – add additional lines for more triggers
 Response: Amended to include more lines
4. Annual verbal communication with parents is critical (could have literacy challenges) – needs to be included in policy
 Response: Amended to include this reference
5. Lite referral and Resource agenda – add box for exceptionality – check for allergy
 Response: will investigate the possibility of this
6. #2 – should appendix A be added after the form name?
 Response: Amended.
7. #3 – LITE – why is this necessary when the physician/parent fills out a form and it is already in the OSR?
 Response: More detailed support plan for safety is included in LITE forms.
8. #3 (2nd #3) should be the same as the name of appendix A – not “authorization”
 Response: Amended.
9. #6 & 14 should be put into one procedure – or put one after another

Response: Amended.

10. #7 – should appendix B be after the form name?

Response: Amended.

11. There is no comment section on appendix B

Response: Amended to include comment section

12. #9 – who should seek advice from the physician – parent or principal? – change “they” to person responsible

Response: Amended to indicate parent/guardian

13. #15 – should there be some reference to training when it comes to personal assistance?

Response: Reference included in the statement “supported by the recommendations of health care providers”

14. Page 8 parent/guardian approval - Should there be a place for parent/guardian to initial to acknowledge their responsibility in the area that their child needs assistance?
Anaphylaxis/asthma, diabetes/seizure?

Response: amended to include space for initials

15. Would the last sentence in the diabetes area be appropriate to add to the other 3 areas re: parent notification? – separate part of form?

Response: amended to include statement

16. What if refrigeration is required for insulin?

Response: addressed at school level

17. Page 9 Supervision – would a place for printed name be appropriate here?

Response: leave as is – less print reading/writing requirement

18. Appendix B – if this is a monthly form should there be more columns? Maybe some of the info at the top does not need to be on the form.

Response: copy the form at the school level

19. Appendix A - Page 8 – physician’s statement for health care assistance during school hours – and there is a second reference in the next line to school hours - Is school hours a broad enough term?

Response: amended to be consistent – saying “school day”

Additional Information

As a result of these comments, revisions have been made to the Administrative Procedure and a revised procedure is attached.

Communication Plan

This Administrative Procedure will be distributed in keeping with Board Bylaw BL9.

Respectfully submitted,

Liana Thompson
Superintendent of Education



Request for School Assistance in Health Care

Board Received:

Review Date: March 2016

Accountability:

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

Procedures:

As a general rule teaching personnel should not become involved with the administration of medication to, and/or the performance of physical procedures for pupils because such matters are primarily the responsibility of pupils' parents or guardians, in conjunction with trained medical personnel.

This recognizes, however, through the Ontario Ministry of Education and Training Policy Memorandum 81, that there will sometimes be the need for school staff to administer medication to pupils and/or to perform physical procedures for them during the school day in order to enable the education of such pupils to continue, or in emergency situations. The following procedure outlines the conditions under which the administration of medication to and/or performance of physical procedures for pupils by school personnel may be carried out.

1. No teacher or principal employed by the Board is required to administer medication to, and/or perform physical procedures for a pupil. However, in an emergency situation all employees may have to administer first aid, which may include auto-injector or inhalers because of the life threatening nature of the incident. See Policy30 – Management of Potentially Life-Threatening Health Conditions in Schools.)
2. A "Request for School Assistance in Health Care" form shall be completed and forwarded to the principal of the school (to be housed in the Ontario Student Record) prior to the administration of any medication by school personnel. Annual verbal communication with parents/guardians will occur upon initiation of Request for School Assistance in Health Care form.
3. A "Student Support Plan for School" and a "Student Support Plan for Transportation" shall be completed on LITE printed and copied for the parent/guardian to sign, and then housed in the Ontario Student Record.
4. A revised ~~authorization form~~ Request for School Assistance in Health Care form shall be completed by the parents or guardians and forwarded to the principal for each school year, or whenever a modification of the prescribed medication is directed by the physician. The revised authorization form must be received prior to medication being administered.

5. The principal shall maintain a current list of all pupils receiving medication. Such list may be shared with the local Health Unit with the consent of the pupil's parents.
6. Parents are responsible to ensure that the school is advised of any changes in medication.
11. A staff person volunteering to administer medication to a pupil shall give consent to such administration by signing the Supervision section of the Request for School Assistance in Health Care form. Where a staff person agrees to supervise the self-administration of medication by a pupil, the staff person shall give consent to such supervision by signing the Supervision section of the Request for School Assistance in Health Care form.
7. The staff person shall maintain the "Student Medication Record" which includes both administration and self-administration of medication. On dates when the pupil is absent, the log should reflect such pupil absence. The "Comments" section should reflect abnormal or unusual circumstances related to such administration. The monthly log sheet is to be filed in the Ontario Student Record by the principal with the signed authorization form.
8. Medication will be administered in a manner which allows for sensitivity, privacy and dignity of the student, while also encouraging the student to take as much responsibility for his/her own medication as is appropriate.
9. Assistance in training to administer medication is the responsibility of the parents, in conjunction with the principal. They Parent/guardian should seek advice from the physician or the Health Unit.
10. The principal should ensure that medication:
 - a) is clearly labelled for each pupil;
 - b) has clearly indicated dosage; and
 - c) is securely stored to ensure administration to the correct child, and to avoid loss or tampering.
12. Non-health care professionals are not authorized to administer injections; therefore, requests made by parents in relation to administering injections shall be denied. The exemption is when administering auto-injectors for anaphylaxis in an emergency situation.
13. It is understood that the staff person is administering medication under the principle of "in loco parentis", and not as a health professional.
14. Each parent shall be responsible for the delivery of prescribed medication to the principal (or designate) at intervals as may be determined by the parents and/or physician, and the principal (or designate) shall deliver to the parents any unused medication at the end of the school year or other times as determined by the parents and/or physician.
- ~~15. Where a staff person agrees to supervise the self-administration of medication by a pupil, the staff person shall give consent to such supervision by signing the Supervision section of the Request for School Assistance in Health Care form.~~
16. Personal assistance for pupils with physical disabilities such as lifting, toileting, feeding, catheterization, etc. shall not be the responsibility of the teacher in charge of the pupil. Personal assistance support may be carried out by non-teaching personnel assigned such

responsibility by the principal supported by the recommendations of health care providers.

Draft

Appendix A**GRAND ERIE DISTRICT SCHOOL BOARD****REQUEST FOR SCHOOL ASSISTANCE IN HEALTH CARE - Appendix A****STUDENT INFORMATION:**

NAME: _____ D.O.B. _____ Current Age: _____
Surname Given Name YYYY / MM / DD years/ months

Address: _____ Telephone: _____
(Street/ Lot/ Con./ Town/ Postal Code)

School: _____ Grade: _____ Principal: _____

Parent/Guardian: _____
(Mr./ Mrs./ Ms./ Miss/ Mr. & Mrs.) (Surname / Given Name)

TYPE OF HEALTH CARE ASSISTANCE

- ☐ Administration of Prescribed Medication
☐ Supervision of Student's self-administration of prescribed medication

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

SCHEDULE	
<input type="checkbox"/> Short-Term (specify _____)	<input type="checkbox"/> Emergency
<input type="checkbox"/> Trial (specify _____)	<input type="checkbox"/> 2 nd treatment available (see Physician's statement)
<input type="checkbox"/> on-going	

Other (specify) _____

Expiry date for medication, if applicable: _____

Child wears MedicAlert™, if applicable: ☐ bracelet ☐ necklace

ANAPHYLAXIS

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

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

Medical Certification

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

Doctor's Name: _____ Telephone: _____

Doctor's Signature _____ Date _____
YYYY / MM / DD

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

ASTHMA

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

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

Medical Certification

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

Doctor's Name: _____ Telephone: _____

Doctor's Signature _____ Date _____
YYYY / MM / DD

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

DIABETES

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

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

Medical Certification

This is to certify that _____ (Student Name) has Type 1 Diabetes and uses the following medication:

Doctor's Name: _____ Telephone: _____

Doctor's Signature _____ Date _____
YYYY / MM / DD

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

SEIZURE DISORDER

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

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

Medical Certification

This is to certify that _____ has a seizure disorder and uses the following medication:

Doctor's Name: _____ Telephone: _____

Doctor's Signature _____ Date _____
YYYY / MM / DD

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

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

In the event that a "physician's statement" does not accompany the Request for School Assistance in Health Care, The Grand Erie District School Board assumes no responsibility for the administration of medication or the self-administration of medication by students. Principals are to advise a parent, requesting school assistance in health care without a physician's statement, of this in writing.

PHYSICIAN'S STATEMENT FOR HEALTH CARE ASSISTANCE DURING SCHOOL HOURS

In my opinion, the following procedures are medically appropriate for the above-named student and should be administered during the school ~~hours~~ day:

1. Name of procedure(s) or medication(s):

2. Administration during school day: ☐ ____ a.m. ☐ ____ p.m.

3. Administration/procedure required for: ☐ ____ days ☐ remainder of school year
☐ emergency only
☐ 2nd treatment recommended if medical help unavailable within ____ minutes

Name of Physician: _____ Telephone: _____

Signature of Physician: _____

PARENT/GUARDIAN APPROVAL:

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

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

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

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

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

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

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

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

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

In consideration for exercising the method of administration of the medication as indicated above, the Grand Erie District School Board and its employees, contract workers and volunteers are hereby released and forever discharged from any and all liabilities, covenants, claims, actions and damages arising as a result of exercising such procedure.

I hereby further agree to indemnify and save harmless, the Grand Erie District School Board and its employees, contract workers and volunteers from and against any loss, damage, claim or expense suffered or incurred by them as a result of exercising the method of administration as outlined above.

Parent/Guardian Signature: _____ Date: _____

SUPERVISION:

Person(s) designated to supervise/administer medication(s)/procedure(s) and to maintain record:

Name: _____ Alternate: _____
(Signature) (Signature)

Alternate: _____ Alternate: _____
(Signature) (Signature)

Principal's Signature: _____ Date: _____

NOTICE:

Authorization for the collection and maintenance of the personal information recorded on this form is the Education Act, R.S.O. 1980, S.265(d) and S.266 and the Municipal Freedom of Information and Protection of Privacy Act. Users of this information are supervisory officers, principals and teachers at the school. Any questions regarding the collection of personal information should be directed to the principal of the school.

I/We hereby consent to the use of personal information contained herein by the persons above-named and by such other officers or employees of the Board who may need the personal information in the performance of their duties as employees of the Grand Erie District School Board.

Signature of Parent/Guardian: _____ Date: _____

Distribution: O.S.R.
School Office

Appendix B



THE GRAND ERIE DISTRICT SCHOOL BOARD

STUDENT MEDICATION RECORD - Appendix B☐ Administered☐ Self-Administered

Name of Student: _____

Date of Birth: _____

Address: _____

Telephone: _____

School: _____

Principal: _____

DATE	TIME	MEDICATION/ DOSAGE	DOSAGE COMMENT	SIGNATURE OF PERSON ADMINISTERING / SUPERVISING	SIGNATURE OF WITNESS

Original -- O.S.R.

NOTE: This record must be retained in the O.S.R. with the "Request for School Assistance in Health Care" form for one year after termination of medication.



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: Liana Thompson, Superintendent of Education

RE: **SO115 Anaphylaxis (Life Threatening Allergic Reactions) and SO115.1 Anaphylaxis Resource Manual**

DATE: September 12, 2016.

Recommended Action: Moved by _____ Seconded by _____
 THAT the Grand Erie District School Board rescind Procedure SO115 “Anaphylaxis (Life Threatening Allergic Reactions)” and SO115.1 “Anaphylaxis Resource Manual”

Background

Policy SO30 Management of Potentially Life-Threatening Health Conditions in Schools has been created. Included in this policy and the accompanying Health Management Plan for Anaphylaxis are all current and relevant procedures to assist with the management of students and staff with anaphylaxis that were previously contained in Procedure SO115 Anaphylaxis (Life Threatening Allergic Reactions) and SO115.1 Anaphylaxis Resource Manual.

Additional Information

As a result of the inclusion of the procedural requirements in SO30 and accompanying health management plan, Procedure SO115 Anaphylaxis (Life Threatening Allergic Reactions) and SO115.1 Anaphylaxis Resource Manual should be rescinded.

Respectfully submitted,

Liana Thompson

Superintendent of Education



ADMINISTRATIVE PROCEDURE

SO115

Anaphylaxis (Life Threatening Allergic Reactions)

Board Received: March 26, 2012

Review Date: April 2015

Accountability:

1. Frequency of Reports – As Needed
2. Severity Threshold – As needed (e.g., Incidents resulting in serious injury or death)
3. Criteria for Success – Restriction of known life-threatening allergens within school.
 - Appropriate response strategies communicated with parents/guardians and staff.
 - Annual staff in-service and community awareness.

Procedures:

The resource package “Anaphylaxis” (SO115-1) contains all materials and instructions necessary to respond to the presence of anaphylactic students in a school.

When a student with a known anaphylactic reaction registers at school, the principal will develop an appropriate response strategy using the materials and instructions contained in the resource package.

The Grand Erie District School Board adheres to Sabrina’s Law which requires School Boards to provide annual training to all staff at the school. Training will consist of staff notification of those students at risk, steps to reduce the exposure to anaphylactic causative agents in classrooms and common school areas, recognition of allergic reaction and the emergency procedures to deal with this reaction. This includes not only the notification of emergency personnel, but also the location of auto-injectors and having every staff member knowledgeable in the use of auto-injectors. This training must be documented and records kept of when the training occurred, and who was provided with this training. A resource DVD and on-line training package are available to facilitate this.



GRAND ERIE DISTRICT SCHOOL BOARD

ANAPHYLAXIS

RESOURCE PACKAGE

March 2012

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Acknowledgements

This document is based on, and/or adapted from the publication entitled, “ANAPHYLAXIS: A Handbook for School Boards” prepared by the Canadian School Boards’ Association.

In addition, thanks are extended to the following for their contributions to the preparation of this document:

Brant County Health Unit Staff
Haldimand-Norfolk Health Unit Staff

ANAPHYLAXIS -- WHAT IS IT?

Anaphylaxis -- sometimes called “allergic shock” or “generalized allergic reaction” -- is a severe allergic reaction that can lead to rapid death, if untreated. Like less severe allergic reactions, anaphylaxis occurs when the body’s immune system reacts to harmless substances as though they were harmful invaders. However, instead of developing the familiar runny nose or rash, sufferers of anaphylaxis respond with an extreme body reaction. The reaction may begin with itching, hives, vomiting, diarrhea, or swelling of the lips or face; within moments, the throat may begin to close, choking off breathing and leading to unconsciousness and death.

Anaphylactic reactions to peanuts have attracted considerable public attention for several reasons:

- Peanuts are one of the most common triggers of anaphylaxis, and the most likely of all food allergens to trigger a full-blown anaphylactic reaction.
- Peanut butter is a staple food for many children
- Peanuts have been the cause of a number of tragic incidents involving school children.
- Peanuts are difficult to avoid because they are used so widely as an ingredient in foods.

Although peanuts may be the most common allergen causing anaphylaxis in school children, school systems must be aware that anaphylaxis is a life-threatening condition regardless of the substance which triggers it.

In addition to peanuts, the foods most frequently implicated in anaphylaxis are:

- tree nuts (e.g. hazelnuts, walnuts, almonds, cashews),
- cow’s milk
- eggs
- fish and shellfish
- wheat
- soy

Anaphylaxis may also be induced by:

- fruits
- other foods.

Non-food triggers of anaphylactic reactions include:

- insect venom (bee stings)
- medications
- latex
- vigorous exercise (rarely).

Most individuals lose their sensitivity to milk, soy, egg and wheat by school age, but reactions to peanuts, tree nuts, fish and shellfish tend to persist throughout life.

The onset of anaphylaxis may be signalled by severe, but non-life-threatening reactions, which become increasingly dangerous with subsequent exposure to the allergen. However, anaphylaxis may occur even if previous allergic reactions have been mild. While the condition often appears in early childhood, it can develop at any age.

WHAT DOES AN ANAPHYLACTIC REACTION LOOK LIKE?

An anaphylactic reaction can begin within seconds of exposure or after several hours. Any combination of the following symptoms may signal the onset of a reaction:

- hives
- itching (on any part of the body)
- swelling (of any body parts, especially eyes, lips, face, tongue)
- red, watery eyes
- runny nose
- vomiting, diarrhea and/or stomach cramps
- change of voice
- coughing
- wheezing
- throat tightness or closing
- difficulty swallowing
- difficulty breathing
- sense of doom
- dizziness
- fainting or loss of consciousness
- change of colour

Symptoms do not always occur in the same order, even in the same individuals. Time from onset of first symptoms to death can be as little as a few minutes if the reaction is not treated. Even when symptoms have subsided after initial treatment, they can return as much as 8 hours after exposure.

WHEN IS IT LIKELY TO OCCUR?

The greatest risk of exposure is in new situations, or when normal, daily routines are interrupted, such as birthday parties, camping or school trips. Young children are at greatest risk of accidental exposure, but many allergists believe that more deaths occur among teenagers due to their increased independence, peer pressure and reluctance to carry medication.

EMERGENCY TREATMENT

Anaphylaxis is life-threatening, but it can be treated. *Students suffering anaphylaxis must be diagnosed by their physician, who is responsible for prescribing the appropriate treatment protocol for their individual conditions. (see SO102 Request for School Assistance in Health Care).* Schools should never assume responsibility for treatment in the absence of a specific treatment protocol prescribed by the child's physician.

The first plan of action calls for the administration of epinephrine *immediately* (see Appendix A - "Guideline for School Emergency Response"), at the first indication of a reaction, followed by immediate transportation to hospital, by ambulance if possible.

"Epinephrine must be administered promptly at the first warning symptoms, such as itching or swelling of the lips or mouth, tightening of the throat or nausea, and before respiratory distress, stridor or wheezing occur."

Canadian Paediatric Society position statement on
fatal anaphylactic reactions to food in children.

It is anticipated that most, if not all, peanut-allergic children, and all children who have experienced previous anaphylaxis, will follow this plan.

Some physicians recommend a second treatment protocol for certain patients.

Additional epinephrine must be available to be administered after 10 to 15 minutes if the allergic response recurs or severe symptoms, such as breathing difficulties, persist before medical help is available. A third dose should not be administered without medical direction.

Epinephrine must be administered by injection. The most common method is the auto-injector. *Although these devices are designed for self-injection, it is dangerous to assume that any person, of any age, will be able to self-inject if the reaction is proceeding rapidly.*

It is essential that a person suffering an anaphylactic reaction be taken to a hospital to receive immediate medical attention, even if epinephrine has been injected and symptoms disappear. (see Appendix A - “Guideline for School Emergency Response”)

School personnel should note that there are not contraindications to the use of epinephrine for a life-threatening allergic reaction. Accidental administration of the medication, if a reaction is not actually taking place, is not a significant cause for concern, according to the Canadian Paediatric Society.

... if there is any reason to suspect an anaphylactic reaction is taking place, and if epinephrine has been prescribed as the treatment protocol, caregivers should not hesitate to administer the medication.

ELEMENTS OF BOARD POLICIES/PROCEDURES

The Canadian School Boards’ Association publication “Anaphylaxis: A Handbook for School Boards” developed in consultation with Health Canada, recommends the following three components to school board policies/procedures:

- *information and awareness* for the entire school community
- *avoidance* of the allergen; and
- *emergency response procedures* in case of accidental exposure.

INFORMATION AND AWARENESS

- A. Identification of Anaphylactic Students to School Authorities** (see Appendix B - “Emergency Allergy Alert Form” and Appendix C - “An Auto-injector Emergency: Transportation and Field Trip Information”, Appendix I – “Steps to Identifying Anaphylactic Students in Maplewood”)
- Every school principal must ensure that, upon registration, parents, guardians and pupils are asked to supply information on life-threatening allergies.
 - It is the responsibility of parents with anaphylactic children to identify their children to the school principal and provide information regarding:
 - the foods or other allergens which trigger an anaphylactic reaction;
 - a treatment protocol, signed by the child’s physician;
 - any changes in the child’s condition from previous years or since last reported;and
 - permission to post photographs and medical information in key locations like the classroom, school bus, staffroom, etc.
 - Identifying children with life-threatening allergens is more difficult in a secondary school setting. Although parents must still bear the burden of responsibility for reporting the condition to the school, school boards may wish to explore ways of encouraging and reminding them to do so, particularly with older students, those who have moved into the system, and those who have been recently diagnosed.

B. Identification of Anaphylactic Students to Staff

- All staff members (teaching and non-teaching) should be made aware that a child with anaphylaxis is attending their school, and the child should be identified, either individually or at a staff meeting, *before* school begins.
- The board administrative procedure on managing anaphylaxis in schools should be provided to *all* staff, along with specific information about each anaphylactic child in attendance.
- An allergy-alert form, with photograph, description of the allergy, treatment and action plan should be placed in key locations, such as the office, the staff room, the school bus, and wherever the child's epinephrine auto-injector is stored.
- Parents must be included in a decision about whether posters should also be placed in the child's classroom and other public places, like school buses. Issues of personal privacy must be considered.
- Instructions on the use of the auto-injector, along with a list of symptoms and emergency procedures must be posted in a clearly visible location in the child's classroom, whether or not the child's picture is posted.
- The child's classroom teacher must ensure that information is kept in a place where it will be highly visible and readily understood by supply teachers. It must also be kept with the teacher's day book.
- The student should wear a Medic-Alert™ bracelet or necklace which identifies specific allergens.
- School personnel(with parental permission) or parents may choose to pin a badge with an embroidered message on young children's clothing, to be worn at all times, on school trips, or for the benefit of substitute teachers. The ease of identification must be weighed against the risk of teasing by other children.

C. In-Service for Teachers and Other School Staff

- The school board or the principal must ensure that in-service is provided annually to school personnel, substitute teachers and volunteers on how to recognize and treat an anaphylactic reaction; on school administrative procedure to protect anaphylactic children from exposure; and on school protocol for responding to emergencies.
- All teachers and staff who may be in a position of responsibility for children with anaphylaxis (including bus drivers, noon-hour supervisors and cafeteria staff) should receive personal training in the use of the auto-injector.
- Parents of the anaphylactic child should ensure that the specific information about their child is made available to school personnel to be included in in-service programs.
- Where possible, parents should be encouraged to participate directly in part of formal in-service, in brief, one-on-one sessions with individual staff.
- Local Public Health Units and school nurses, where they are available, should play a role in developing and delivering in-service.
- Representatives of allergy groups or local medical professionals should be invited to share their expertise with school staff.
- Information about the potential sources of specific allergens should be widely distributed and incorporated into the health curriculum. In addition to the usual, visible food sources of allergens, the school community should be made aware of:
 - the possible hidden sources in prepared foods, like cookies, cakes, cereals, granola bars and candies;
 - the importance of reading labels;
 - "component ingredients" (i.e. unlabelled ingredients within labelled ingredients);
 - the danger of cross-contamination through shared utensils, papers, towels, etc.;
 - ingredients of pet foods and litters for classroom pets; and
 - non-food sources of food allergens, like play-dough, scented crayons and cosmetics, peanut-shell stuffing in "bean-bags" and stuffed toys.

D. Sharing Information with Other Students and Parents

- The school should identify students suffering life-threatening allergies to all students in the school, and enlist their co-operation. This should be done in a way that is appropriate to the student's age and maturity, without creating fear and anxiety, and in consultation with the parents of individual anaphylactic children.
 - The risk of teasing or threatening anaphylactic children is reduced if classmates are introduced the situation at a young age. In any case, the risk of ignorance is generally judged to be greater than the risks associated with sharing information.
 - A number of books and audio-visuals are available to help young children understand life-threatening allergies without frightening them.
 - Information may be included in health classes.
 - Parents of anaphylactic children, and other anaphylactic children themselves, may be excellent resources in sharing information with students.
- Identification of anaphylactic students to their peers in the secondary school setting should not take place without consultation with the anaphylactic student.

E. Sharing Information with Parents and Parent Organizations

- The school should develop a communication strategy to inform parents of the presence of a student with life-threatening allergies in the child's school and the measures being taken to protect the student.
- Letters should be sent home at the beginning of the year asking parents to avoid including the allergen in school lunches and snacks. Most boards have found that parental cooperation is more likely if schools avoid "banning" the substance, and ask instead for cooperation. (For sample letters, see Appendix D - "Sample Letter to Classroom Parents From the Teacher" and Appendix E - "Sample Letter to Parents of the School From the Principal".)
- When the allergen is a common item in school lunches, like peanut butter, provide parents with suggestions for alternate foods.
- Follow up with reminders around special holidays, or other occasions, when food is being brought from home to school.
- Ingredient lists should be required if foods prepared at home are to be brought into the classroom.
- A letter to all parents from the parents of the anaphylactic child is an effective reminder, and an opportunity for them to express their appreciation of support and co-operation.
- Parent organizations should be encouraged to plan an information night on life-threatening allergies in school children.
- Reminders or information articles in school newsletters are a way of reaching most parents. (see Appendix F - "Sample Items for School Newsletters")
- Parents and other members of the school community should be encouraged to bring any concerns about controlling the contents of school lunches and snacks to the principal, NOT to the parents of the anaphylactic student.

F. Maintaining Open Communication between Parents and the School

- The school should maintain open lines of communication with the parents of anaphylactic students.
- Parents should be involved in establishing specific programs for their own children, and in training staff in emergency procedures.
- Parents should be invited to review and provide input into school policies to reduce the risk of exposure to allergens.

AVOIDANCE

The goal of the Board's Administrative Procedure is to provide a safe environment for children with life-threatening allergies, but it is not possible to reduce the risk to zero. However, the following list of precautions offers schools suggestions of ways to minimize the risk and allow the anaphylactic child to attend school with relative confidence. **This policy and the procedures are designed to be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the allergens which trigger reactions, as well as the organizational and physical environment in different schools. It should also be noted that precautions may vary depending on the properties of the allergen. The viscosity of peanut butter, for example, presents particular challenges in terms of cross-contamination and cleaning; and while it may be possible to eliminate peanut products from school cafeterias, it would be virtually impossible to do so with milk or wheat products.**

All of the following recommendations should be considered in the context of the anaphylactic child's age and maturity. As children mature, they should be expected to take increasing personal responsibility for avoidance of their specific allergens.

Schools are encouraged to find innovative ways to minimize the risk of exposure without depriving the anaphylactic child of normal peer interactions or placing unreasonable restrictions on the activities of other children in the school. One school developed a "red card" system, where any child who ate peanut butter left a red card on the table, signalling it as a high-risk area for the anaphylactic student until properly cleaned.

A. Providing Allergen-free Areas

Eliminating allergens from areas within the school, where the anaphylactic child is likely to come into contact with food, may be the only way to reduce risk to an acceptable level.

- If possible, avoid using the classroom of an anaphylactic child as a lunch room.
- If the classroom must be used as a lunch room, establish it as an "allergen-free" area, using a co-operative approach with students and parents.
- Establish at least one common eating area, or a section of the single common eating area, as "allergen-free".
- Develop strategies for monitoring allergen-free areas, and for identifying high-risk areas for anaphylactic students.
- As a last resort, if allergen-free eating areas cannot be established, provide a safe eating area for the anaphylactic child.

B. Establishing Safe Lunchroom and Eating-area Procedures

The most minute quantities of allergens can trigger a deadly reaction. Peanut butter on a friend's hand could be transferred to a volleyball or a skipping rope. Therefore, protection of the anaphylactic child requires the school to exercise control over all food products, not only those directly consumed by the anaphylactic student.

- **Require anaphylactic students to eat only foods prepared at home.**
- Discourage the sharing of food, utensils and containers.
- Increase lunch-hour supervision in classrooms with an anaphylactic child.
- Encourage the anaphylactic child to take mealtime precautions like:
 - placing food on wax paper or a paper napkin rather than directly on the desk or table;
 - taking only one item at a time from the lunch bag to prevent other children from touching the food; and
 - packing up their lunch and leaving it with the lunch supervisor, if it is necessary to leave the room during lunchtime.

- Establish a hand-washing routine before and after eating. Success will depend on the availability to hand-washing facilities.
- If the school has a cafeteria, keep the allergen, including all products with the allergen as an ingredient, off the menu. Provide in-service for cafeteria staff, with special emphasis on cross-contamination and labelling issues.
- If the school has a vending machine, ensure that products containing the allergen are not available.
- Ensure that tables and other eating surfaces are washed clean after eating, using a cleansing agent approved for school use. This is particularly important for peanut-allergic students because of the adhesive nature of peanut butter.

C. Allergens Hidden in School Activities

Not all allergic reactions to food are a result of exposure at meal times.

- Teachers, particularly in the primary grades, should be aware of the possible allergens present in curricular materials like:
 - playdough;
 - bean-bags, stuffed toys (peanut shells are sometimes used);
 - counting aids (beans, peas);
 - toys, books and other items which may have become contaminated in the course of normal use; science projects; and
 - special seasonal activities, like Easter eggs and garden projects.
- Computer keyboards and musical instruments should be wiped before and after use.
- Anaphylactic children should not be involved in garbage disposal, yard clean-ups, or other activities which could bring them into contact with food wrappers, containers or debris.
- Foods are often stored in lockers and desks. Allowing the anaphylactic child to keep the same locker and desk all year may help prevent accidental contamination.

D. Holidays and Special Celebrations

Food is usually associated with special occasions and events. The following procedures will help to protect the anaphylactic child:

- Establish a class fund for special events, and have the classroom teacher or the parent of the anaphylactic child provide only safe food.
- If foods are to come into the classroom from home, remind parents of the anaphylactic child's allergens, and insist on ingredient lists.
- Limit the anaphylactic child to food brought from his or her own home.
- Focus on activities rather than food to mark special occasions.

E. Field Trips

In addition to the usual school safety precautions applying to field trips, the following procedures should be in place to protect the anaphylactic child.

- Include a separate "serious medical conditions" section as a part of the school's registration/permission forms for all field trips in which the details of the anaphylactic student's allergens, symptoms and treatment can be recorded. A copy of this information should be available on site at any time during the field trip.
- Require all supervisors, staff and parents, to be aware of the identity of the anaphylactic child, the allergens, symptoms and treatment.
- Ensure that a supervisor with training in the use of the auto-injector is assigned responsibility for the anaphylactic child.
- If practical, consider providing a cell phone for buses used on field trips.
- If the risk factors are too great to control, the anaphylactic child may be unable to participate in the field trip. Parents should be involved in this decision.

F. Substitute Teachers, Parent Volunteers and Others with Occasional Contact

All schools involve adults in their classrooms who are unfamiliar with individual students and school procedures. The following suggestions would help to prepare them to handle an anaphylactic emergency.

- Require the regular classroom teacher to keep information about the anaphylactic student's allergies and emergency procedures in a visible location.
- Ensure that procedures are in place for informing substitute teachers and volunteers about anaphylactic students.
- Involve substitute teachers and volunteers in regular in-service programs, or provide separate in-service for them.

G. Anaphylaxis to Insect Venom

Food is the most common trigger of an anaphylactic reaction in school children, and the only allergen which schools can reasonably be expected to monitor. The school cannot take responsibility for possible exposure to bees, hornets, wasps and yellow-jackets, but certain precautions can be taken by the student and the school to reduce the risk of exposure.

- Avoid wearing loose, hanging clothes, floral patterns, blue and yellow clothing, and fragrances.
- Check for the presence of bees and wasps, especially nesting areas, and arrange for their removal. If soft drinks are being consumed outdoors, pour them into a cup and dispose of cans in a covered container.
- Ensure that garbage is properly covered.
- Caution children not to throw sticks or stones at insect nests.
- Allow students who are anaphylactic to insect stings to remain indoors for recess during bee/wasp season.
- Immediately remove a child with an allergy to insect venom from the room, if a bee or wasp gets in.

In case of insect stings, never slap or brush the insect off, and never pinch the stinger, if the child is stung. Instead, flick the stinger out with a fingernail or credit card.

EMERGENCY RESPONSE PROTOCOL

Even when precautions are taken, an anaphylactic student may come into contact with an allergen while at school. It is essential that the school develop a response protocol, and that all staff are aware of how to implement it. A separate emergency plan should be developed for each anaphylactic child, in conjunction with the child's parents and physician, and kept in a readily accessible location. The plan should clearly identify individual roles. (see Appendix H - "Division of Responsibilities")

Anaphylactic children usually know when a reaction is taking place. **School personnel should be encouraged to listen to the child.** If he or she complains of any symptoms, which could signal the onset of a reaction, they should not hesitate to implement the emergency response. There is no danger in reacting too quickly, and grave danger in reacting too slowly.

Schools should be aware of local ambulance regulations and take them into account when developing their own procedures. In some cases, ambulance attendants are not qualified to administer epinephrine. In some jurisdictions, school staff are not permitted to accompany the child in the ambulance.

A. Emergency Plans

Every emergency plan should include procedures to:

- communicate the emergency rapidly to a staff person who is trained in the use of the auto-injector;
- administer the auto-injector (NOTE: Although most anaphylactic children learn to administer their own medication by about age 8, individuals of any age may require help during a reaction because of the rapid progression of symptoms, or because of the stress of the situation. **Adult supervision is required.**);
- telephone 911 or an ambulance (inform the emergency operator that a child is having an anaphylactic reaction; in some areas, hospitals will send a physician on the ambulance to begin emergency treatment at once);
- transport the child to hospital at once, if no ambulance service is available; telephone the hospital to inform them that a child having an anaphylactic reaction is en route; notify the provincial police and provide them with a description of the vehicle and licence number if transportation is by car; telephone the parents of the child; re-administer epinephrine every 10 to 15 minutes while waiting for the ambulance and en route to the hospital, if breathing does not improve or if symptoms recur and assign a staff person to take extra auto-injectors, accompany (or follow, if necessary) the child to the hospital, and stay with him or her until a parent or guardian arrives.

B. Location of Auto-Injectors

- Auto-injectors should be kept in a covered and secure area, but unlocked for quick access. Although epinephrine is not a dangerous drug, the sharp needle of the self-injector can cause injury, especially if injected into the fingertip.
- As soon as they are old enough, students should carry their own auto-injectors. Many young children carry an injection kit in a fanny pack around their waist at all times.
- An up-to-date auto-injector (and, in some instances, a spare) provided by the parents, must be available in an easily accessible, unlocked area of the child's classroom and/or in a central area of the school (office or staff room).

Note: auto-injectors are expensive. If families have difficulty supplying the school with an adequate supply, the school should consider seeking financial assistance to ensure that medication is available, whenever and wherever it is required.

C. Training Older Students to Assist

Older students may be trained to administer the auto-injector, and can play a role in the emergency response, particularly in a secondary school setting. Information about anaphylaxis and auto-injector training may be included in the health curriculum.

D. Role-playing

The school should occasionally simulate an anaphylactic emergency -- similar to a fire drill -- to ensure that all elements of the emergency plan are in place.

E. Review Process

School emergency procedures for each anaphylactic student should be reviewed annually with staff and parents. In the event of an emergency response, an immediate evaluation of the procedure should be undertaken.

F. Checklist for Principals (see Appendix G) This checklist has been developed to assist principals to ensure that the many components of the school life of an anaphylactic child have been considered and accounted for in the school's procedures. Principals are encouraged to use this checklist when considering the circumstances of each anaphylactic student in their school.

APPENDICES

APPENDIX A**GUIDELINE FOR SCHOOL EMERGENCY RESPONSE**
ANAPHYLAXIS -- EMERGENCY PLAN

1. Administer auto-injector immediately.
2. Record time auto-injector is administered.
3. Bring child to school office immediately, if possible (to inform personnel of emergency situation).
4. Contact hospital to inform them that an anaphylactic child is on the way. Give estimated time of arrival. Obtain second auto-injector if required. Enlist a staff member to accompany the driver to the hospital (if permitted). Contact police to notify of emergency transportation situation. Transport child to hospital.

or

Call 911 (if available)

Call an ambulance and advise the dispatcher that a child is having an anaphylactic reaction.

Get estimated time of ambulance arrival.

Have additional auto-injector available for ambulance (if applicable).

Enlist a staff member to accompany child in ambulance to the hospital (if permitted), if parent not available.

5. Contact and advise the parent.

EMERGENCY ALLERGY ALERT FORM

Name: _____

ALLERGY - DESCRIPTION

This child has a DANGEROUS, life-threatening allergy to the following:

☐ foods _____

☐ and all foods containing them in any form in any amount, including the following kinds of items:

☐ bee/ insect stings

☐ medications _____

☐ latex

☐ vigorous exercise

Put child's photo here

AVOIDANCE

The key to preventing an emergency is ABSOLUTE AVOIDANCE of any of the above allergens at all times.

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

POSSIBLE SYMPTOMS

- | | |
|---|---|
| - flushed face, hives, swelling or itchy lips, tongue eyes | - tightness in throat, mouth, chest |
| - difficulty breathing or swallowing, wheezing, coughing, choking | - vomiting, nausea, diarrhea, stomach pains |
| - dizziness, unsteadiness, sudden fatigue, rapid heartbeat | - loss of consciousness |

ACTION - EMERGENCY PLAN (*see specific plan in main office*)

- Administer auto-injector immediately
- Transport to hospital/ call ambulance immediately
- Contact parents

Auto-injector location:

Parent's Signature: _____ Date: _____

(see over)

NOTICE:

Authorization for the collection and maintenance of the personal information recorded on this form is the Education Act, R.S.O. 1980, S.265(d) and S.266 and the Municipal Freedom of Information and Protection of Privacy Act. Users of this information are supervisory officers, principals and teachers at the school. Any questions regarding the collection of personal information should be directed to the principal of the school.

I/We hereby consent to the use of personal information contained herein by the persons above-named and by such other officers or employees of the Board who may need the personal information in the performance of their duties as employees of the Grand Erie District School Board.

Signature of Parent/Guardian: _____ Date: _____

I/We hereby consent to the posting of photographs and medical information in key locations such as the classroom, staff room, etc.

Signature of Parent/Guardian: _____ Date: _____

AN AUTO-INJECTOR EMERGENCY:**TRANSPORTATION AND FIELD TRIP INFORMATION**

Student's Name: _____

School: _____ Grade: _____

Home Address: _____

Telephone: _____

Emergency Telephone: _____

Location of the Auto-injector: _____

Family Doctor: _____ Telephone: _____

Put child's photo here

SCHOOL BUS OPERATOR: _____☐ a.m. bus(es) Driver(s') Name(s): _____☐ mid-day bus Driver's Name: _____☐ p.m. bus(es) Driver(s') Name(s): _____☐ field trip bus Driver's Name/Route #: _____**MEDICAL CONDITION:** _____**Allergy to:** _____

NOTICE: Authorization for the collection and maintenance of the personal information recorded on this form is the Education Act, R.S.O. 1980, S.265(d) and S.266 and the Municipal Freedom of Information and Protection of Privacy Act. Users of this information are supervisory officers, principals and teachers at the school. Any questions regarding the collection of personal information should be directed to the principal of the school.

I/We hereby consent to the use of personal information contained herein by the persons above-named and by such other officers or employees of the Board who may need the personal information in the performance of their duties as employees of Grand Erie District School Board.

Signature of Parent/Guardian: _____ Date: _____

(see over)

NOTICE:

Authorization for the collection and maintenance of the personal information recorded on this form is the Education Act, R.S.O. 1980, S.265(d) and S.266 and the Municipal Freedom of Information and Protection of Privacy Act. Users of this information are supervisory officers, principals and teachers at the school. Any questions regarding the collection of personal information should be directed to the principal of the school.

I/We hereby consent to the use of personal information contained herein by the persons above-named and by such other officers or employees of the Board who may need the personal information in the performance of their duties as employees of the Grand Erie District School Board.

Signature of Parent/Guardian: _____ Date: _____

I/We hereby consent to the posting of photographs and medical information in key locations such as the school bus.

Signature of Parent/Guardian: _____ Date: _____

APPENDIX D**SAMPLE LETTER TO CLASSROOM PARENTS
FROM THE TEACHER**

**(Note: Parental permission is required before including the name of the
anaphylactic student)**

Dear Parents of Students in Grade ____:

I am writing to you on behalf of one of my students (name of student) and his/her parents. (Name of student) has a life-threatening allergy to peanuts and all types of nuts. If peanut butter or even the tiniest amount of peanut or any type of nut enters his/her body (through his/her eyes, nose or mouth), he/she could experience very strong reactions. His/her face may swell and break out in hives, his/her throat may swell and tighten. Without immediate medical treatment he/she could die within minutes.

It has been suggested that the best way to provide a safe environment for (name of student) would be to enlist the support of the grade parents to help make his/her classroom a “PEANUT-AND NUT-FREE ENVIRONMENT”. This means that each student entering this classroom is asked to bring snacks and lunches free of any PEANUTS OR NUTS. Though it sounds simple, it not only means no PEANUT BUTTER SANDWICHES or PEANUT BUTTER COOKIES, it means you should read the labels of other foods for “MAY CONTAIN TRACES OF PEANUTS/NUTS. It has also been suggested that if your child has peanut butter for breakfast, please make sure their face and hands are clean with soap and water. Perhaps they could eat first before they dress for school so there is no residue on their clothes. Our concern is for foods where peanut or nuts might be a “hidden” ingredient, and where cross-contamination may occur.

I realize this request poses an inconvenience for you when packing your child’s snack and lunch, however, I wish to express sincere appreciation for your support and understanding of this potentially life-threatening allergy. It is gratifying to the family to know that there is a group of parents who care about his/her health and safety. I think if each of us remembers that if our child had special needs and safety concerns, everyone would help in anyway possible.

If you have any questions or concerns about this allergy, please feel free to contact the school.

Sincerely,

Classroom Teacher.

FOOD ALLERGY FACTS

WHAT IS A FOOD ALLERGY?

An allergy-specific reaction or sensitivity by the body to a particular food protein. A food allergy occurs when the food that causes a reaction is eaten, inhaled or touched.

WHAT IS ANAPHYLAXIS?

Anaphylaxis is a severe allergic reaction that can cause unconsciousness, coma and even death.

SYMPTOMS

Symptoms can be roughly divided by the area of the body where they take place:

SKIN:	hives (red, itchy welts)
EYES:	swollen, itchy, runny, blood-shot and mucous
UPPER RESPIRATORY:	runny, itchy, stuffy nose; sneezing; post-nasal drip; sore throat and swelling of the throat or larynx
LOWER RESPIRATORY:	asthma (coughing, wheezing, difficulty breathing)
GASTROINTESTINAL:	vomiting, diarrhea, bloating, cramps

PREVENTION

Reactions to food allergens can be life-threatening, but allergic reactions can be prevented by avoiding contact with the allergic food. Unfortunately contact is often caused by cross-contamination.

WHAT IS CROSS-CONTAMINATION OF FOOD?

When the protein from one food comes in contact with another food, their proteins mix. While we may not see traces of the food, there may be enough protein present to cause a serious reaction if you are allergic to that food.

HOW CAN CROSS-CONTAMINATION OCCUR?

Cross-contamination occurs any time one food protein comes in contact with another food or surface. This can occur by direct contact during processing and when using utensils that have not been properly cleaned.

THINGS TO CONSIDER.....

- Always read the ingredients listed. Watch for “MAY CONTAIN TRACES OF PEANUTS/NUTS
- Never dip a knife into jam after it was used to spread peanut butter.
- Always use clean utensils for each type of food you are preparing and serving. Traces of food may be left on cutting boards, counters, knives, serving spoons, dish cloths, towels and even hands and may unknowingly be spread to other foods.
- Wash hands frequently when preparing and serving food.

APPENDIX E**SAMPLE LETTER TO PARENTS OF THE SCHOOL
FROM THE PRINCIPAL**

Dear Parents:

We felt that all parents would like to be aware that there is a child in our school with a severe life-threatening food allergy to peanuts and nuts (anaphylaxis). This includes any food that has peanuts or peanut oil/ nuts or traces of peanuts/nuts in it. This is a medical condition that causes a severe reaction to specific foods and can result in death within minutes.

All our staff have been made aware of this situation and have been instructed in the correct procedures regarding anaphylactic shock.

Prevention, of course, is the best approach. Although this may or may not affect your child's class directly, we want to inform you so that you may choose to send foods with your child to school that are free from peanuts or nut products. In a classroom setting, cross-contamination is the greatest risk for this type of allergy.

We endeavour to make the school a safe environment for all students.

Attached is an **ALLERGY FACT SHEET** regarding Anaphylaxis in the hopes that you take a few minutes to read it over. Anyone wishing further information about this type of allergy may contact the school.

Sincerely,

School Principal.

(see over)

WHAT IS A FOOD ALLERGY?

An allergy-specific reaction or sensitivity by the body to a particular food protein. A food allergy occurs when the food that causes a reaction is eaten, inhaled or touched.

WHAT IS ANAPHYLAXIS?

Anaphylaxis is a severe allergic reaction that can cause unconsciousness, coma and even death.

SYMPTOMS

Symptoms can be roughly divided by the area of the body where they take place:

SKIN:	hives (red, itchy welts)
EYES:	swollen, itchy, runny, blood-shot and mucous
UPPER RESPIRATORY:	runny, itchy, stuffy nose; sneezing; post-nasal drip; sore throat and swelling of the throat or larynx
LOWER RESPIRATORY:	asthma (coughing, wheezing, difficulty breathing)
GASTROINTESTINAL:	vomiting, diarrhea, bloating, cramps

PREVENTION

Reactions to food allergens can be life-threatening, but allergic reactions can be prevented by avoiding contact with the allergic food. Unfortunately contact is often caused by cross-contamination.

WHAT IS CROSS-CONTAMINATION OF FOOD?

When the protein from one food comes in contact with another food, their proteins mix. While we may not see traces of the food, there may be enough protein present to cause a serious reaction if you are allergic to that food.

HOW CAN CROSS-CONTAMINATION OCCUR?

Cross-contamination occurs any time one food protein comes in contact with another food or surface. This can occur by direct contact during processing and when using utensils that have not been properly cleaned.

THINGS TO CONSIDER.....

- Always read the ingredients listed. Watch for “MAY CONTAIN TRACES OF PEANUTS/NUTS
- Never dip a knife into jam after it was used to spread peanut butter.
- Always use clean utensils for each type of food you are preparing and serving. Traces of food may be left on cutting boards, counters, knives, serving spoons, dish cloths, towels and even hands and may unknowingly be spread to other foods.
- Wash hands frequently when preparing and serving food

SAMPLE ITEMS FOR SCHOOL NEWSLETTERS

We felt that all parents would like to be aware that there is a child (or several children) in our school with a severe life-threatening food allergy to peanuts and nuts (anaphylaxis). This is a medical condition that causes a severe reaction to specific foods and can result in death within minutes. Although this may or may not affect your child's class directly, we want to inform you so that you may choose to send foods with your child to school that are free from peanuts or nut products. There will be more information about anaphylaxis at our "Meet the Teacher Night". Thank you for your understanding and co-operation.

ANAPHYLACTIC SHOCK

Watch out for life-threatening allergies

Many children have allergies. A few, however, are life-threatening. Some children, for example, are severely allergic to peanut butter. Even a tiny bit can be fatal within minutes. Nuts, shellfish, fish, eggs and milk are also known to cause severe reactions. Knowing that your child has allergies and knowing how to deal with them is your best defence.

If your child is allergic to peanuts or peanut products, please tell us. With your help, we will do our best to prevent mishaps and to make sure that all of our students are safe, healthy, and able to concentrate on learning.

If you would like further information about our Administrative Procedure, please call the school.

ANAPHYLAXIS **CHECKLIST FOR PRINCIPALS**

INFORMATION AND AWARENESS

A. Identification of Anaphylactic Students to School Authorities

- ☐ completed “Emergency Allergy Alert Form” (Appendix B)
- ☐ completed “An Auto-injector Emergency: Transportation and Field Trip Information” form (Appendix C)
- ☐ completed “Request for School Assistance in Health Care” (SO102)

(Note: Anaphylaxis is not simply claimed by the parent but must be confirmed by a physician’s diagnosis.)

B. Identification of Anaphylactic Students to Staff

- ☐ anaphylactic child is identified to all staff members (teaching and non-teaching, including bus drivers either individually or at a staff meeting) -- include photo
- ☐ all staff are made aware of Board Administrative Procedure with respect to anaphylaxis
- ☐ “Emergency Allergy Alert Form” is placed in key locations (including the school bus) ***Parental permission required.***

OR

- ☐ instructions on use of auto-injector, list of symptoms and emergency procedures are posted in a clearly visible location in the classroom, staff room, lunch room and school bus
- ☐ student wears MedicAlert™ bracelet or necklace
- ☐ information is readily available and provided to supply teachers
- ☐ reminder procedure is in place for school trips and special events
- ☐ student has a visible identification for school trips

C. In-Service for Teachers and Other School Staff *(Educational Assistants, Secretaries, Bus Drivers, Lunch Room Supervisors, Volunteers, Cafeteria Staff, Co-operative Education Students, Student Teachers, Community College Field Placements)*

- ☐ Anaphylaxis Awareness Presentation delivered
- ☐ instruction in use of auto-injector delivered
- ☐ parents of anaphylactic child(ren) asked to participate in staff in-service
- ☐ local health unit staff asked to participate in staff in-service

D. Sharing Information with Other Students and Parents

- ☐ information re: anaphylaxis is incorporated into the Physical Education/Healthy Living curriculum
- ☐ students suffering life-threatening allergies are identified to all students in the school, if permitted by parents

E. Sharing Information with Parents and Parent Organizations

- ☐ school has a communication strategy to inform parents of the presence of a student with life-threatening allergies in the child’s class and school
- ☐ inclusion in school newsletter
- ☐ letter from teacher to class parents
- ☐ letter from principal to school parents
- ☐ school or class parents provided with suggestions for alternate foods
- ☐ follow-up reminders for special holidays and events

AVOIDANCE

A. Providing Allergen-Free Areas

- ☐ the classroom of the anaphylactic child is not used as a lunchroom
OR
- ☐ a section of the eating area is designated as “allergen-free”
OR
- ☐ the anaphylactic child is provided with an allergen-free eating area

B. Establishing Safe Lunch Room and Eating Area Procedures

- ☐ staff has been instructed to monitor that anaphylactic students eat only foods prepared at home
- ☐ sharing of food, utensils and containers is discouraged
- ☐ the anaphylactic child has been encouraged to take meal time precautions
- ☐ a hand washing routine before and after eating has been established
- ☐ cafeteria staff have been advised of the allergen and requested to eliminate it from the menu
- ☐ posting of nutritional information in cafeteria/ contracted caterers posting information
- ☐ school vending machines are monitored to insure that products containing the allergen are not available
- ☐ caretaking staff are instructed to ensure that tables and other eating surfaces are washed and cleaned after eating using an approved cleansing agent

C. Allergens Hidden in School Activities

- ☐ teachers, particularly primary division, are aware of possible allergens in curricular materials
- ☐ computer keyboards and musical instruments are wiped before and after use
- ☐ anaphylactic students are not involved in activities which could bring them into contact with food wrappers, containers or debris
- ☐ anaphylactic students keep the same locker and desk all year
- ☐ Family Studies/ Food Services awareness

D. Holidays and Special Celebrations

- ☐ parents are reminded of anaphylactic child’s allergens and requested to provide ingredients list for any food items brought from home
- ☐ staff/students are aware of potential hazards with respect to foods at special events

E. Field Trips

- ☐ field trip supervisors, staff and bus drivers are aware of the anaphylactic child, the allergens, symptoms and treatment
- ☐ a supervisor with training in the use of the auto-injector is assigned responsibility for the anaphylactic child
- ☐ an emergency communication device (i.e. cell phone) is available on field trip vehicle
- ☐ additional auto-injectors accompany the anaphylactic child on the field trip
- ☐ buddy system

F. Substitute Teachers, Parent Volunteers and Others with Occasional Contact

- ☐ information about the anaphylactic student’s allergies and emergency procedures are readily available and visible to adults who are unfamiliar with the student

G. Anaphylaxis to Insect Venom

- ☐ precautions have been taken by the school to reduce the risk of exposure

EMERGENCY RESPONSE

- ☐ an emergency response protocol has been developed which identifies individual roles (see Appendix H – “Division of Responsibilities”).

A. Emergency Plans include:

- ☐ a rapid communication plan
- ☐ staff training in the use of the auto-injector
- ☐ identification of persons responsible for administering the auto-injector

B. Location of Auto-Injectors

- ☐ auto-injectors kept in a covered and secure, but unlocked area
- ☐ all staff are aware of the location of the auto-injectors

DIVISION OF RESPONSIBILITIES

Ensuring the safety of anaphylactic children in a school setting depends on the co-operation of the entire school community. To minimize risk of exposure, and to ensure rapid response to emergency, parents, students and school personnel must all understand and fulfill their responsibilities.

Responsibilities of the Parents of an Anaphylactic Child

- inform the school of their child's allergies
- provide a MedicAlert™ bracelet or necklace for their child
- provide the school with physician's instructions for administering medication
- provide the school with up-to-date injection kits, and keep them current
- provide support to school and teachers as requested
- provide in-service for staff, if requested
- participate in parent advisory/support groups
- assist in school communication plans
- review the school action plan with school personnel
- supply information for school publications:
 - recipes
 - foods to avoid
 - alternate snack suggestions
 - resources
- be willing to provide safe foods for special occasions
- teach their child:
 - to recognize the first symptoms of an anaphylactic reaction
 - to know where medication is kept, and who can get it
 - to communicate clearly when he or she feels a reaction starting
 - to carry his/her own auto-injector in a fanny-pack
 - not to share snacks, lunches or drinks
 - to understand the importance of hand-washing
 - to interact positively with other students
 - to report bullying and threats to an adult in authority
 - to take as much responsibility as possible for his/her own safety
- welcome other parents' calls with questions about safe foods

Responsibilities of the School Principal

- work as closely as possible with the parents of an anaphylactic child
- ensure that the parents have completed all the necessary forms
- ensure that instruction from the child's physician are on file
- notify the school community of the anaphylactic child, the allergens and the treatment
- post allergy-alert forms in the staffroom and office
- maintain up-to-date emergency contacts and telephone numbers
- ensure that all staff, supply teachers and volunteers have received instruction with the auto-injector
- ensure that all substitute teachers are informed of the presence of an anaphylactic child, and have been adequately trained to deal with an emergency
- inform changing administration of medical information
- inform all parents that a child with life-threatening allergies is attending the school, and ask for their support
- arrange for annual in-service
- develop an emergency protocol for each anaphylactic child
- store auto-injectors in easily accessible locations
- establish safe procedures for field trips and extra-curricular activities
- implement the Board Administrative Procedure for reducing risk in classrooms and
- establish a disciplinary procedure for dealing with bullying and threats

Responsibilities of the Classroom Teacher

- assign a buddy
- display a photo/poster in the classroom, with parental approval
- discuss anaphylaxis with the class, in age-appropriate terms
- encourage students not to share lunches or trade snacks
- choose allergy-free foods for classroom events
- establish procedures to ensure that the anaphylactic child eats only what he/she brings from home
- reinforce hand-washing before and after eating
- facilitate communication with other parents
- follow the school policies for reducing risk in classrooms and common areas
- enforce school rules about bullying and threats
- leave information in an organized, prominent and accessible format for substitute teachers
- ensure that auto-injectors are taken on field trips

Responsibilities of Public Health/School Nurse

- consult with and provide information to parents, students and school personnel
- participate in planning school procedures
- participate in in-service and auto-injector training
- assist in developing emergency response plans
- refer known cases of anaphylaxis to the school principal

Responsibilities of Anaphylactic Students

- take as much responsibility as possible for avoiding allergens
- **eat only foods brought from home**
- take responsibility for checking labels and monitoring intake (older students)
- wash hands before eating
- learn to recognize symptoms of an anaphylactic reaction
- promptly inform an adult, as soon as accidental exposure occurs or symptoms appear
- keep an auto-injector handy at all times
- know how to use the auto-injector
- remind field trip supervisors/volunteers/coaches

Responsibilities of All Parents

- respond co-operatively to requests from school to eliminate allergens from packed lunches and snacks
- participate in parent information sessions
- encourage children to respect anaphylactic child and school policies

Responsibilities of All Students

- learn to recognize symptoms of anaphylactic reaction
- avoid sharing food, especially with anaphylactic children
- follow school rules about keeping allergens out of the classroom and washing hands
- refrain from “bullying” or “testing” a child with a food allergy

STEPS TO IDENTIFYING ANAPHYLACTIC STUDENT IN MAPLEWOOD

Anaphylactic students will be flagged in Maplewood with a Coloured Flag, possibly blinking on the upper right hand corner of each student record. The Blinking Flag indicates severe medical condition.

Add flag definitions:

1. Students – Student Records
2. Custom Fields / Tables
3. Flag Definitions
4. Add
5. Complete English Title (Anaphylaxis)
6. French Title can be left blank
7. Select Flag colour using arrow keys.
8. Check ☒ the box beside Blinking.
9. Select student to be flagged and in the upper right hand corner of the Student Record click on flag, a drop down box will appear, select the anaphylactic flag.

The above instructions are also located in your
Maplewood Standards and Office Procedures Manual



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: Liana Thompson, Superintendent of Education

RE: **SO135 Accessibility – Customer Service Standards**

DATE: September 12, 2016

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board rescind Procedure SO135 Accessibility – Customer Service Standards</p>

Background

Policy SO31 Accessibility and the accompanying Integrated Accessibility Awareness Manual has been amended to include Accessibility Customer Service Standards procedures formerly covered by Procedure SO135.

Additional Information

As a result of the inclusion of the procedural requirements in SO31 and accompanying manual, procedure SO135 Accessibility – Customer Service Standards should be rescinded.

Respectfully submitted,

Liana Thompson

Superintendent of Education



Accessibility – Customer Service Standards

Board Received: March 25, 2013

Review Date: April 2016

Accountability:

1. Frequency of Reports – As Needed
2. Severity Threshold – Changes in Legislation
3. Criteria for Success – Adherence to standards set out in the Accessibility for Ontarians with Disabilities Act (AODA)
 - Compliance training for all staff

Procedures

1.0 Monitoring and Feedback on Accessible Customer Service

- 1.1 The Chair of the Accessibility Committee will maintain a process for collecting feedback on Accessibility – Customer Service Standards that has the following components:
 - 1.1.1 Information on the Board and school websites inviting users of Board services to provide feedback on their experience with, or concerns about, access to services for people with disabilities.
 - 1.1.2 Printed information available through school offices and public offices of the Board to invite people with disabilities to provide feedback on their experience with, or concerns about, accessibility of services. Consideration must be given to providing information in alternate formats.
 - 1.1.3 Information on how the Board will respond to feedback.
- 1.2 Methods of feedback:
 - 1.2.1 A range of methods for soliciting feedback is employed to ensure optimum access to the feedback process by people with disabilities.
 - 1.2.2 Methods include Board/school websites, e-mail, verbal input, social media, suggestion box or feedback card. Accessibility concerns are directed to the GEDSB Accessibility Committee by site administrators.
 - 1.2.3 The feedback process should include the title(s) of the person(s) responsible for receiving feedback and indicate how the Board's response to the feedback will be made known.
- 1.3 Proactive measures for accessible customer service:
 - 1.3.1 To ensure ongoing efficient and effective adherence to Accessibility - Customer Service Standards, the Board, its school-based administrators and its managers including those representing the Board in multi-Board consortia, will take into account the impact on people with disabilities when purchasing new equipment, designing new systems or planning a new initiative.

2.0 Use Of A Service Animal By The General Public

2.1 Recognizing service animals:

2.1.1 A service animal is an animal that is being used because of a person's disability and this is either readily apparent or is supported by a letter from a physician or nurse. Examples of service animals include dogs used by people who have vision loss, hearing-alert animals for people who are deaf, deafened or hard of hearing, and animals trained to alert an individual to an oncoming seizure and lead them to safety. The customer service standard's provisions also apply to animals providing other services to people with disabilities. It is "readily apparent" that an animal is a service animal when it is obvious by its appearance or by what it is doing. For example, it may be readily apparent that an animal is a service animal if it is wearing a harness, saddlebags, a sign that identifies it as a service animal or has a certificate or identification card from a service animal training school or an identification card from the Attorney General of Ontario. It may also be readily apparent if a person is using the animal to assist him or her in doing things, such as opening doors or retrieving items.

2.2 Responsibilities:

- 2.2.1 Supervisory Officers, Principals and Managers will ensure that all staff, volunteers and others dealing with the public are properly trained in how to interact with people with disabilities who are accompanied by a service animal.
- 2.2.2 Any person with a disability who is accompanied by a service animal will be welcomed on Board premises with his or her service animal and may be accompanied by the service animal while on the premises. Access will be in accordance with normal security procedures.
- 2.2.3 This requirement applies only to those areas of the premises where the public or third parties customarily have access and does not include places or areas of the school or Board offices where the public does not have access.
- 2.2.4 This procedure deals solely with the individual's right to be accompanied by a service animal. Access to classrooms for service animals used by students and staff is covered under separate procedures (SO124 -Use of Service Dogs in Schools).

2.3 Exclusion of service animal:

- 2.3.1 A service animal can only be excluded from access to the premises where this is required by another law. Examples include the *Health Protection and Promotion Act* and the *Food Safety and Quality Act*. The former Act prohibits service animals in places where food is prepared, processed, or handled (e.g., kitchen of school cafeteria or culinary arts classroom) although service dogs are permitted where food is served and sold (e.g. school cafeteria or lunchroom).
- 2.3.2 Where there is a risk to the health and safety of another person as a result of the presence of a service animal, consideration must be given to options available prior to exclusion of a service animal. An example would be a situation where an individual has a severe allergy to the service animal. It is the Board's expectation that the situation be fully analyzed and all measures to eliminate the risk be considered, e.g., creating distance between the two individuals concerned, making reasonable alterations to schedules, etc.
- 2.3.3 A service animal can be excluded if it is of a breed that is prohibited by law. An example would be the Ontario *Dog Owners' Liability Act*, which places restrictions on pit bull terriers.

- 2.3.4 In the rare instance where a service animal must be excluded, the Board must make every effort to put alternative arrangements in place to provide the services required by the person with a disability. This could involve leaving the animal in a secure area where it is permitted by law and discussing with the person how best to serve her/him, e.g., a person with a vision disability might need someone (a member of staff or volunteer) to guide her/him.
 - 2.4 Confirming the status of a service animal:
 - 2.4.1 At times it may be necessary to confirm that an animal is a Service Animal. Where an animal is not a trained guide dog and it is not readily apparent that the animal is a service animal, the school or Board staff member may request a letter from a physician or nurse confirming that the animal is needed because of a disability. The letter does not need to identify the disability, why the animal is needed or how it is used.
 - 2.4.2 Where the person using the service animal regularly attends at the school or Board facility, the principal or departmental manager may request to keep a copy of the letter on file but only as long as required by the circumstances. Alternatively, the person using the service animal may be asked to produce a letter on occasions when visiting the premises. The principal or departmental manager shall preserve the confidentiality of the letter and information contained in the letter, and shall not use or disclose the letter or information except as provided for in the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, cM56, or as otherwise required by law.
- 3.0 **Use of Support Persons By The General Public**
- 3.1 A support person is a person who assists or interprets for a person with a disability who accesses the services of the Board. A support person is distinct from a Board employee who provides support services to a student or staff person – separate and specific procedures apply. A support person is an individual chosen by a person with a disability to provide services or assistance with communication, mobility, personal care, medical needs or with access to goods or services. Personal care needs may include, but are not limited to, physically transferring an individual from one location to another or assisting an individual with eating or using the washroom. Medical needs may include, but are not limited to, monitoring an individual's health or providing medical support by being available in the event of a seizure. The support person could be a paid professional, a volunteer, a friend or a family member.
 - 3.2 Supervisory Officers, Principals and Managers will ensure that staff members receive training in interacting with people with disabilities who are accessing Board services accompanied by a support person.
 - 3.3 Access to Board premises and school events:
 - 3.3.1 Any person with a disability who is accompanied by a support person will be welcomed on Board premises with his or her support person. Access will be in accordance with normal security procedures.
 - 3.3.2 This requirement applies only to those areas of the premises where the public or third parties customarily have access and does not include places or areas of the school or Board offices where the public does not have access.

- 3.3.3 Where an individual with a disability who is accompanied by a support person wishes to attend a school, Family of Schools or Board-organized event for which a fee is charged, the notice of the event will include information as to whether support persons will be charged a fee and specify the amount of the fee.
- 3.3.4 The Board may require a person with a disability to be accompanied by a support person when on the premises, but only if a support person is necessary to protect the health or safety of the person with a disability or the health or safety of others on the premises.

NOTE: This would be a highly rare situation and would only occur where, after consultation with the person with the disability, requiring a support person is the only means available to allow the person to be on the premises and, at the same time, fulfill the Board's obligations to protect the health or safety of the person with a disability or of others on the premises. It is further noted that people with disabilities are free to accept a reasonable risk of injury to themselves just as other people do. Different individuals will have a different tolerance for risk. Risk should be weighed against any benefit for the person with a disability. It is not enough that the support person might help to protect health and safety; a support person must be necessary or essential to protect health and safety before one may be required – the risk cannot be eliminated or reduced by other means. Any considerations in protecting health or safety should be based on specific factors and not on assumptions. Just because someone has a disability doesn't mean he/she not capable of meeting health or safety requirements.)

3.4 Confidentiality

- 3.4.1 Where a support person is accompanying a person with a disability, who is not the parent/guardian of a student, for the purpose of assisting in a discussion that may involve confidential information concerning the student, the Superintendent of Education, principal or other staff member must first secure the consent of the parent/guardian regarding such disclosure.
- 3.4.2 Consent to the disclosure of confidential information in the presence of the support person must be given in writing by the parent or guardian. (See Appendix A.)
- 3.4.3 The support person must also provide assurance in writing to safeguard the confidentiality of information disclosed in the discussion.
- 3.4.4 A copy of the signed consent document will be retained in the school/Board office.
- 3.4.5 If the parent/guardian uses a different support person for subsequent meetings, a new signed consent will be required.

4.0 Use of Assistive Devices by the General Public

- 4.1 Supervisory Officers, Principals and Managers will ensure that staff are trained to support parents and the general public who may use assistive devices while accessing Board services.
- 4.2 Training is focused on how to interact with people using assistive devices rather than on the technical use of the assistive devices. (See Appendix B.)
- 4.3 Students and staff have separate and specific procedures related to their personal use of assistive devices.

- 4.4 Communication re use of assistive devices:
 - 4.4.1 The Board website and each school website will indicate that all Board facilities provide services that respect the independence and dignity of people with disabilities and offer services that include the use of assistive devices.
 - 4.4.2 Each Board facility that is open to the public will post information in the front office/reception area that welcomes the use of assistive devices and encourages users to seek support from staff and volunteers as they require it.
 - 4.4.3 The Board website and school websites, as applicable, will indicate the availability of assistive devices provided by the Board* or school to assist in provision of services to people with disabilities.
 - 4.4.4 Each Board facility that is open to the public will, as applicable, post information in the front office/reception area that indicates the availability of assistive devices and encourage potential users to seek support from staff and volunteers as they require it.

(*Note – these could include:

Assistive devices: TTY service, telephones with large numbers, amplifiers, lifts.

Services: Sign language interpretation, oral interpretation, real-time captioning.

Alternate service methods: Assistance of a staff person to complete a transaction, e.g., school registration)

5.0 Notice of Disruption of Service

- 5.1 As members of the general public, people with disabilities may rely on certain facilities, services or systems in order to access the services of the school or Board offices. Escalators and elevators, for example, are important to people with mobility disabilities because that may be the only way they can access the premises. Other systems and services designed to meet the needs of people with disabilities can include accessible washrooms, amplification systems, and note-taking or TTY services. When those facilities or services are temporarily unavailable or if they are expected to be temporarily unavailable in the near future, a notice of disruption of service is required. Generally, disruptions to any of the Board's services, such as a major storm or power outage, do not require this special notice. However, if the disruption has a significant impact on people with disabilities, a notice of the disruption should be provided.
- 5.2 Supervisory Officers, Principals, Managers, Manager of Communications and Community Relations will ensure that the users of Board and school services are notified when there is a disruption in services that may have an impact on access to services by people with disabilities.
- 5.3 Notice may be given by posting the information at a conspicuous place at or in the school or at or in Board facilities. Other options that may be used include: posting on the Board and/or school website; through direct communication with users of the services in accordance with school practices. (See Appendix C.)
- 5.4 Notice must be provided in multiple formats (upon request).
- 5.5 If the disruption is planned, notice should be provided in advance of the disruption. If the notice is unplanned, notice should be provided as soon as possible after the disruption has been identified.
- 5.6 The notice of disruption of service must include information about the reason for the disruption, its anticipated duration and a description of alternative facilities or services, if any, that are available.

Appendix A



Grand Erie District School Board

**Consent Form for Support Persons
(to be filed in the student's OSR)**

I, (parent/guardian) consent to the sharing of confidential information by (name of principal/teacher/other staff member) related to my child/ward (name) in the presence of my support person (name).
My support person (name) consents to safeguarding the confidentiality of the information shared.

Affirmation of consent:**Parent/Guardian**

Signature _____ Date _____

Printed Name of Parent/Guardian _____

I undertake to safeguard the confidentiality of information shared between (school staff) and (parent/guardian) for whom I am a support person:

Support Person

Signature _____ Date _____

Printed Name of Support Person _____

Signature of Witness (Principal/Staff Member)

Signature _____ Date _____

Printed Name of Staff Person _____

Appendix B



Grand Erie District School Board

Information on Interacting with People Using Assistive Devices

Many users of Board services and facilities who have disabilities will have their own personal assistive devices. Examples of personal assistive devices include:

- wheelchairs,
- scooters
- walker
- amplification devices that boost sound for listeners who are hard-of-hearing without reducing background noise
- hearing aids
- oxygen tanks
- electronic notebooks or laptop computers
- personal data managers
- communication boards used to communicate using symbols, words or pictures
- speech-generating devices that “speak” when a symbol, word or picture is pressed

Key Point To Remember: One should not touch or handle an assistive device without permission.

Moving personal assistive devices

If you have permission to move a person in a wheelchair remember to:

- wait for and follow the person’s instructions;
- confirm that the person is ready to move;
- describe what you are going to do before you do it;
- avoid uneven ground and objects that create bumpy and unsafe ride; and
- practise consideration and safety – do not leave the person in an awkward, dangerous or undignified position such as facing a wall or in the path of opening doors.
- Do not move items or equipment, such as canes and walkers, out of the user’s reach.
- Respect personal space. Do not lean over a person with a disability or lean on their assistive device.
- Let the person know about accessible features in the immediate environment (automatic doors, accessible washrooms, etc.).

(Copyright for the above resource is Queen’s Printer. The resource is excerpted from the e-learning course developed by the Accessibility Directorate of Ontario and modified for this use.)

How to use TTY and Canada Relay Services

How to make a call with a TTY:

- Push the ON switch
- Push the DISPLAY switch if you wish to use the screen alone or the PRINT switch if you want what is typed both on screen and in print.
- Place the telephone receiver on the TTY’s rubber receptacles. Make sure that the receiver is firmly in place and that the telephone’s receiver cord is on the LEFT side of the TTY.
- Check the telephone indicator light; if it is lit, you have the line.
- Dial the number, and watch the telephone light; if it is flashing slowly, this indicates that the device on the other end is ringing.

- When the person you are calling answers, you will see a phrase appear on the screen such as: “Hello, Richard Smith here, GA.” The “GA” stands for “Go Ahead”. Don’t forget to use it whenever you have finished speaking, so the other person will know it’s his or her turn to speak. The person who receives the call is always the one who starts typing first.
- When the call is over and you want to advise the other person that you are ready to get off the phone, type “SK”. It means Stop Keying. The other person will respond by typing “SK” if he or she agrees that the call is completed. To be courteous, each person waits until the other one has indicated “SK” before hanging up the phone. Always switch the TTY “OFF” as soon as you have finished the call.

To make a call using the Relay System

- Phone the number (1-800-855-0511), and tell the operator your name, the name of the person you are calling, and the number you wish to reach.
- The operator will make the call for you, and you speak to the operator as if you were talking directly to the person you are calling. For example, say “Hi, ‘How are you doing?’” Do not say: “Tell him I said hello.” Remember to say “Go Ahead” when you finish speaking, so the person on the other end will know it is his or her turn to speak.
- If you normally speak very quickly, the operator may ask you to speak more slowly so your message can be typed. There will be brief silences as the operator types to the TTY user and the user replies.
- Operators will not betray confidences.

Appendix C

**Grand Erie District School Board****Sample Notices of Disruption to Services****Sample 1 – Access to School Building**

To: Parents, Guardians and Community Users of our School

Maintenance work will make the main door of the school and the access ramp inaccessible from May 1 to May 8. A temporary ramp has been set up that gives access to the door at the east of the school building. We regret this inconvenience. If you have questions or concerns, please contact _____ at [phone number].

Thank you.
Principal

Sample 2 – Accessible Washroom

To: Visitors to the Education Centre

Our accessible washroom is out of service due to a broken pipe. Repairs are underway and the washroom is expected to be usable again by tomorrow. In the interim, we have made arrangements for our visitors to use the accessible washroom at 123 Main Street, which is located next door to our premises. We apologize for this inconvenience.

Thank you.
Assistant Manager of Facility Services



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: Liana Thompson, Superintendent of Education

RE: **SO137 Accessibility – Integrated Accessibility Standards Regulation (Transportation)**

DATE: September 12, 2016

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board rescind Procedure SO137 Accessibility – Integrated Accessibility Standards Regulation (Transportation)</p>

Background

Policy SO31 Accessibility and the accompanying Integrated Accessibility Awareness Manual has been amended to include Accessibility Transportation procedures formerly covered by Procedure SO137.

Additional Information

As a result of the inclusion of the procedural requirements in SO31 and accompanying manual, procedure SO137 Accessibility – Integrated Accessibility Standards Regulation (Transportation) should be rescinded.

Respectfully submitted,

Liana Thompson

Superintendent of Education



ADMINISTRATIVE PROCEDURE

SO137

Accessibility – Integrated Accessibility Standards Regulation (Transportation)

Board Received: January 28, 2013

Review Date: February 2016

Accountability:

1. Frequency of Reports – As needed
2. Severity Threshold – As needed
3. Criteria for Success – Equal accessibility in terms of transportation

Applicable Reference from Policy SO23 Accessibility - Integrated Accessibility Standards Regulation:

The Grand Erie District School Board is committed to ensuring that people with disabilities have the same opportunity of access to our services in a similar way as these services are available to all others we serve. We are committed to meeting, in a timely manner, the accessibility needs of students with disabilities in the provision of services related to student transportation.

The provision of accessible student transportation services will include the development of an individual school transportation plan for each student who has a disability that affects his/her transportation to and from school. The plan will be developed in consultation with the student's parents or guardians.

Definitions:

Individual school transportation plan is a plan that provides details of the arrangements that meet the transportation needs of an individual student who has a disability.

Operator means the driver of the school transportation vehicle.

Transportation Provider is an entity or person who has entered into an agreement with the Board for the transportation of students in accordance with the *Education Act*.

Transportation Services means transportation that a Board provides for students in accordance with the *Education Act*.

Procedures:

1.0 Responsibility (by January 1, 2014)

- 1.1 The Superintendent of Education responsible for Special Education and the Manager of Transportation Services will ensure that the provisions of this Administrative Procedure are implemented.

2.0 Individual School Transportation Plans

- 2.1 The Superintendent of Education responsible for Special Education, or his/her designate, will, in consultation with parents or guardians, annually identify students who require specific transportation services; such identification will, wherever possible, be made prior to the commencement of the school year.

- 2.2 Following consultation with parents or guardians, the Superintendent of Education responsible for Special Education, or his/her designate, will work with the Manager of Transportation Services, or his/her designate, to develop an individual student transportation plan for each student who requires specific transportation services.

3.0 Content of Individual School Transportation Plans

- 3.1 An individual school transportation plan shall, in respect of each student requiring specific transportation services, include the following:
- (i) Details of the student's assistance needs with respect to transportation to and from school
 - (ii) Provisions for the boarding, securement and debording of the student, as applicable.

4.0 Communication of Responsibilities re Individual School Transportation Plans

- 4.1 The Superintendent of Education responsible for Special Education and, where appropriate, the Manager of Transportation Services, will identify and communicate roles and responsibilities with regard to the implementation of the individual school transportation plan to the following:
- (i) The Transportation Provider
 - (ii) The parents or guardians of the student
 - (iii) The operator (driver) of the student transportation vehicle
 - (iv) The appropriate members of the school staff (e.g., principal, teacher, educational assistant)
 - (v) The student

Legal Framework

Accessibility for Ontarians with Disabilities Act, 2005 (AODA)
Integrated Accessibility Standard, Ontario Regulation 191/11
Ontario Human Rights Code

Related Policies/Procedures

SO17 Accessibility – Customer Service Standards
SO135 Accessibility – Customer Service Standards
SO23 (Draft) Accessibility – Integrated Accessibility Standards Regulation
SO138 (Draft) Accessibility – Integrated Accessibility Standards Regulation (Information & Communications)
SO139 (Draft) Accessibility – Integrated Accessibility Standards Regulation (Employment)



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: Liana Thompson, Superintendent of Education

RE: **SO138 Accessibility – Integrated Accessibility Standards Regulation (Information and Communications)**

DATE: September 12, 2016

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board rescind Procedure SO138 Accessibility – Integrated Accessibility Standards Regulation (Information and Communications)</p>

Background

Policy SO31 Accessibility and the accompanying Integrated Accessibility Awareness Manual has been amended to include Accessibility Information and Communications procedures formerly covered by Procedure SO138.

Additional Information

As a result of the inclusion of the procedural requirements in SO31 and accompanying manual, procedure SO138 Accessibility – Integrated Accessibility Standards Regulation (Information and Communications) should be rescinded.

Respectfully submitted,

Liana Thompson

Superintendent of Education



ADMINISTRATIVE PROCEDURE

SO138

Accessibility – Integrated Accessibility Standards Regulation (Information & Communications)

Board Received: January 28, 2013

Review Date: February 2016

Accountability:

1. Frequency of Reports – As needed
2. Severity Threshold – As needed
3. Criteria for Success – Equal accessibility in terms of information dissemination and communications

Applicable Reference from Policy SO23 Accessibility - Integrated Accessibility Standards Regulation:

The Grand Erie District School Board is committed to ensuring that people with disabilities have the same opportunity of access to our services as all others we serve. The Board is committed to meeting the accessibility needs of people with disabilities, in a timely manner, in the provision of services related to information and communications.

Definitions:

Information includes data, facts and knowledge that exist in any format, including text, audio, digital, or images, and conveys meaning.

Communication means the interaction between two or more persons or entities, or any combination of them, where information is provided, sent or received.

Accessible formats include, but are not limited to, options such as large print, screen readers, braille, audio format, or captioning.

Conversion-ready is an electronic or digital format that facilitates conversion into an accessible format.

WCAG refers to the World Wide Web Consortium Web Content Accessibility Guidelines.

Procedures:

1.0 Responsibility (by January 1, 2014)

- 1.1 Supervisory Officers, Principals and Managers will ensure that all staff, volunteers and others providing services and programs on behalf of the Board have received initial training in the requirements of the Integrated Accessibility Standards Regulation, including the Standards related to Information and Communications.

2.0 Feedback (by January 1, 2014)

- 2.1 Administrators/managers will ensure that processes for receiving and responding to feedback are accessible to persons with disabilities.
- 2.2 Upon request, administrators/managers will provide or arrange for the provision of accessible formats and/or communication supports to facilitate feedback.
- 2.3 Administrators/managers will notify the public about the availability of accessible formats and communication supports with regard to its feedback processes.

3.0 Procurement (by January 1, 2013)

- 3.1 All Board employees with responsibility for purchasing will, wherever practicable, incorporate accessibility criteria and features when procuring or acquiring goods and services, designing new systems or planning new initiatives that are related to provision of information and communication services.

4.0 Provision of Information and Communications in Accessible Formats (by January 1, 2014)

- 4.1 Upon request, Administrators/Managers will provide, or arrange for the provision of, accessible formats and communication supports for persons with disabilities to facilitate their access to the services of the Board.
- 4.2 Accessible formats and communication supports will be provided in a timely manner that takes into account the person's accessibility needs and a cost no greater than the regular cost charged to other persons.
- 4.3 Administrators/Managers will determine the suitability of an accessible format or communication support and, in so doing, will consult with the person making the request.
- 4.4 Administrators/Managers will notify the public, through websites, general publications and other relevant means, about the availability of accessible formats and communication supports.

5.0 Accessible Websites (by January 1, 2014)

- 5.1 The Communications & Community Relations Manager will ensure that all new websites and web content on these sites will conform with WCAG 2.0 at Level A.
- 5.2 The Communications & Community Relations Manager will ensure that, as of January 1, 2021, all its internet websites and web content will conform with WCAG 2.0 at Level AA.
- 5.3 These requirements do not include Live Captions or Pre-recorded Audio Descriptions.
- 5.4 These requirements apply to:
 - (a) websites and web content, including web-based applications, that the Board controls directly or controls through a contractual relationship that allows for modifications of the product
 - (b) web content published on a website after January 1, 2012
- 5.5 Where the Communications & Community Relations Manager determines that meeting these requirements is not practicable, such determination will include consideration of:
 - (a) the availability of commercial software or tools or both; and
 - (b) significant impact on an implementation timeline that was planned or initiated before January 1, 2012.

6.0 Educational and Training Resources and Materials (by January 1, 2013)

- 6.1 Administrators/managers will, upon notification of need, provide educational or training resources or materials in an accessible format that takes into account the accessibility needs due to a disability of the person to whom the material is to be provided.
- 6.2 To do so, the Accessibility Committee will procure through purchase, or obtain by other means, an accessible or conversion-ready electronic format, where available.
- 6.3 If the resources cannot be procured or converted into an accessible format, administrators/managers will arrange for the provision of comparable resources.
- 6.4 Administrators/Managers will, upon notification of need, provide information on the requirements, availability and descriptions of programs in an accessible format to persons with disabilities.
- 6.5 School administrators will, upon notification of need, provide student records in an accessible format to persons with disabilities.

7.0 Training for Program/Classroom Staff (by January 1, 2013)

- 7.1 The Accessibility Committee will ensure that all staff involved in program or course design, delivery and instruction will be provided with accessibility awareness training related to these responsibilities.
- 7.2 The Accessibility Committee will keep a record of the training provided, including the dates on which training was provided and the number of individuals to whom training was provided.

8.0 School Libraries (by January 1, 2015)

- 8.1 The Accessibility Committee will ensure that school libraries are able to provide, procure or acquire an accessible or conversion-ready format of print resources upon request by a person with a disability.
- 8.2 The Accessibility Committee will ensure that school libraries are able to provide, procure or acquire an accessible or conversion-ready format of digital or multi-media resource materials upon request by a person with a disability.
- 8.3 The effective date of the provision in 8.3 is January 1, 2020.

Legal Framework

Accessibility for Ontarians with Disabilities Act, 2005 (AODA)
Integrated Accessibility Standard, Ontario Regulation 191/11
Ontario Human Rights Code

Related Policies/Procedures

SO17 Accessibility – Customer Service Standards
SO135 Accessibility – Customer Service Standards
SO23 (Draft) Accessibility – Integrated Accessibility Standards Regulation
SO137 (Draft) Accessibility – Integrated Accessibility Standards Regulation (Transportation)
SO139 (Draft) Accessibility – Integrated Accessibility Standards Regulation (Employment)



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education and Secretary

FROM: Liana Thompson, Superintendent of Education

RE: **SO139 Accessibility – Integrated Accessibility Standards Regulation (Employment)**

DATE: September 12, 2016

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board rescind Procedure SO139 Accessibility – Integrated Accessibility Standards Regulation (Employment).</p>
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Background

Policy SO31 Accessibility and the accompanying Integrated Accessibility Awareness Manual has been amended to include Accessibility Employment procedures formerly covered by Procedure SO139.

Additional Information

As a result of the inclusion of the procedural requirements in SO31 and accompanying manual, procedure SO139 Accessibility – Integrated Accessibility Standards Regulation (Employment) should be rescinded.

Respectfully submitted,

Liana Thompson

Superintendent of Education



ADMINISTRATIVE PROCEDURE

SO139

Accessibility – Integrated Accessibility Standards Regulation (Employment)

Board Received: January 28, 2013

Review Date: February 2016

Accountability:

1. Frequency of Reports – As needed
2. Severity Threshold – As needed
3. Criteria for Success – Equal accessibility in terms of employment services and opportunities

Applicable Reference from Policy SO23 Accessibility - Integrated Accessibility Standards Regulation:

The Grand Erie District School Board is committed to ensuring that people with disabilities have the same opportunity of access to employment opportunities and services as do all employees and prospective employees. The Board is committed to meeting the accessibility needs of people with disabilities, in a timely manner, in the provision of services related to employment.

Definitions:

Performance management means activities related to assessing and improving employee performance, productivity and effectiveness with the goal of facilitating employee success.

Career development and advancement includes providing additional responsibilities within an employee's current position and the movement of an employee from one job to another that may be higher in pay, provide greater responsibility or be at a higher level, or a combination of these. For both additional responsibilities and employee movement, this is usually based on merit or seniority or a combination of these.

Redeployment means the reassignment of employees to other departments or jobs as an alternative to lay-off, when a particular job or department has been eliminated.

Information includes data, facts and knowledge that exist in any format, including text, audio, digital or images, and that conveys meaning.

Communication means the interaction between two or more persons or entities, or any combination of them, where information is provided, sent or received.

Accessible formats include, but are not limited to, options such as large print, screen readers, braille, audio format, or captioning.

Conversion-ready is an electronic or digital format that facilitates conversion into an accessible format.

WCAG refers to the World Wide Web Consortium Web Content Accessibility Guidelines.

Procedures:

1.0 Responsibility (by January 1, 2014)

- 1.1 All staff who have responsibility for hiring and employee selection and/or supervise the work of employees of the Board will ensure that the provisions in this procedure are implemented.
- 1.2 Human Resource Services will ensure that the provisions of this procedure are incorporated in the Board's hiring practices.

2.0 Recruitment

- 2.1 Human Resource Services will ensure that in its recruitment outreach practices the public is made aware that the Board will provide accommodation for applicants with disabilities in its recruitment processes.
- 2.2 Employees of the Board will be made aware that Human Resource Services provides accommodation for applicants with disabilities in its recruitment processes.
- 2.3 For a job selection process, the principal/supervisor will make applicants aware that, upon request, they have access to accommodations in relation to materials and processes that will be used for applicant selection and that they will be consulted about the necessary accommodations that take into account their accessibility needs due to disability.
- 2.4 When making an offer of employment, the principal/supervisor will notify the successful applicant of its policy of accommodating employees with disabilities.

3.0 Supports for Employees

- 3.1 Human Resource Services will inform employees of the Board's policy of supporting employees with disabilities and procedures that provide for job accommodations.
- 3.2 Human Resource Services will make this information available as soon as practicable to new employees and will provide updated information as policies are revised.

4.0 Accessible Formats and Communication Supports

- 4.1 Where an employee with a disability so requests, the principal/supervisor will consult with the employee to provide or arrange for accessible formats and communication supports in relation to information that is generally available to employees in the workplace and that the employee needs to perform the employee's job.
- 4.2 The principal/supervisor, in determining the suitability of an accessible format or communication as required in 4.1, will consult with the employee.

5.0 Workplace Emergency Response Information (by January 1, 2012)

- 5.1 The principal/supervisor will ensure that individualized workplace emergency response information is provided to employees who have a disability, provided the disability is such that individualized information is necessary and the principal/supervisor has been made aware of the need for accommodation due to the disability. The principal/supervisor will provide the necessary information as soon as practicable after becoming aware of the need for accommodation.
- 5.2 If an employee who receives individualized workplace emergency response information requires assistance, the principal/supervisor will, with the consent of the employee, provide such information to the person(s) designated to provide assistance to the employee.
- 5.3 The principal/supervisor, in consultation with the Health and Disability Officer, will review individualized workplace emergency response information:
 - (a) when the employee moves to a different location in the Board;
 - (b) when the employee's overall accommodation needs or plans are reviewed; and
 - (c) when the Board reviews its general emergency response procedures.

6.0 Individual Accommodation Plans

- 6.1 The Board will have in place a written process for the development of documented individual accommodation plans for employees with disabilities.
- 6.2 The Board's written process will address:
 - (a) how the employee requesting accommodation can participate in the development of the individual accommodation plan.
 - (b) the means by which the employee is assessed on an individual basis.
 - (c) how the Health and Disability Officer, or designate, can request an evaluation by an outside medical or other expert, at the Board's expense, to assist in determining if accommodation can be achieved and, if so, how it can be achieved.

- (d) how the employee can request to have a representative of his/her bargaining unit, or another workplace representative if the employee is not a member of a bargaining unit, participate in the development of the individual accommodation plan.
 - (e) the steps taken to protect the privacy of the employee's personal information.
 - (f) the frequency with which the individual accommodation plan will be reviewed and updated and how this will be done.
 - (g) how the reasons for denying an individual accommodation plan will be provided to an employee, if accommodation is denied.
 - (h) how the Health and Disability Officer, or designate, will ensure that the individual accommodation plan is provided in a format that takes into account the employee's accessibility needs due to disability.
- 6.3 The Health and Disability Officer, or designate, will provide individual accommodation plans that:
- (a) include, if requested, any information regarding accessible formats and accommodation supports provided;
 - (b) include, if required, individualized workplace emergency response information; and
 - (c) identify any other accommodation to be provided.

7.0 Return to Work Process

This return-to-work process does not replace or override any other return-to-work process created as a result of any other statutory compliance, e.g., under the Workplace Safety and Insurance Act.

- 7.1 The Health and Disability Officer, or designate, will develop, put in place and document a return-to-work process for its employees who have been absent from work due to disability and require disability-related accommodations in order to return to work.
- 7.2 The return-to-work process will:
- (a) outline the steps to be taken to facilitate the return to work of employees who were absent because their disability required them to be away from work;
 - (b) use documented individual accommodation plans (as in 6.0) as part of the process; and,
 - (c) ensure that all staff involved in program or course design, delivery and instruction will be provided with accessibility awareness training related to these responsibilities.

8.0 Performance Management

- 8.1 In administering performance appraisal processes in respect of employees with disabilities, the principal/supervisor will take into account the accessibility needs of employees with disabilities as well as individual accommodation plans.

9.0 Career Development

- 9.1 Where the Board provides career development and advancement to its employees, the accessibility needs of employees with disabilities as well as any individual accommodation plans will be taken into account.

10.0 Redeployment

- 10.1 Where the Board has in place a redeployment process, Human Resource Services will take into account the accessibility needs of employees with disabilities as well as any individual accommodation plans during the redeployment process.

Legal Framework

Accessibility for Ontarians with Disabilities Act, 2005 (AODA)

Integrated Accessibility Standard, Ontario Regulation 191/11

Ontario Human Rights Code

Related Policies/Procedures

SO17 Accessibility – Customer Service Standards

SO135 Accessibility – Customer Service Standards

SO23 (Draft) Accessibility – Integrated Accessibility Standards Regulation

SO137 (Draft) Accessibility – Integrated Accessibility Standards Regulation (Transportation)

SO138 (Draft) Accessibility – Integrated Accessibility Standards Regulation (Information & Communications)

Treasury Board Secretariat**Secrétariat du Conseil du Trésor**

Office of the President

Bureau de la présidente

99 Wellesley Street West
Room 4320, Whitney Block
Toronto, ON M7A 1W399, rue Wellesley Ouest
Édifice Whitney, bureau 4320
Toronto (Ontario) M7A 1W3Tel.: 416-327-2333
Fax: 416-327-3790Tél. : 416 327-2333
Téléc. : 416 327-3790

September 6, 2016

David Dean
Chair, Grand Erie District School Board
349 Erie Avenue
Brantford, ON N3T 5V3

Dear Mr. Dean:

The government remains committed to responsible and transparent administration of executive compensation across the broader public sector. We also understand the importance of ensuring that broader public sector organizations are able to attract and retain the necessary talent to deliver high quality public services while managing public dollars responsibly. To achieve this balance, the Executive Compensation Framework regulation will come into force on September 6, 2016.

The Executive Compensation Framework is a new regulation issued under the Broader Public Sector Executive Compensation Act, 2014 (BPSECA). It applies to all designated employers under BPSECA, including your organization. The framework regulation brings consistency and clarity to executive compensation decisions by establishing requirements that designated employers must meet when setting their compensation programs.

Designated employers are now required to establish compensation programs that adhere to the following standards:

- Salary and performance-related pay for designated executives is capped at the 50th percentile of appropriate comparators.
- Certain elements like signing bonuses and pay in lieu of perquisites are prohibited.
- Employers must engage in public consultation when determining the compensation they may provide to their designated executives.

A new executive compensation program becomes effective when an employer posts the final program to its public-facing website.

Designated employers must post compliant executive compensation programs to their websites on or before September 5, 2017.

We have developed a supporting guide to assist designated employers in setting their new compensation programs in accordance with the framework regulation. The regulation and guide are available online:

Executive Compensation Framework (Regulation) –
www.ontario.ca/laws/regulation/r16304

Guide (English) – <https://www.ontario.ca/page/executive-compensation-framework-guide>

Guide (French) – <https://www.ontario.ca/fr/page/cadre-de-remuneration-des-cadres-superieurs-du-secteur-parapublic>

Should you have any questions about the framework regulation or how these changes may affect your organization, please contact your overseeing Ministry. I appreciate your co-operation.

Sincerely,



Liz Sandals
President of the Treasury Board

c: Hon. Mitzie Hunter, Minister, Ministry of Education

Nancy Matthews, Deputy Minister, Ministry of Education

Greg Orencsak, Deputy Minister, Treasury Board, Treasury Board Secretariat and Management Board of Cabinet

Reg Pearson, Associate Deputy Minister, Centre for Public Sector Labour Relations and Compensation, Treasury Board Secretariat

Marc Rondeau, Assistant Deputy Minister, Centre for Public Sector Labour Relations and Compensation, Treasury Board Secretariat

Janette Jozefacki, Director, Total Compensation Strategies Branch, Centre for Public Sector Labour Relations and Compensation, Treasury Board Secretariat