

BOARD MEETING

Tuesday, February 15, 2022 | 6:30 pm

Join Zoom Meeting

<https://nearnorthschools-ca.zoom.us/j/89106462703?pwd=TDJTbGRoa2pKY2EzVzYrWUg2ZHFMT09>

Meeting ID: 891 0646 2703

Passcode: 388102

Dial in: 1 855 703 8985

AGENDA

1.0 Call to Order

1.1 Land Acknowledgement

We would like to open this meeting by acknowledging the traditional territories of the Anishinaabe, on which all schools of the NNDSB are situated. The Board Office is specifically located on the traditional territory of the Nipissing First Nation. We value the cultures, histories and relationships with the Indigenous People of Turtle Island. We are grateful to be gathered here today.

1.2 Opening Prayer by Elder

Welcome to Elder

2.0 Request for Leaves of Absence

Motion: In accordance with BL-102, be it resolved that Trustee(s) _____ be granted a leave of absence from the February 15, 2022 Board meeting, as confirmation of regrets was provided in advance of the meeting.

3.0 Attendance

3.1 Confirmation of Quorum

3.2 Declaration of Conflict of Interest

4.0 Approval of the Agenda and Previous Minutes ✓

Motion: That the agenda for the Board meeting of February 15, 2022 be approved, together with the minutes of the January 11, 2022 meeting.

5.0 Communication to the Board

5.1 Information Items

5.1.1 Professional Development Opportunities Calendar ✓

5.1.2 Monthly Tender Report- February 2022 ✓

5.1.3 Administrative Guideline Report ✓

- 5.1.4 NNDSB Charity Works Report ✓
- 5.1.5 COVID-19 Management Update ✓

5.2 Director's Update- Director Myles to lead this item.

- 5.2.1 Board Report ✓

5.3 Chair's Remarks- Chair Aspin to lead this item.

5.4 OPSBA Report- Trustee Steer to lead this item.

- 5.4.1 Board Report ✓
- 5.4.2 Student Trustee Handbook ✓

5.5 Student Trustees' Update- Student Trustee Darling to lead this item.

- 5.5.1 Student Trustee Report ✓
- 5.5.2 Indigenous Youth Circle Update

6.0 Items for Decision

6.1 Report from Committee of the Whole Public Session

6.2 Ontario Student Trustee Association - Board Council Conference ✓

Motion: That the Board approve the attendance of Student Trustee Darling and Student Trustee Lewis Trodd at the Virtual OSTA-AECO Board Council Conference February 18 to 19, 2022.

6.3 MYSP Committee- Terms of Reference for Approval ✓

Motion: That the Board approves the amendments to the Multi-Year Strategic Planning Committee's Terms of Reference, as recommended by the MYSP Committee.

6.4 2022/2023 School Year Calendar Approval ✓

Motion: That the Board approve the 2022-2023 School Year Calendar

6.5 Capital Project Listing for Approval ✓

Motion: That the Near North District School Board approve proceeding with the 2020-21 Capital Projects as listed.

7.0 Committee Reports

7.1 Multi-Year Strategic Plan Committee Report

- 7.1.1 Meeting minutes ✓
- 7.1.2 Board report ✓

7.2 Committee Meeting Minutes Presented for Information

- 7.2.1 SEAC Meeting minutes- January 20, 2022 ✓

8.0 Next meeting Date: March 15, 2022

9.0 Adjournment

9.1 Motion: That on February 15, 2022 we do now adjourn at _____ pm.



Jay Aspin, Chair

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Phone: 705.472.8170
Website: www.nearnorthschools.ca

Craig Myles, Director of Education

The January 11, 2022 **Public Session Board Meeting** of the Near North District School Board was held via teleconference and videoconference.

Trustees Present:

Jay Aspin, Chair
John Cochrane, Vice-Chair
Al Bottomley
Bill Steer
Caren Gagne
Donna Breault
Louise Sargent
Nichole King
Student Trustee C. Darling
Student Trustee Elect A. Lewis Trodd

Administrative Staff Present:

Craig Myles, Director of Education
Deb Bartlett, Communications Officer
Gay Smylie, Superintendent of Education
Krista Messenger, Director's Executive Assistant
Melanie Gray, Superintendent of Education
Tim Graves, Superintendent of Education
Seija Van Haesendonck, Superintendent of Business

Other:

Staff, media and community partners

Trustee Regrets:

Rob Learn

Guests:

R. Stanger, Indigenous cultural advisor

1.0 Call to Order

Chair Aspin called the meeting to order at 6:30 pm and thanked the public for joining.

1.1 Land Acknowledgement

Chair Aspin read the land acknowledgement aloud.

1.2 Opening Prayer by Elder

Chair Aspin noted that Elder Evelyn McLeod of the Nipissing First Nation was invited to the meeting but was unable to connect virtually. Chair Aspin noted the meeting would continue and staff were directed to alert the Chair if the guest joins the meeting.

2.0 Requests for Leaves of Absence

Chair Aspin provided comments to note this item has been added as a standing item to the Board's agenda as a process improvement piece in support of good governance. The Education Act states that trustees who are absent without providing prior notice for three consecutive regular meetings of the Board are at risk of vacating their office, therefore this item has been added to the agenda to have a mechanism for recognizing when prior notice is received, so that trustees are not penalized for non-attendance.

Notice is to be provided to the Director's Office and will be accepted up until 4:00 PM on the evening of the meeting. The floor was opened for comments with the following points to note:

- Vice-Chair Cochrane noted trustees represent the taxpayers, so it is incumbent upon trustees to ensure their constituents are represented through their attendance at meetings. Given the vast geography NNDSB encompasses, the local trustee voice is imperative to ensure appropriate representation.
- Clarification requested to confirm if providing prior notice absolves the vacation from office for three missed meetings. It is noted that the responsibility lies with trustees to provide notice, and when notice is provided it is not counted as a missed meeting.
- Question raised regarding the date of effectiveness. Chair Aspin confirmed this requirement is effective today, on a go-forward basis.
- For clarity, trustees were requested to provide their advance notice of regrets to the Director's Assistant, with a copy to Director Myles.
- Question regarding the applicability to student trustees. It is noted that the bylaws apply to all trustees, which includes student trustees. Staff to review the Student Trustee regulation to determine if the seat vacation possibility is applicable and report back.
- It is noted that this expectation is not new, as it is an obligation under The Education Act; however, NNDSB did not have a formal process for accepting regrets.

With no further questions to note, Chair Aspin noted this process is now in effect and inquired if the Director's Office had received any notice of regret from trustees for the meeting this evening. Director Myles advised there were no regrets to note.

3.0 Attendance

3.1 Confirmation of Quorum

Attendance indicated that eight trustees are present for the meeting, including the Student Trustee.

3.2 Declaration of Conflict of Interest

NIL

4.0 Approval of the Agenda and Previous Minutes

Motion: 22-01-01, J. Cochrane/ A. Bottomley

That the agenda for the Board meeting of January 11, 2022 be approved- **CARRIED.**

5.0 Approval of Previous Minutes

5.1 2021 12 07 Annual Organizational Meeting minutes

5.2 2021 12 07 Regular Session minutes

5.3 2021 12 20 Special Meeting minutes

Motion: 22-01-02, B. Steer/ C. Gagne

That the minutes of the three meetings of the Board of Trustees held in December 2021 are approved. - **CARRIED.**

6.0 Business Arising

Nil report.

7.0 Communication to the Board

7.1 Information Items

Chair Aspin referred trustees to the board reports submitted for information as part of the agenda package for each item. Brief comments were offered on each item as noted below:

7.1.1 Professional Development Opportunities Calendar

- Brief contained in the package.
- Note the date of the OBSPA's Public Education Symposium has been set for January 28, 2022. Trustees were encouraged to advise the Director's Assistant if they are able to attend.

7.1.2 Administrative Guidelines Report

- Director Myles spoke to this item and noted this is another Administrative Guideline being presented following the conclusion of the public consultation period.
- Following the board's receipt this evening it will be placed on the website which meets with the timeline required by PPM 166.

7.1.3 Monthly Tender Report- January 2022

- No further comments noted.

7.2 Director's Update

7.2.1 Board Report

Opening remarks from Director Myles to welcome the school community back after the holiday break. As part of his report, the Director also highlighted:

- The Government of Ontario announced on January 3, 2022, that it is temporarily moving the province into Step Two of its Roadmap to Reopen to limit the spread of COVID-19, which meant elementary and secondary students shifted to participating in remote learning.
- This transition was smooth thanks to the experience and lessons learned during the previous school years by school staff, and parents. Since this time, it has been announced that students may return to face-to-face learning on January 17, 2022, so NNDSB staff have shifted to also planning for a safe return. Special recognition offered to staff for this work. NNDSB's number one priority remains the health, safety, and well-being of our staff and students.
- Program highlight noted regarding the SHSM Environmental stream offered at Almaguin Highlands Secondary School, F.J. McElligott Secondary School, and West Ferris Secondary School.

Question raised regarding PPE stock available for the return to in-person learning. Director Myles noted that NNDSB has begun to receive the equipment allocated from the ministry and will be ensuring it is deployed to schools in an efficient manner. Further comment from the board's COVID lead, Superintendent Graves, to note NNDSB has received the three-ply cloth masks that will be provided to students, stock of medical-surgical masks, as well limited stock of non-fit tested N95 masks for any staff who request this. NNDSB awaits further rapid antigen testing supplies.

Question raised regarding board plans around staff absenteeism. Director Myles noted that the executive team recognized this as an area of concern given the increased transmissibility of the omicron strand. Planning is underway to determine operating thresholds and alternative staffing options.

7.2.1 2021 at NNDSB: A Year in Review

Opening remarks from the Director to note this report is contained in the package and designed to complement the Director's Annual Report presented in December.

Highlights noted regarding the 2021 Year in Review report are noted as:

- The report is structured to provide substantiation to the objectives outlined in the Ombudsman's Report and Special Advisor's report, such as leadership, governance, financial accountability, human resources, and public confidence.
- As trustees will know, the outcomes of this work have been integrated into the multi-year strategic plan.
- Key programming highlights were noted such as the provincial recognition received for our summer learning programs and the launch of the PSW program.

Comment from Vice-Chair Cochrane to note how pleased he is with the momentum and progress over the last year at NNDSB. The improvements were attributed to the leadership of the Director of Education, as well as the cohesiveness of the trustees under the leadership of Chair Aspin.

Chair Aspin offered a comment to note how pleased he was with the report, and reflected on 2018, where trustees were given a public mandate to reform and rejuvenate the Near North board. With the strong support of the Board of Trustees and the solid leadership of Director Craig Myles and the senior leadership team, the goals are being accomplished despite the harsh, disruptive pandemic conditions. On behalf of all trustees, Chair Aspin offered the heartiest congratulations to everyone for working so hard toward the achievement of these goals.

7.3 Chair's Remarks

The Chair referred trustees to correspondence included in the Board package, directed to the Minister of Education on behalf of the Halton District School Board's SEAC. Chair Aspin suggested these items be referred to NNDSB's SEAC to review.

Motion: 22-01-03, J. Cochrane/ B. Steer

That the correspondence from the Halton District School Board be referred to the NNDSB SEAC committee for review and recommendation. - **CARRIED.**

Trustees received Chair Aspin's report with thanks.

7.4 OPSBA Report

The Chair invited Trustee Steer to lead the Board through this item. Trustee Steer offered a verbal report centering on:

- Encouragement to register for the OPSBA's Public Education Symposium.
- Update to note OPSBA is reviewing administrator bargaining unit positions. This will be ratified locally within the next six months.
- Consideration to continue with virtual meetings (with the exception of PES, Labour Relations Conference, and the OPSBA's AGM) to reduce financial and environmental impacts.

Question from Trustee Gagne regarding the scope of the PES Conference. Trustee Steer noted the full program is available on the OPSBA's website. This conference is a valuable professional development opportunity for trustees regarding current issues in public education. Chair Aspin added his encouragement to attend, noting the valuable networking component as well.

7.5 Student Trustee's Update

The Chair invited Student Trustee Darling to speak to this item. Student Trustee Darling referred trustees to the report shared as part of the agenda package. Highlights shared are noted as:

- In December, schools recognized the National Day of Remembrance and Action on Violence against Women. Secondary schools pledged to support this concerning issue. They took the time to help prevent and address gender-based violence by remembering survivors and speaking up against harmful behaviors.
- the International Thespian Society Festival was held at Almaguin Highlands Secondary School that included performers, designers, and art students to participate in various workshops, for musical theatre and drama experiences. Numerous guest speakers also attended the festival virtually with amazing opportunities for students to engage and ask questions to professionals in this field.

The Chair thanked the Student Trustee for her report. The floor was opened for comments, with none rose.

8.0 **Items for Decision**

8.1 Report from Committee of the Whole Public Session

Motion: 22-01-04, J. Cochrane/ D. Breault

Be it resolved that the NNDSB Board of Trustees approves the trustee committee membership allocations for 2022 as agreed during the preceding Committee of the Whole meeting. – **CARRIED.**

It is noted that there is one vacant remaining on the Audit Committee, so trustees are encouraged to consider this opportunity and express interest to Chair Aspin or the Director's Assistant.

Motion: 22-01-05, L. Sargent/ A. Bottomley

Be it resolved that Allen Lewis Trodd of Magnetawan First Nation be appointed as the Indigenous Student Trustee for the 2021/2022 school year, as recommended by the Indigenous Youth Circle. – **CARRIED.**

It is noted the Board would now move to the swearing in of the Indigenous Student Trustee Elect. Chair Aspin welcomed Mr. Rodney Stanger to sing an Honour Song to acknowledge the appointment of the Indigenous Student Trustee and to honour the work the Indigenous Student Trustee Elect has been doing with the Student Senate and the Indigenous Youth Circle.

Following the conclusion of the Honour Song, Chair Aspin formally introduced Student Trustee Lewis Trodd, as NNDSB's Indigenous Student Trustee for the 2021/2022 school year. Director Myles offered congratulations on behalf of all staff and students and noted that through A. Lewis Trodd, indigenous youth can find strength in their own voices for leadership opportunities in NNDSB and broader communities. This is an exciting opportunity to work together with trustees, student leaders and senior staff to influence the future direction of education.

Chair Aspin reiterated his comments offered during Committee of the Whole to note how valuable this moment is toward strengthening NNDSB's indigenous education and opportunities.

Comment raised from the floor to request an "Indigenous Youth Circle Report" be added as a standing item to the Board's agenda as part of the Student Trustee Report. Chair Aspin noted he would entertain a Notice of Motion for consideration. Trustees voiced their support for this addition, and as such, a formal motion was tabled.

Motion: 22-01-06, L. Sargent/ J. Cochrane

Be it resolved that the NNDSB Board of Trustees approve the addition of "Indigenous Youth Circle Report" as a standing item to be reported on as part of the Student Trustee Report. – **CARRIED.**

Chair Aspin invited Student Trustee Lewis Trodd to speak. Student Trustee Lewis Trodd expressed gratitude to R. Stanger for the drumming song and for being welcomed into this position.

8.2 OPSBA Public Education Symposium Attendance

Motion: 22-01-07, B. Steer/ J. Cochrane

Whereas the OPSBA has based the registration fee for the virtual Public Education Symposium event on board enrollment,

And whereas enrollment for NNDSB is aligned with the 5,000 – 30,000 pupil registration category,

Be it resolved that the Board approves the event registration cost of \$750 to attend the OPSBA Public Education Symposium scheduled on Friday, January 28, 2022. – **CARRIED.**

Reminder to confirm participation interest with the Director's Assistant by January 20, 2021 so that the registration can be submitted by the deadline.

9.0 Committee Reports

9.1 Committee Meeting Minutes Presented for Information

9.1.1 Parry Sound Build Committee meeting minutes- December 20, 2021

Chair Aspin referred trustees to the committee minutes included for information purposes.

10.0 Next Meeting Date

Chair Aspin confirmed the Board of Trustees would meet next on Tuesday, February 15, 2022.

11.0 Motion to Adjourn

Motion: 22-01-08, D. Breault/ L. Sargent

That we do now adjourn at 7:30 pm. – **CARRIED**

Jay Aspin
 Chair

Craig Myles
 Director of Education

RESOLUTION SUMMARY

22-01-01 J. Cochrane A. Bottomley	That the agenda for the Board meeting of January 11, 2022 be approved- CARRIED.
22-01-02 B. Steer C. Gagne	That the minutes of the three meetings of the Board of Trustees held in December 2021 are approved. - CARRIED.
22-01-03 J. Cochrane B. Steer	That the correspondence from the Halton District School Board be referred to the NNDSB SEAC committee for review and recommendation. - CARRIED.
22-01-04 J. Cochrane D. Breault	Be it resolved that the NNDSB Board of Trustees approves the trustee committee membership allocations for 2022 as agreed during the preceding Committee of the Whole meeting. – CARRIED.
22-01-05 L. Sargent A. Bottomley	Be it resolved that Allen Lewis Trodd of Magnetawan First Nation be appointed as the Indigenous Student Trustee for the 2021/2022 school year, as recommended by the Indigenous Youth Circle. – CARRIED.
22-01-06 L. Sargent J. Cochrane	Be it resolved that the NNDSB Board of Trustees approve the addition of “Indigenous Youth Circle Report” as a standing item to be reported on as part of the Student Trustee Report. – CARRIED.

Minutes of the Public Session Board Meeting of the Near North District School Board held January 11, 2022

22-01-07 B. Steer J. Cochrane	Whereas the OPSBA has based the registration fee for the virtual Public Education Symposium event on board enrollment, And whereas enrollment for NNDSB is aligned with the 5,000 – 30,000 pupil registration category, Be it resolved that the Board approves the event registration cost of \$750 to attend the OPSBA Public Education Symposium scheduled on Friday, January 28, 2022. – CARRIED.
22-01-06-08 D. Breault L. Sargent	That we do now adjourn at 7:52 pm. – CARRIED

Unofficial

PD Opportunities Calendar

Title:	February 2022 Trustee Professional Development Opportunities Calendar
Scheduled Opportunities	<p>OPSBA has posted a number of previously recorded OPSBA professional development sessions on their website.</p> <p>These opportunities include all workshops and keynote addresses from the 2022 Public Education Symposium, found here:</p> <p>https://www.opsba.org/events-and-publications/public-education-symposium/</p>
Ongoing Opportunities	<ul style="list-style-type: none"> • Ontario Public School Board Association’s “Trustee Development Program” modules https://modules.ontarioschooltrustees.org/ • Ministry of Education governance resources http://www.edu.gov.on.ca/eng/policyfunding/leadership/govern_resources.html • Trustee election resources http://www.edu.gov.on.ca/eng/trustee-elections/index.html • Canadian School Boards Association (CSBA) School District Governance-Theoretical and Conceptual Foundations https://www.cdnsba.org/governance-resources
Registration Support	<p>Trustees may reach out to Krista Messenger via email at krista.messenger@nearnorthschools.ca for registration support if they are unsuccessful in self-registering by following the links above, or to request printed copies of the material to review, where available.</p>

Title:	Supporting Students with Prevalent Medical Conditions – Administrative Guideline
Contact:	Superintendent Gay Smylie
Date Submitted:	February 15, 2022
Mandate:	PPM 161 states that all school boards will develop policies and procedures for prevalent medical conditions, which include anaphylaxis, asthma, diabetes and epilepsy.
Background:	<p>Executive Council received and approved a report recommending the consolidation of various administrative guidelines to create one document that would meet the requirements as set forward in PPM 161. This consolidation included the following Administrative Guidelines:</p> <ul style="list-style-type: none"> • Administration of Medication • Anaphylaxis • Epilepsy Seizure Disorder Management
Information:	<p>“Supporting Students with Prevalent Medical Conditions” Administrative Guideline contains specific, detailed information regarding anaphylaxis, asthma, diabetes, and epilepsy. Each prevalent medical condition has its own section that includes information on definitions/terminology; education, training, response and resources; special considerations; and a plan of care.</p> <p>Following a 30-day consultation period, the administrative guideline was revised and then submitted to the Harrison Pensa legal team for review. All recommendations were accepted and incorporated into the administrative guideline. Not only does this ensure that the administrative guideline is compliant with PPM 161, but that all practices outlined are well-informed and constitute provincial best practices.</p>
Recommendation:	That the Board of Trustees accept the final consolidated Administrative Guideline, “Supporting Students with Prevalent Medical Conditions” and discontinue use of the three above-mentioned administrative guidelines.



ADMINISTRATIVE GUIDELINE

Supporting Students with Prevalent Medical Conditions

Effective Date: February 15, 2022

Responsibility: Superintendent
of Education

Policy Statement

Near North District School Board is committed to ensuring a safe, accepting and healthy learning environment that supports student well-being, including the well-being of students with prevalent medical conditions. Students with health and medical needs will be empowered in this environment, as confident and capable learners, to reach their full potential for self-management of their medical condition(s), according to their Plan of Care.

The purpose of this guideline is to ensure that there is a collaborative approach to student medical conditions. Collaborative partners include the student, parent(s)/guardian(s), principal/vice-principal, school staff and health care professionals. This collaboration is to ensure a full understanding of the medical condition, supports, clarity of roles and communication associated with the student's individual Plan of Care.

Staff training and familiarity with a student's prevalent medical condition as outlined in their Plan of Care will provide all parties with the skills and confidence to apply preventative strategies to minimize risks, recognize the symptoms of a medical emergency and know the steps to follow in dealing with a medical emergency.

Guideline Summary

- 1.0 [Informative Legislation](#)
- 2.0 [Guiding Principles and NNDSB Vision](#)
- 3.0 [Terminology](#)
- 4.0 [Roles and Responsibilities](#)
- 5.0 [Plans of Care Overview](#)
- 6.0 [Communication Strategies/Privacy and Confidentiality](#)
- 7.0 [Daily Routines](#)
- 8.0 [School Trips](#)
- 9.0 [Awareness](#)
- 10.0 [Training Overview](#)
- 11.0 [Safety Considerations](#)
- 12.0 [Reporting](#)

- 13.0 [Liability](#)
- 14.0 Prevalent Medical Conditions
 - [14.1 Anaphylaxis](#)
 - 14.1.1 Definitions/Terminology
 - 14.1.2 Education, Training, Response and Resources
 - 14.1.3 Special Considerations for Anaphylaxis and Plans of Care
 - [Appendix A1](#): Anaphylaxis Plan of Care
 - [Appendix A2](#): Sample Letter to Parents
 - [Appendix A3](#): Newsletter Sample
 - [14.2 Asthma](#)
 - 14.2.1 Definitions/Terminology
 - 14.2.2 Education, Training, Response and Resources
 - 14.2.3 Special Considerations for Asthma and Plans of Care
 - [Appendix B1](#): Asthma Plan of Care
 - [14.3 Diabetes](#)
 - 14.3.1 Definitions/Terminology
 - 14.3.2 Education, Training, Response and Resources
 - 14.3.3 Special Considerations for Diabetes and Plans of Care
 - [Appendix C1](#): Diabetes Plan of Care
 - [14.4 Epilepsy \(Seizure Disorder\)](#)
 - 14.4.1 Definitions/Terminology
 - 14.4.2 Education, Training, Response and Resources
 - 14.4.3 Special Considerations for Epilepsy and Plans of Care
 - [Appendix D1](#): Epilepsy Plan of Care
 - [Appendix D2](#): Seizure Incident Report
- 15.0 Administration of Medication
 - 15.1 Roles and Responsibilities
 - [Appendix E1](#): Self-Administration of Medication
 - [Appendix E2](#): Staff Administration of Medication
 - [Appendix E3](#): Medication Administration Chart
 - [Appendix F](#): Plan of Care for Medically Complex Students

1.0 **INFORMATIVE LEGISLATION**

The processes in this guideline are informed by PPM 161: Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools.

This Administrative Guideline also supports [Sabrina's Law](#) (2005) and [Ryan's Law](#) (2015), which require that school boards maintain policies to support students with prevalent medical conditions, such as anaphylaxis and asthma. This guideline has also been developed to meet the requirements of the Education Act, 265(1) section j) Duties of Principals and Education Act Regulation 298, section g) Duties of Teachers.

2.0 **GUIDING PRINCIPLES AND NNDSB VISION**

This Administrative Guideline provides direction to Principals/Vice-Principals and school personnel for developing the proper, individualized Plan of Care for supporting a student with a prevalent medical condition and prepares them to respond to any medical emergency that may arise as a direct result of that condition.

It is essential that a whole school approach be taken to address prevalent medical conditions and that all staff understand the important role they play in promoting student health and safety.

Collaboration with parent(s)/guardian(s), students, and community partners such as health care professionals (where necessary) is a key component to developing accurate and timely student Plans of Care. To this end, it is important that parent(s)/guardian(s) inform the Principal/Vice-Principal of any changes to the Plan of Care as soon as possible, including changes to prescribed medication. Upon receipt of new information, the Principal/Vice-Principal will update a student's individual Plan of Care to ensure that all staff remain informed and well-positioned to ensure the health and safety of the student. Schools will update Plans of Care in conjunction with parents at least once a year.

Principals/Vice-Principals and school personnel shall require students to comply with their Plans of Care, as developed in accordance with this Administrative Guideline.

3.0 **TERMINOLOGY**

Acquired Brain Injury: refers to any type of brain damage that occurs after birth and is not related to a congenital or degenerative disease. It can include damage sustained by injury, disease, or infection.

Allergens: any substance or condition that can bring on an allergic reaction leading to a life-threatening allergic reaction known as anaphylaxis

Anaphylaxis: is a sudden and severe allergic reaction, which can be fatal, requiring medical emergency measures be taken.

Anaphylaxis Reaction: signs and symptoms of anaphylaxis can occur within minutes of exposure to an allergen. In rarer cases, the time frame can vary up to several hours after exposure. The ways in which symptoms appear can vary from person to person and from episode to episode in the same person. Symptoms of anaphylaxis generally include two or more of the following body systems: skin, respiratory, gastrointestinal and/or cardiovascular. However, low blood pressure alone, in the absence of other symptoms, can also represent anaphylaxis.

Asthma: is a chronic, inflammatory disease of the airways in the lungs. Symptoms of asthma can include coughing, wheezing, difficulty breathing, shortness of breath and chest tightness.

Asthma medication, controller medication: is prescribed and usually taken regularly every day to control asthma. Usually, it is taken at morning and at night and not generally taken at school.

Asthma medication, reliever medication: is a prescribed, fast-acting medication (usually blue in colour) that is issued when someone is having asthma symptoms.

Blood glucose control: is the proper balance of food and insulin in the body. The balance may be affected by missing a meal or snack, or eating less than planned and could be a serious problem as it can easily result in very low blood glucose (hypoglycemia) and requires an immediate response.

Cerebral Palsy: is a broad medical term that professionals use to describe a variety of disorders that occur due to a non-progressive disturbance in the developing brain, affecting the brain's ability to control some muscles, especially those affecting a person's movement and posture.

Convulsive Seizures: also called generalized tonic-clonic seizures, involve the whole body and are the most dramatic type of seizure, causing rapid, rhythmic and sometimes violent shaking movements, often with loss of consciousness. A tonic-clonic seizure lasting more than 5 minutes is a medical emergency.

Diabetes: is a chronic disease, in which the body either cannot produce insulin or cannot properly use the insulin it produces. There are two types of Diabetes: Type 1 and Type 2.

Diabetes, Type 1: is a life threatening autoimmune disorder in which the pancreas no longer produces insulin, the hormone that turns glucose (sugar) into energy. Treatment for Type 1 diabetes involves daily doses of insulin, along with regular blood glucose checks and careful attention to food intake and physical activity.

Diabetes, Type 2: is a disease in which your body cannot make enough insulin (a hormone that helps control the amount of glucose or sugar in your blood), or does not properly use the insulin it makes.

Diabetes Medical Team: Is a group of hospital health professionals, generally comprised of hospital and community health care practitioners with expertise in diabetes and may include diabetic educators, social workers, dietitians and licensed physicians who support

the student and his/her family.

Emergency Medical Services: also known as EMS, ambulance or paramedic services, provide urgent pre-hospital treatment and stabilization for serious or life threatening injuries and/or illness.

Emergency Response Plan: provides important information in the event of an emergency including who to contact (and their contact information), how to act during an emergency and how to mitigate risks.

Epinephrine Auto-Injector: a medical device that is used to deliver a pre-measured dose (or doses) of epinephrine.

Epinephrine: is a synthetic version of hormone adrenaline that is used in the treatment of anaphylaxis and life-threatening asthma attacks. A second dose of epinephrine may be administered as early as 5 minutes after the first dose if there is no improvement in symptoms.

Epilepsy: is a neurological condition which affects the nervous system. Epilepsy is also known as a seizure disorder or as convulsions.

Health Care Professional: a member of a College under the Regulated Health Professions Act, 1991 (e.g., medical doctor, nurse practitioner, registered nurse, pharmacist).

Health Care Provider: may be a Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Hyperglycemia: also known as high blood glucose, is when the blood glucose (sugar) is higher than an individual's target range.

Hypoglycemia: also known as low level blood glucose, is when the blood glucose (sugar) is lower than an individual's target range. Hypoglycemia can happen within minutes of a person appearing healthy and normal and may quickly become an emergency.

Insulin: is a hormone produced by the pancreas. Students with diabetes use insulin syringes, pens or pumps to give insulin.

Lead Teacher: the teacher in charge on an off-site school trip.

Medical Emergency: is an acute injury or illness that poses an immediate risk to a person's life or long-term health and requires assistance from another qualified person and contact with Emergency Medical Services.

Medical Incident: is a circumstance that requires an immediate response and monitoring, as the incident may progress to an emergency requiring contact with Emergency Medical Services.

Parents: refers to parent(s) and guardian(s).

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

Prevalent Medical Condition: for the purposes of this document, is limited to anaphylaxis, asthma, diabetes, and epilepsy (seizure disorder).

Principal: refers to the Principal, Vice-Principal and/or Principal designate.

School: all school and school-board activities, including field trips, overnight excursions, board-sponsored sporting events, and board-operated before- and after- school programs for children aged 4 to 12 years.

School board(s) and board(s): district school boards and school authorities, in this case Near North District School Board

School staff: all school staff who work in direct contact with students, including occasional staff.

Self-Management: a continuum where a student's cognitive, emotional, social and physical capacity and stage of development are determinants of their ability to confidently and independently manage their medical condition(s). The student's' journey to reach their full potential along the self-management continuum is not linear and can require varying levels of support over time. A student's capacity for self-management may be compromised during certain medical incidents, and additional support will be required.

Status Epilepticus: is a state of prolonged seizure (longer than 30 minutes) or repeated seizures without time for recovery and can happen with any type of seizure.

Students: children in Kindergarten through to Grade 12.

Target Range: is the acceptable blood glucose levels based on the Canadian Diabetes Association's Clinical Practice Guidelines and is personalized for the student by the parent(s)/guardian(s) and Diabetes Medical Team.

4.0 ROLES AND RESPONSIBILITIES

4.1 Parents of Children with Prevalent Medical Conditions

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

- confirm annually to the Principal that their child's medical status is unchanged;
- educate their child about their medical condition(s) with support from their child's health care professional, as needed;
- guide and encourage their child to reach their full potential for self-management and self-advocacy;

- inform the school of their child's medical condition(s) upon registration (or when diagnosed) and participate in the creation of the Plan of Care for their child alongside the Principal;
- immediately communicate any changes to the Plan of Care, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage their medical condition(s), to the Principal;
- initiate and participate in annual meetings to review their child's Plan of Care;
- supply their child and/or school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied;
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate;
- cover any out of pocket costs incurred by the school associated with health/medical treatment, including the cost of transportation by ambulance should this be required;
- consider providing the child with medical identification (e.g. MedicAlert bracelet or necklace).

4.2 Students with Prevalent Medical Conditions

Depending on their cognitive, emotional, social and physical stage of development, and their capacity for [self-management](#), students are expected to actively support the development and implementation of their Plan of Care.

Students should:

- alert staff members if they believe they are experiencing any symptoms associated with their medical condition and require medication, or, if possible, that a medical incident or emergency is occurring;
- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management;
- participate in the development of their Plan of Care;
- participate in meetings to review their Plan of Care;
- carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g. carry their medication and medical supplies; follow school board policies on disposal of medication and medical supplies);
- set goals on an on-going basis, for self-management of their medical condition, in conjunction with their parent(s) and health care professional(s);
- communicate with their parent(s) and school staff if they are facing challenges related to their medical conditions(s) at school;
- wear medical alert identification that they and /or parent(s) deem appropriate.

4.3 School Staff

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

- review the contents of the Plan of Care for any student with whom they have direct contact;
- participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the School Board;
- share information on a student's signs and symptoms with other students, if the parents give consent to do so and as outlined in the Plan of Care and authorized by the Principal in writing;
- follow School Board strategies that reduce the risk of student exposure to triggers or

causative agents in classrooms, common school areas, and extra-curricular activities in accordance with the student's Plan of Care;

- support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures;
- support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student;
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care.

4.4 Principal

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

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

4.5 School Board

School boards are expected to communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, school board staff, and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers). At a minimum, School Boards are expected to make their policies and their Plan of Care templates available on their public website in the language of instruction.

School boards are also expected to:

- provide training and resources on prevalent medical conditions on an annual basis;
- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations;
- communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, as outlined in their Plan of Care;
- consider PPM 161 and related board policies when entering into contracts with transportation, food service and other providers;
- work to align policies related to PPM 161 with before and after school programs and transportation providers.

5.0 OVERVIEW OF PLANS OF CARE

A Plan of Care is a form that contains individualized information on a student with a prevalent medical condition. School board policies and procedures must include a Plan of Care form.

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

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

Plan of Care templates for each prevalent medical condition may be found in the Appendices.

Plan of Care Appendices

Appendix A: Anaphylaxis Plan of Care

Appendix B: Asthma Plan of Care

Appendix C: Diabetes Plan of Care

Appendix D: Epilepsy Plan of Care

6.0 COMMUNICATION STRATEGIES/PRIVACY AND CONFIDENTIALITY

Due to the nature and severity of prevalent medical conditions, communication strategies must be clear and widely distributed across the School Board while maintaining student privacy. The Principal will establish a communication plan at the start of the school year to share information about students with prevalent medical conditions with parents, students, employees, volunteers, coaches, and where appropriate, food service providers, transportation providers and child care providers following consultation with the student's parent(s).

General communication about the prevalent medical conditions can be handled through board/school communication vehicles such as letters home to all parents, or through the school newsletter, board/school website, parent information nights and other school presentations.

The student's Plan of Care will identify those individuals in direct contact with the student during the course of their educational experience (including occasional teachers and volunteers) who will need training and/or information on the student's prevalent medical condition.

Near North District School Board will comply with applicable privacy legislation and obtain parental consent in the individual Plan of Care prior to sharing student health information with school staff or other students. Parents and school staff should be informed of the measures to protect the confidentiality of students' medical records and information.

7.0 DAILY ROUTINES

Support will be provided to students with prevalent medical conditions in order to facilitate their routine or daily management of activities in school.

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

8.0 SCHOOL TRIPS

When taking a student with prevalent medication condition(s) off school property, it is important that there is communication with the parent(s) and the third party operator (where applicable) to develop a careful and clear plan of expectations to meet the needs of the student.

Prior to planning an activity that requires students to leave school property, the classroom and/or Lead Teacher will:

1. Identify any student(s) with prevalent medical condition(s) who may be attending.
 2. Check the trip site and activities for potential safety hazards. Where possible, the trip supervisor should complete a pre-activity inspection of the site and activities to investigate safety conditions and how these may impact the student(s).
 3. Communicate with the student's parent(s)/guardian(s) during the initial planning stages of the trip, informing them of the destination, mode of travel and activities students are to participate in, and obtain their consent. Knowing the trip expectations and accommodations, the parent(s)/guardian(s) will be able to provide an informed decision as to their child's participation. Teachers may consider inviting parent(s) on the trip as a supervisor. For full-day, overnight, extensive or exchange programs, parents may need to provide additional medication or medical equipment (see #10 below). Parents must also be asked if they consent to the teacher sharing medical information with the tour operator and/or activity provider, as well as, other trip supervisors, including volunteers and/or transportation operators.
 4. Meet with the tour operator and/or activity provider to discuss:
 - a. the needs of student(s) with prevalent medical condition(s).
 - b. the operator's suggested accommodations for the student(s) with prevalent medical condition(s).
 - c. the tour operator's plans for accommodations as compared to School Board expectations for accommodations and any oversights. Adjust operator's accommodation plans accordingly to the needs of the student. Follow the plans wherever there is a higher standard.
 - d. whether the trip provider has a pre-existing plan for the student's medical condition. If not, the Lead Teacher will develop one based on School Board expectations and parent input and provide the operator with a copy.
 - d. whether, based on the listed accommodations for the student, the tour operator can provide:
 - accommodations during travel to destination
 - safe facilities, safe programming, safe food supply at the destination
 - ready access to a doctor, clinic or hospital at destination site
- If the safe participation for a student with a prevalent medication condition cannot safely be accommodated, teachers must choose an alternate trip location that is accessible for the student.
5. Prepare an emergency response plan for all students with a prevalent medical condition(s) and communicate the plan to all staff, volunteers, and transportation operators on the trip.
 6. Bring a copy of the students' Plans of Care along with a list of trip accommodations and the emergency response plan.
 7. Assign student(s) with prevalent medication condition(s) to a group with a staff member who is knowledgeable about risks, symptoms and response related to the prevalent medical condition(s).

8. In situations where the teacher/supervisor is providing 'in the area supervision' (i.e. they are supervising an area in which direct lines of sight between supervisor and student are not always possible), assign a 'buddy' to the student with a prevalent medical condition. The 'buddy's' responsibility is to assist the student and to access the teacher supervisors in case of an emergency.

9. Take a suitable means of communication (e.g. cell phone) on the trip and/or ensure that an easily accessible phone is available at the site.

10. Ensure that the parent/guardian provides an excursion kit consisting of any prescribed medications as outlined in the student's Plan of care, and that the medication be in a clearly marked container with an additional 50% supply in case of emergency. The excursion kit, along with the Plan of Care, should include:

For Anaphylaxis: Epi-pens, emergency contact information and a cell phone (if applicable)

For Asthma: Inhalers, emergency contact information and a cell phone (if applicable).

For Diabetes: A kit for Low Blood Sugar, Hypoglycemia, emergency contact information and a cell phone (if applicable).

For Epilepsy: Any specific directions, emergency contact information and a cell phone (if applicable)

For Medically Complex Students: Items specific to the student.

Classroom teachers must also complete the necessary forms for any out of school excursion, as per the School Trips Administrative Guideline.

9.0 AWARENESS

Near North District School Board will raise awareness of policies on prevalent medical conditions and evidence-based resources that provide information on various aspects of prevalent medical conditions, including triggers or causative agents, signs and symptoms of medical incidents and medical emergencies, and School Board emergency procedures and will share these when appropriate and with consent with occasional staff and service providers, such as food service and transportation providers.

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

10.0 TRAINING OVERVIEW

Near North District School Board is committed to providing training related to prevalent medication conditions, at a minimum annually, for school staff, including all occasional staff, who have direct contact with students with medical condition(s). Training will take place within the first thirty (30) days of school, where possible, to ensure the safety and well-being of the student, and will be reviewed when appropriate.

The School Board will ensure that appropriate staff are familiar with the prevalent

medical condition as outlined in the student's individual Plan of Care and are trained in prevention strategies to minimize risks, recognize the symptoms of a medical emergency and know the steps to follow when dealing with a medical emergency or student with a prevalent medical condition.

The School Board will continue to ensure that Near North schools have current staff members with up to date first aid certification.

Using evidence-based resources (e.g., [Prevalent Medical Conditions portal via EduGAINS](#)) and following consultation with appropriate stakeholders, the School Board will determine the scope of training required to support the implementation of prevalent medical condition procedures, as well as the mode of delivery of the training and privacy considerations.

The scope of training related to supporting students with prevalent medical conditions must include:

- strategies for preventing risk of student exposure to triggers and causative agents
- strategies for supporting inclusion and participation in school
- recognition of symptoms of a medical incident and medical emergency
- information on school staff supports, in accordance with School Board policy
- medical incident and emergency response; and
- documentation procedures (e.g. collecting and sharing medical information)

11.0 SAFETY CONSIDERATIONS

There are a number of safety considerations to be managed when implementing policies on prevalent medical conditions. These considerations are necessary to ensure the safety of students with prevalent medical conditions and the students and staff who come into contact with them. Some students with these conditions will be required to carry, store and administer medication.

- Students will be allowed to carry their medication(s) and supplies, as outlined in the Plan of Care;
- School staff will support the storage (according to the item's recommended storage conditions), and safe disposal of medication and medical supplies;
- Principals will ensure that their Emergency Response Plans (reviewed annually) account for the supports that all students with prevalent medical conditions in their building may require during a school emergency (e.g. bomb threats, evacuation, fire, hold and secure, lockdown), including specifications for obtaining medication if required.

Principals and classroom teachers will work together to determine a process for notifying occasional staff of any students with prevalent medical conditions that they will have to directly supervise during their instructional day.

Although Principals/Vice-Principals and school personnel cannot and shall not be expected to completely eliminate all antigens affecting an anaphylactic student, they shall encourage

all students and visitors to reduce the environmental factors that may induce anaphylaxis in students.

The 'Administration of Medication Procedures Manual' developed by Near North District School Board is in place to guide stakeholders.

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

12.0 REPORTING

Subject to relevant privacy legislation, the Near North District School Board will collect data regularly, including but not limited to, data on the number of students with prevalent medical conditions at their schools, and should monitor the number of occurrences of medical incidents and medical emergencies, as well as circumstances surrounding these incidents. The School Board will use these data as part of their cyclical policy reviews and to report to the Ministry of Education.

School policies will also include expectations for school staff regarding the documentation of any medication administered to students, including students with prevalent medical conditions. The maintenance of such documentation must be in keeping with the School Board records and information management policies as well as Personal Health Information Protection Act (PHIPA) and Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) requirements.

13.0 LIABILITY

The Good Samaritan Act, passed in 2001, protects individuals from liability with respect to voluntary emergency medical or first aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

2. (1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.

(2) Subsection (1) applies to,
... (b) an individual... who provides emergency first aid to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

In addition, in the cases of anaphylaxis and asthma, both [Sabrina's Law](#) (2005) and [Ryan's Law](#) (2015) include provisions limiting the liability of individuals who respond to an emergency relating to these conditions, as cited below:

Section 3(4) of [Sabrina's Law](#):

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.

Section 4(4) of [Ryan's Law](#):

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.

14.1 Anaphylaxis

Principals, Vice-Principals and school staff shall assist in attempting to reduce environmental risks for anaphylactic students, as well as encourage parents and visitors to participate in reducing environmental risks for anaphylactic students. The Principal shall specify a means of ensuring that all community users of the school facilities are aware of any restrictions on food use and the reason for these restrictions. Principals cannot and shall not be expected to eliminate all antigens affecting an anaphylactic student.

14.1.1 Definitions/Terminology

Allergens

Anaphylaxis

Anaphylaxis Reaction

14.1.2 Education, Training, Response and Resources

Education

A Plan of Care shall be created to provide specific information regarding the student's source of anaphylaxis, if known.

Some common foods which are sources of anaphylactic reaction:

- Peanuts/peanut butter/peanut oil (the most prevalent among school students)
- "Tree" nuts: hazelnuts, walnuts, pecans, almonds, cashews
- Sesame seeds and sesame seed oil
- Cow's milk
- Eggs
- Fish
- Shellfish
- Wheat
- Soy
- Bananas, avocados, kiwis and chestnuts for children with latex allergies

Note: Any food can trigger an anaphylactic reaction, thus cross contamination of foods is also a concern.

Some common non-food sources of anaphylactic reaction:

- Play dough (may contain peanut butter)
- Scented crayons and cosmetics
- Peanut-shell stuffing in 'bean bags' and stuffed toys
- Wild bird seed
- Insect venom (bees, wasps, hornets, yellow-jackets, blackflies)
- Rubber latex (gloves, balloons, erasers, rubber spatulas, craft supplies, Koosh balls)
- Vigorous exercise
- Plants such as poinsettia, for children with latex allergies
- Cold (air or water)
- Some medications

Note: These are the most common environmental/non-food allergens but this is not an

exclusive list.

Early recognition of symptoms and immediate treatment could save a person's life. Signs and symptoms to be aware of include:

Skin system: hives, swelling (face, lips, tongue), itching, warmth, redness.

Respiratory system (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.

Gastrointestinal system (stomach): nausea, vomiting, diarrhea, pain or cramps.

Cardiovascular system (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock.

Other: anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.

Parents, pupils, employees and volunteers shall be made aware of the antigens banned from the school. Information sessions, displays, school websites or newsletters to assist parents/guardian, visitors and students in the understanding of the situation may be useful. See [Appendix A3](#) for a sample Newsletter entry to support this type of information sharing.

In consultation with the parent(s)/guardian(s) and/or, where appropriate, the anaphylactic student, the school shall send out letters on the first day the anaphylactic student attends class or as soon as possible thereafter to all parents/guardians and/or students, as appropriate, explaining that specified foods or foods containing specified ingredients and other identified antigens are not permitted in the school and why. Reminder letters or other communications shall be provided throughout the year. The letters shall not identify the anaphylactic student without the written consent of the student's parent(s)/guardian(s) and/or, where appropriate, the anaphylactic student. All secondary students shall be consulted prior to identification. See [Appendix A2](#) for a sample parent letter.

If deemed necessary, and with the consent and consultation of the parent(s)/guardian(s) and/or the anaphylactic student, the school shall provide students in the anaphylactic student's class with information on anaphylaxis and the antigen affecting the anaphylactic student on the first day of attendance at school or as soon as possible thereafter. This should be done in a way that is appropriate to the students' age and maturity.

Training

All staff members (teaching and non-teaching) shall be made aware that a student with anaphylaxis is attending the school and the student should be identified, either individually or at a staff meeting, before school begins, if possible. The school's anaphylaxis plan must include annual training following a specific training schedule on dealing with life threatening allergies for all employees (school administration, teachers, secretaries, EAs, CDCs, custodians, library technicians/librarians) and others who are in direct contact with the student on a regular basis. Training must provide a demonstration of an injection.

Employees will be preauthorized to administer medication or supervise a pupil while he or she takes medication in response to an anaphylactic reaction if the school has up-to-date treatment information and the consent of the parent/guardian, or pupil as applicable. If an **employee** has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee will administer an epinephrine auto-injector or other medication prescribed to the pupil for the treatment of an anaphylactic reaction, **even if there is no preauthorization to do so.**

In addition to any training required in order to administer emergency medication, the Principal may, where appropriate, consult with the parent(s)/guardian(s) and/or, the student, to arrange for school personnel to be provided with training to understand the nature of the antigen, the symptoms of anaphylactic shock, the potential severity of anaphylactic shock, and methods of reducing environmental risk for the student with anaphylaxis.

Additional Food-Based Considerations for Education and Training:

When it is determined that an anaphylactic student reacts to food products, the Principal shall provide that the anaphylactic student eats only the foods that the student brings from home and washes his or her hands before and after eating.

On the first day the anaphylactic student attends class, school personnel shall advise all students and those likely to interact with the anaphylactic student that trading and sharing of food is not allowed and that students are not to share cups or straws. Students shall also be required to wash their hands after eating. School personnel shall remind students of these rules, as necessary. Signs shall be posted as reminders of these expectations.

When the antigen is found in food, all cafeteria staff shall receive training on cross-contamination and labeling issues in the cafeteria setting. Foods class teachers will also receive training in cross-contamination and ensure that antigens are not part of the class(es). The cafeteria menu and the vending machines shall be in accordance with the updated school plan. Allergenic food or products shall not be used in Foods or other classes in accordance with the School Anaphylaxis Plan (antigens banned from the school).

Response

If you know a student with anaphylaxis is experiencing a reaction, follow these 5 steps:

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
2. Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms.
4. Follow direction of emergency personnel, including transport to hospital (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment. Stay in the hospital for an appropriate period of

observation as decided by the emergency department physician (generally about 4 - 6 hours).

5. Call emergency contact person; e.g. parent(s)/guardian(s).

Resources

[Epi Pen Training](#)

[Food Allergy Canada](#) (formally Anaphylaxis Canada)

[Ministry of Education Quick Facts on Anaphylaxis](#)

14.1.3 Special Considerations for Anaphylaxis and Plans of Care

The Principal shall advise parents/guardians and/or where appropriate the student, that two injectors must be brought to school; one shall be kept on the student and one shall be stored by the school, subject to written instructions to the contrary by the parent(s)/guardian(s).

With consent, the Principal shall inform all individuals and corporations involved in the transportation of the student of his/her condition and the requirements of the Anaphylaxis Plan of Care that are applicable to transportation. This information should be communicated to transportation services using the ISTAP form and/or as per the Authorization/Plan Review section of the Plan of Care.

Where the anaphylactic student's class will be ordering commercial food or attending outings at commercial food outlets, appropriate precautions shall be taken to reduce the risk for the anaphylactic student.

Where appropriate, the Principal shall provide that the anaphylactic student shall not participate in school yard cleanup or garbage disposal (e.g. those students who react to antigens in food).

If deemed necessary in consultation with the parent(s)/guardian(s) and/or, where appropriate, the anaphylactic student, he/she will be provided with an antigen-free area within the school to eat. All reasonable precautions shall be taken to provide a safe environment for medically-at-risk students but it is not possible to provide an absolute guarantee for elimination of all risks.

In circumstances, when parent(s)/guardian(s) have advised the school that they will not provide the school with epinephrine auto-injectors and/or refuse to allow their child to carry an epinephrine auto-injector, the Principal shall:

1) Meet with the parent(s)/guardian(s) to discuss:

- the risk to their child and the student's level of responsibility;
- potential barriers to the parent/guardian's ability to supply or support their child in carrying an epinephrine auto-injector;
- the consequences of not having the epinephrine auto-injector close to the child;
- an alternate plan that will allow efficient response, if it is determined that it is in the best interests of the child not to carry the epinephrine auto-injector.

2) If the parent(s)/guardian(s) still refuses to provide the school with epinephrine auto-injectors and/or refuses to allow their child to carry an epinephrine auto-injector, the Principal shall:

- suggest the parent(s)/guardian(s) contact Food Allergy Canada to discuss the refusal,
- seek permission of parent(s)/guardian(s) to discuss the refusal with their physician or nurse practitioner; and
- consult with the Superintendent of Schools regarding next steps.

3) If attempts to resolve non-compliance persist, the Principal shall:

- send a letter to the student's parent(s)/guardian(s) outlining the risk to their child and have the letter signed and returned to the school,
- inform teachers and others who have contact with this student that they will not be carrying an epinephrine auto-injector;
- in consultation with the Superintendent of the School, the Principal will create a local plan to ensure that epinephrine auto-injectors are available for students when parent(s)/guardian(s) have refused to provide and/or have their child carry an epinephrine auto-injector; and
- ensure that a notation is made on the student's Anaphylaxis Plan of Care. Suggested notation on the Anaphylaxis Plan of Care would read "*As a result of parent(s)/guardian(s) refusal to provide their child with epinephrine auto-injectors and/or ensure that their child carry an epinephrine auto-injector as per School Board policy, this Plan has been created to support the student's safety*".

Anaphylaxis Plan of Care: [Appendix A1](#)

14.2 Asthma

Principals, Vice-Principal and all school staff shall assist in attempting to reduce environmental triggers to reduce the risks of exposure to asthmatic students, as well as encourage parents and visitors to participate in reducing environmental risks for asthmatic students. Principals cannot and shall not be expected to eliminate all environmental triggers affecting an asthmatic student.

14.2.1 Definitions/Terminology

[Asthma](#)

[Asthma medication: controller medication](#)

[Asthma medication: reliever medication](#)

14.2.2 Education, Training, Response and Resources

Education

People with asthma have sensitive airways that react to triggers. There are many different types of triggers, for example, poor air quality, mold, dust, pollen, viral infections, animals, smoke, strong smells such as perfume, and cold air.

Training

Regular training on recognizing asthma symptoms and managing asthma exacerbations for all school employees (or others in direct contact with the student on a regular basis such as volunteers) will occur annually.

If a student is known to have asthma and is experiencing asthma symptoms, any staff member may assist in the administration of the prescribed asthma medication as outlined in the student's [Asthma Plan of Care](#). As per [Ryan's Law](#), there are legal protections in place for staff acting in good faith in such circumstances.

Response

A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler should be used as outlined in the student's [Asthma Plan of Care](#).

If any of the following occur, take action by using the fast-acting reliever inhaler::

- Continuous coughing
- Trouble breathing
- Chest tightness
- Wheezing (whistling sound in chest)

Continue to monitor symptoms. Only return to normal activity when all symptoms are gone. If symptoms get worse or do not improve within 10 minutes, this is an emergency and staff must:

- Call 9-1-1 for an ambulance
- Follow directions provided by 9-1-1 emergency responders
- If symptoms continue, use reliever inhaler every 5-15 minutes until medical attention arrives.
- While waiting for help to arrive, have the student sit up with arms resting on a table. Do not have the student lie down unless it is an anaphylactic reaction, as well. Do not have the student breathe into a bag.
- Stay calm and reassure the student.
- Notify parent(s)/guardian(s) and/or emergency contact.

Resources

[Asthma Canada](#)

[OPHEA's Asthma Education Initiative](#)

[Education Video from OPHEA and the Lung Health Foundation](#)

[Lung Health Foundation](#)

[Ministry of Education Quick Facts on Asthma](#)

14.2.3 Special Considerations for Asthma and Plans of Care

The Principal shall permit a student to carry the asthma medication on their persons if the student has parent/guardian permission to do so. If the student is 16 years or older, the student does not require parental/guardian permission to carry asthma medication.

The Principal shall with consent inform all individuals and corporations involved in the transportation of the student of his/her condition and the requirements of the Asthma Plan of Care that are applicable to transportation. This information should be communicated to transportation services using the ISTAP form and/or as per the Authorization/Plan Review section of the Plan of Care.

In circumstances, when parent(s)/guardian(s) have advised the school that they will not provide the school with medication (reliever inhaler) and/or refuse to allow their child to carry the reliever inhaler, the Principal shall:

1) Meet with the parent/guardian to discuss:

- the risk to their child and the student's level of responsibility;
- potential barriers to parent/guardian's ability to supply or support their child in carrying a reliever inhaler;
- the consequences of not having the reliever inhaler close to the child;
- an alternate plan that will allow efficient response, if it is determined that it is in the best interests of the child not to carry the reliever inhaler (such as storage at the main office with other medications).

2) If the parent/guardian still refuses to provide the school with a reliever inhaler and/or refuses to allow their child to carry a reliever inhaler:

- suggest the parent(s)/guardian(s) contact [Asthma Canada](#) to discuss the refusal,

- seek permission of parent(s)/guardian(s) to discuss the refusal with their physician or nurse practitioner; and
- consult with the Superintendent of Schools regarding next steps.

3) If attempts to resolve non-compliance persist:

- send a letter to the student's parent(s)/guardian(s) outlining the risk to their child and have the letter signed and returned to the school,
- inform teachers and others who have contact with this student that they will not be carrying a reliever inhaler; and
- ensure that a notation is made on the student's Asthma Plan of Care. Suggested notation on the Asthma Plan of Care would read "*As a result of parent(s)/guardian(s) refusal to provide their child with a reliever inhaler and/or ensure that their child carry a reliever inhaler, this Plan has been created to support the student's safety*".

Asthma Plan of Care: [Appendix B1](#)

14.3 Diabetes

The Principal will communicate with the student, parent(s)/guardian(s) and/or community care allies, the expectations for safe storage and disposal of medication and medical supplies, including the safe disposal of sharps. Parent(s)/guardian(s) are expected to provide the school with all supplies required for the ongoing management of their child's diabetes at school.

14.3.1 Definitions/Terminology

[Blood glucose control](#)

[Diabetes](#)

[Diabetes Medical Team](#)

[Hyperglycemia](#)

[Hypoglycemia](#)

[Insulin](#)

[Target Range](#)

14.3.2 Education, Training, Response and Resources

Education

Diabetes is a disease in which the body either cannot produce insulin or cannot properly use the insulin it produces. There are two types of diabetes: Type 1 and Type 2.

Type 1 diabetes is an autoimmune disease and is also known as insulin-dependent diabetes. People with Type 1 diabetes aren't able to produce their own insulin (and can't regulate their blood sugar) because their body is attacking the pancreas. This is associated with a variety of symptoms, which can develop quickly, from unusual thirst to tingling and numbness in the hands and feet. Most people with Type 1 diabetes are diagnosed in childhood and early adulthood, although it can appear at any age. People with Type 1 diabetes need to inject insulin or use an insulin pump to ensure their bodies have the right amount of insulin.

People with Type 2 diabetes are not able to use the insulin produced by their bodies, or their bodies are not able to produce enough insulin. Roughly 90% of people living with diabetes have Type 2 diabetes. It most commonly develops in adulthood, although it can occur in childhood. Type 2 diabetes can sometimes be managed with healthy eating and regular exercise. When that is not sufficient, medications or insulin therapy may be required.

Training

Depending on the student, symptoms of high or low blood glucose will look different from individual to individual. Annual training on recognizing hypo (low blood glucose) and hyper (high blood glucose) symptoms, and how to respond, is required for all staff and/or volunteers who have direct contact with the student on a regular basis. Refer to the

student's Diabetes Plan of Care for specific symptoms and appropriate responses.

Some common symptoms of hypoglycemia (low blood glucose) are:

- Shaking
- Blurred vision
- Pale skin
- Irritability/grouchiness
- Headache
- Confusion
- Dizziness
- Hunger
- Trembling
- Weakness/Fatigue

Some common symptoms of hyperglycemia (high blood glucose) are:

- Extreme Thirst
- Hunger
- Warm, flushed skin
- Frequent urination
- Abdominal Pain
- Irritability
- Headache
- Blurred Vision

Young students (e.g. those in kindergarten, Grades 1 and 2) may be unable to recognize the symptoms of low blood sugar and/or effectively communicate why they are feeling unwell. Being attentive to the subtle changes in mood and behaviour can help a teacher identify when a student is experiencing low blood sugar

Considerations for Lunch/Nutrition Breaks

It is important to allow diabetic students to eat when they need to.

- Encourage student to eat all the food as outlined in their prescribed diet and/or as prepared by their parents/guardians.
- Provide sufficient time for the child to eat all of the food. This is important because eating inadequately, delaying a meal or skipping a snack can easily cause low blood sugar.
- When appropriate, the classroom teacher can communicate with the parent/guardian when there will be changes to the daily routine (e.g. if snacks or activity times will be changed, extra activity, or an extended day (e.g. extra help, detention, sport activities)) so parents/guardians can ensure the child has additional snacks or make an insulin change to reduce the chance of low blood sugar.

When supervising multiple classrooms where there is/are student(s) with Type 1 or Type 2

diabetes the following strategies are to be in place:

1. The school has a process in place to identify the student with Type 1 or Type 2 diabetes to the lunch supervisor, (staff members, noon hour supervisor, occasional teacher).
2. The Principal verifies that the lunch supervisor (staff members, noon hour supervisor, occasional teacher) has been trained in recognizing the symptoms of a low blood sugar and knows the procedures in managing a low blood sugar reaction and/or emergency response procedures.
3. Classes may use student monitors who can assist the lunch supervisor. Where appropriate, student monitors are to be in-serviced on their role and provided with direction to access the supervising adult immediately when the need arises.
5. The identified student(s) with Type 1 or Type 2 diabetes, where appropriate, may be assigned an eating 'buddy' to access the lunch supervisor immediately in case of an incident.
6. Where age appropriate, students in the class may be taught how to contact the office using the classroom communication system in case of an emergency.
7. Lunch supervisor informs diabetic student of his/her location of supervision (e.g. identifies the classrooms and/or hallway he/she will be supervising).
8. The following has been reviewed with the diabetic student:
 - Have their monitoring kit with them, at all times
 - Recognize signs of low blood sugar
 - Inform lunch supervisor when they feel unwell/experiencing low blood sugar
 - Eat all the food as outlined in their prescribed diet and/or as prepared by their parents/guardians.

Blood Sugar Testing

Blood sugar testing is a means of monitoring the blood sugar balance. When at school, blood sugar may be tested before meals, before/during/after exercise and when feeling 'low' (refer to the student's [Diabetes Plan of Care](#) for specific testing times). Blood sugar levels will change with eating (before and after), physical activity, stress, or illness. Sometimes the blood sugar fluctuates for no apparent reason. Good management means avoiding very high or very low blood sugar levels and keeping as close to 'target range' as possible. Student 'target ranges' are determined by their doctor and are found on the student's [Diabetes Plan of Care](#).

Knowing blood sugar levels will:

- Help the student understand the balance of food, medication, insulin and exercise
- Help the doctor adjust medication, insulin and food
- Help avoid the consequences of hypoglycemia and hyperglycemia
- Give early warning without waiting for the onset of symptoms

The age at which a child is able to check their blood sugar independently is individual and variable. The ability to use a meter develops much more quickly than the capacity to interpret the results. By age 8, most children can independently perform their own blood sugar checks.

Procedure for Blood Glucose Monitoring:

The student...

1. washes hands with warm water and soap.
2. inserts a lancet in the lancet device.
3. pokes the side of the fingertip with lancet and obtains a drop of blood. Some models of meters allow the student to use their forearm for testing, rather than fingertips.
4. places a small drop of blood onto the test strip that is inserted into a blood sugar meter, also called a glucometer.
5. waits for 5 to 45 seconds, depending upon the meter, to read the results.
6. records the reading of the blood sugar in log book or automatically recorded in meter.

Staff responsibilities while supporting a student during blood glucose monitoring:

- To provide a safe and appropriate location.
- Where requested on the student's [Diabetes Plan of Care](#), to read the metre (e.g. reading is below 4.0) and provide the fast acting sugar.
- Arrange for the safe disposal of lancets, test strips etc. (e.g. a container for sharps is provided by the school)
- To ensure a young student (e.g. Kindergarten through to Grade 2) or newly diagnosed student will have a trained supervisor who knows their signs and symptoms of low blood sugar and provide appropriate intervention (e.g. when classroom teacher is unavailable or when an occasional teacher is in the room), consider having two or more staff who can also provide the supervision when the classroom teacher is unavailable (e.g. noon hour supervisor, first aid provider, educational assistant, school administration.)

Insulin Injections

Students with Type 1 diabetes (and some with Type 2 diabetes) may have to take an injection of insulin at some point during the school day. Insulin injections vary with the individual. Most injections are administered outside of school hours (before breakfast, and supper and at bed time). The student and family are responsible for administering the insulin injection at school (which may mean arranging for support from a community care ally).

Recent advances in medical devices allow people with diabetes to choose the way they administer their insulin. Below are three methods of insulin administration:

INSULIN SYRINGE

- Insulin syringes are specially made syringes for self-injection of insulin.

INSULIN PEN

- Insulin pens look like a pen and allow the student to dial in the desired dose.

INSULIN PUMP

- The student who wears an insulin pump receives insulin continuously via a small catheter placed under the skin (stomach).
- The student must press buttons on the pump to receive the correct dosage of insulin.
- The pump must be worn 24 hours a day and can only be taken off for short periods

of time such as for phys. ed. class.

Staff responsibilities while supporting a student with insulin administration:

- To provide a safe and appropriate location.
- School staff do NOT provide insulin syringe injections or push the button on the insulin pump (bolus).
- If a student's insulin pump beeps, allow them to contact parents/guardians to problem solve issues related to the pump.

Fast Acting Sugar

Fast acting sugar is to be taken by the student to prevent or treat low blood sugar (e.g. 6oz juice; or 5-6 Life Savers; or 3 glucose tablets). Students must be permitted to take fast acting sugar anywhere, and at any time on school property, on buses, or during school sanctioned activities. The fast acting sugar supplies are to be provided by the parents.

Staff responsibilities for supporting the student in accessing fast acting sugar:

- To provide safe and appropriate location(s) for storage of fast acting sugar.
- To notify parents when supplies of fast acting sugar are becoming depleted.
- To carry additional supplies when activities take place off school site.
- Support the child in being able to take fast acting sugar anywhere and anytime.

Response

Depending on the student's blood glucose level, staff response will vary. Refer to the student's Diabetes Plan of Care to determine response.

When To Call Parent(s)/Guardian(s):

- A low blood sugar that requires assistance (e.g. if it takes longer than 15 minutes to recover from low blood sugar).
- If there are frequent low blood sugars in a week.
- Illness. If the student is VOMITING phone parents/guardians immediately. If you are unable to reach them, call 911.
- If insulin pump is beeping, allow student to call parents/guardians to solve problem.

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. The student whose blood sugar is low, may not be able to think clearly, and must be supervised, by an adult, until they feel better.

- Never leave student alone
- Do not send to the office unaccompanied by a staff member
- Do not allow student to use stairs.

It may take some coaxing to get the child to eat or drink but you must insist. If there is no noticeable improvement in about 10 to 15 minutes repeat the treatment. When the student'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 student is fully recovered he or she should not be left unsupervised. Once the recovery is complete the child can resume regular class work. If, however, it is decided that the student should be sent home, it is imperative that a staff member remain with him/her until the parent/guardian arrives.

Severe Low Blood Sugar

Hypoglycemia - Glucagon Injection:

When the blood sugar level gets so low that the student is unable to take his/her fast acting sugar orally because they are unresponsive, unconscious or having a seizure the treatment is for an injection of Glucagon. Glucagon is a hormone made in the pancreas that quickly raises blood sugar. Glucagon is given as an injection like insulin by parent/guardian or trained EMS paramedics. **School Staff do NOT Administer Glycogen Injections.**

The correct emergency response of school staff is to Call 911 immediately and inform Emergency Services that the student has Type 1 or Type 2 diabetes.

Emergency Medical Services personnel will require the following, if available:

- Student's name, date of birth, emergency contact information
- Medical history – available on the student's [Diabetes Plan of Care](#)
- Observations about what the student was doing prior to the event
- Medications and any treatment prior to EMS arrival.

Children with diabetes sometimes experience high blood sugar. Hyperglycemia is NOT an emergency situation, unless the student is vomiting, and it may require accommodations in the classroom.

High Blood Glucose may develop as a result of one or more of the following:

1. Too much food;
2. Less than the usual amount of activity (indoor recess);
3. Growth spurts;
4. Stress;
5. Not enough insulin; and/or
6. Illness Symptoms. The earliest and most obvious symptoms are increased thirst and urination. Other: dry mouth, blurred vision, and drowsiness.

Allow the student to check their blood sugar since symptoms of high blood sugar can be confused with symptoms of low blood sugar. A blood sugar of >14 is usually considered too high but refer to the student's [Diabetes Plan of Care](#) for individual parameters. Allow the student to drink water at their desk and to have open bathroom privileges. Do not use exercise to lower blood sugars as this can potentially make the blood sugar go higher

Children with diabetes are no more susceptible to infection or to illness than their classmates. 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/guardians, not school staff. When children with diabetes become ill at school, the parents/guardians 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 student vomits, contact the parents/guardians immediately. If unable to reach the parents CALL 911. Inform EMS the child has diabetes.

Resources

[Diabetes of Canada](#)

[Ministry of Education Quick Facts on Diabetes](#)

14.3.3 Special Considerations for Diabetes and Plans of Care

If a student is having difficulty with their diabetes management at school, or if the parent(s)/guardian(s) has requested for the school to perform a task related to the condition that is not covered in this Administrative Guideline, the Principal should contact the Local Health Integration Network (LHIN) and outline the situation and/or parents'/guardians' request. The LHIN can have a paediatric diabetes educator visit the school, assess the situation and make recommendations based on what the school staff can and cannot do and what role the parents/guardians and LHIN have in the situation (e.g. the student may need more instruction on the device).

In addition to information found in Section 8.0 [Field Trips](#), consider specific information related to Diabetes when planning out of classroom trips:

Inform parent(s)/guardian(s) that during the trip school staff do NOT:

- Administer insulin syringe injections
- Administer glucagon syringe injections
- Push the release button on the insulin pump (e.g. manually provide a bolus dose (a burst of insulin) prior to the student eating)

The Principal shall with consent inform all individuals and corporations involved in the transportation of the student of his/her condition and the requirements of the Diabetes Plan of Care that are applicable to transportation. This information should be communicated to transportation services using the ISTAP form and/or as per the Authorization/Plan Review section of the Plan of Care.

Diabetes Plan of Care: [Appendix C1](#)

14.4 Epilepsy

Epilepsy is a disorder of the central nervous system, specifically the brain, characterized by spontaneous, repeated seizures. Epilepsy, also known as a seizure disorder, is not often talked about in public. Misconceptions and fears persist that are sometimes more burdensome to persons living with epilepsy 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 epilepsy at any time without a known cause. Most often diagnosed in children and in seniors, epilepsy affects each person differently. Many people with epilepsy successfully control their seizures with medication and are able to enjoy healthy and fulfilling lives.

The role of the school is to support students with epilepsy to fully access school in a safe, accepting and healthy learning environment as outlined in their Plan of Care, while being aware of confidentiality and dignity of the student along with their well-being.

14.4.1 Definitions/Terminology

[Epilepsy](#)

[Status Epilepticus](#)

[Convulsive Seizure](#)

14.4.2 Education, Training, Response and Resources

Education

Epilepsy is a neurological disorder. Seizures are the physical effects of an 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. If some seizures are not treated properly, this can result in a life-threatening situation.

Seizure disorders, where appropriate, are usually treated with drugs called anti-epileptics or anti-convulsants that have varying degrees of success in controlling the seizures. About 20% of people have seizures that cannot be brought under control by conventional drug therapy. Those who take drug treatment may experience side effects that affect personality (mood swings), motor capacity and cognitive abilities. The classroom teacher is to be aware of the side effects and apply strategies to accommodate the student's well-being and learning.

A seizure occurs when the normal electrical balance in the brain is lost. The brain's nerve cells misfire: they fire either when they shouldn't, or don't fire when they should. The result is a sudden, brief, uncontrolled burst of abnormal electrical activity in the brain. Seizures are the physical effects of such unusual bursts of electrical energy in the brain and may include muscle spasms, mental confusion, loss of consciousness, uncontrolled or aimless body movement, incontinence and vomiting.

Conditions that may cause seizures:

- Epilepsy
- Medical conditions where seizures may be among the symptoms, such as:

- Cerebral Palsy (25%-35% of the population has seizure occurrence)
- Intellectual disability (as much as 1/3 of the population can have seizure occurrence)
- Angelman's Syndrome
- Physical trauma/injuries to the head and/or brain.

Types of Seizures

The type of seizure depends on where in the brain the discharge begins. 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.

Status Epilepticus is a state of prolonged seizure (longer than 30 minutes) or repeated seizures without time for recovery and can happen with any type of seizure. **Status epilepticus is a medical emergency.**

Generalized Seizure Types

1. Absence Seizures, formerly known as 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.

2. 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.

3. Infantile Spasms are rare. They occur in clusters in babies usually before six months of age. The baby may look startled or in pain, suddenly drawing up the knees and raising both arms as if reaching for support. If sitting, the infant's head may suddenly slump forward, the arms flex forward and the body flexes at the waist. Spasms last only a few seconds, but often repeat in a series of 5 to 50 or more many times a day. They often occur when the baby is drowsy, on awakening or going to sleep.

4. Atypical Absence Seizures involve pronounced jerking or automatic movements, a duration of longer than 20 seconds, and incomplete loss of awareness.

5. Myoclonic Seizures involve 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.

6. Atonic Seizures last a few seconds. The neck, arms, legs or trunk muscles suddenly lose 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. The child's surroundings may need to be altered to ensure safety.

Partial Seizure Types

1. 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.

2. 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, making random arm or leg movements or walking 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.

Common Misconceptions

“You can swallow your tongue during a seizure.”

- It is physically impossible to swallow your tongue.

“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.

“You should restrain someone having a seizure.”

- Never use restraint! The seizure will run its course and you cannot stop it.

Causes of Seizures

For 60% - 75% of all cases there is no known or idiopathic causes. 40% are caused by abnormality in the brain that interfere with electrical workings, such as from brain injury (caused by tumor, stroke or trauma), birth trauma (e.g. lack of oxygen during labour), poisoning from substance abuse or environmental contaminants (e.g. lead), the aftermath of infection (e.g. meningitis, encephalitis, measles) and/or alteration in blood sugar (e.g. hypoglycemia).

In most cases, epilepsy is not inherited. Everyone inherits a “seizure threshold” – when brain cells are irritated beyond this point, we will have a seizure. People with a low seizure threshold tend to develop seizures more easily than others.

Potential Triggers of Epilepsy/Seizure Disorders

1. Stress- both excitement and emotional upset
2. Lack of sleep

3. Illness
4. Poor diet
5. Menstrual cycle
6. Change in weather
7. Televisions, videos, flashing lights (including flickering overhead lights)
8. Inactivity
9. Improper medication balance

Response

When to Call 911 – Emergency Medical Services:

Students not diagnosed with epilepsy and seizure disorder: - CALL 911 IMMEDIATELY

Generalized [Convulsive Seizure](#) (e.g. Tonic Clonic Seizure): - CALL 911 IMMEDIATELY UNLESS: you are aware of a different protocol for this student as outlined in the student's Epilepsy and Seizure Disorder Plan of Care.

IF IN DOUBT, OR IF THE SEIZURE LASTS MORE THAN 5 MINUTES IN DURATION OR REPEATS WITHOUT FULL RECOVERY – CALL 911

Steps in supporting a student experiencing a seizure:

Generalized Convulsive Seizures – Response:

1. Keep calm. Stay with the person

Take note of the time when seizure begins and length of seizure (e.g. stopwatch).

2. Record time on Seizure Incident Record Form. (Appendix D2)

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 after the seizure subsides

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

6. When to call 911

If you are in doubt, if the seizure lasts more than 5 minutes in duration, or if it repeats itself

before the student has made a full recovery, call 911.

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

AFTER ALL TYPES OF SEIZURES

- 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

Note: School administrators should consider simulating an epileptic emergency, with all staff, similar to a fire drill, to review and check to see that all elements of the school's emergency protocol are in place and everyone knows their role.

Resources

[Epilepsy Canada](#)

[Epilepsy Ontario](#)

[Ministry of Education Quick Facts on Epilepsy](#)

14.4.3 Special Considerations for Epilepsy and Plans of Care

The Principal with consent shall inform all individuals and corporations involved in the transportation of the student of his/her condition and the requirements of the Epilepsy Plan of Care that are applicable to transportation. This information should be communicated to transportation services using the ISTAP form and/or as per the Authorization/Plan Review section of the Plan of Care.

Epilepsy Plan of Care: [Appendix D1](#)

15.0 Administration of Medication

The administration of medication is a joint responsibility between the school and parent(s)/guardian(s) and students. Students are encouraged to be as independent as possible with the administration of medication, recognizing that in some cases support is required. In requesting assistance of staff members, parent(s)/guardian(s) should understand that this request is made of non-medically trained persons. Staff members cannot perform controlled acts as defined by the Regulated Health Professions Act (RHPA) as part of their assigned responsibilities unless otherwise authorized under another piece of legislation. This procedure only applies where it is medically necessary for medication to be administered during school hours.

This section of the Prevalent Medical Conditions Administrative Guideline is intended to provide direction to Principals/Vice-Principals and other Board personnel when they are informed that one of their students requires medication during regular school hours.

These procedures do not apply to non-prescription medication taken by secondary students during school hours unless the student is exceptional in a manner which, in the Principal/Vice-Principal's determination, requires an exception to this rule.

Medication must be supplied in the original, clearly labeled container from a registered dispensary. It must include:

- The student's name;
- Date of issue;
- Name of the medication;
- The name of the registered dispensary;
- The prescribed dosage and frequency;
- Period of use; and
- The name/contact information of the prescribing licensed physician or nurse practitioner.

15.1 Roles and Responsibilities:

The Principal shall:

- ensure that all staff members, including occasional staff, are aware of and receive appropriate training to support students diagnosed with a serious or life-threatening medical condition or other health related matter requiring school support;
- identify staff who can support the daily or routine management needs of students in the school while honouring the provisions within their collective agreements;
- facilitate the provision of relevant information from the student's Plan(s) of Care to school staff and others identified in the Plan(s) including, but not limited to, food service providers, transportation providers, volunteers, and occasional staff members, including any revisions that are made to the Plan;
- ensure Staff Administration of Medication (Appendix E1) or Self-Administration of Medication (Appendix E2) forms are completed by parent(s)/guardian(s) as applicable;
- determine a secure place for storing medication;
- designate staff member(s) and alternates, who are willing to administer the

- medication and ensure that any training required for safe administration is provided;
- ensure designated staff members have all necessary information to support the administration of medication;
- facilitate proper records being maintained and retained in a central file in the school, including but not limited to, the appropriate administration of medication form and the [Medication Administration Chart \(Appendix E3\)](#);
- ensure the management and safe removal of the biohazard waste containers;
- ensure that the administration of routine medication is included in the Plan of Care where applicable; and
- initiate a referral to the Third Party Health Care Provider for the administration of medications other than those that can be taken orally, by inhalant, topically or self-inject.

Designated staff members shall:

- administer medication in accordance with Staff Administration of Medication or Self-Administration of Medication forms and the student's Plan(s) of Care, as applicable.
- Maintain proper records of medication administration using the [Medication Administration Chart](#).

Parent(s)/guardian(s) shall:

- take all reasonable measures to minimize the need to administer medication at school;
- educate their child about their health/medical condition(s) with support from their child's health care professional, as needed;
- guide and encourage their child to reach their full potential for self-management and self-advocacy;
- complete the [Staff Administration of Medication Form](#) or [Self-Administration of Medication Form](#) in accordance with licensed physician recommendations annually or as required;
- submit all relevant medical documentation including, but not limited to, a medical note, order or report as requested by the Principal;
- supply their child and/or school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as prescribed by a licensed physician or nurse practitioner to be administered during the school day;
- track the expiration dates; and
- provide materials required to meet the health needs of their child, including, but not limited to medications, medical identification, specialized equipment, etc.

Students shall:

- alert staff members if they believe they are experiencing any symptoms associated with their medical condition and require medication;
- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management;
- carry out daily or routine self-management of their medication to their full potential; and
- wear medical alert identification that they and/or their parent(s)/guardian(s) deem appropriate.

Administration of Medication Forms must be completed in any of the following circumstances:

- When it is essential for a student to take medication during regular school hours in order to attend school (determine if it will be Staff or Self-Administration in consultation with parents/guardians and determined by Principal).
- When prescribed medication is required to respond to an emergency (determine if it will be Staff or Self-Administration or both, as determined by Principal).

NOTE: If parent(s)/guardian(s) or responsible designates will be administering medication to a student during school hours neither the Staff nor the Self-Administration of Medication form will need to be completed.

**PREVALENT MEDICAL CONDITION — Anaphylaxis
Plan of Care**

STUDENT INFORMATION

Student Name	Age	Grade	Student Photo (optional)
OEN #	Date Of Birth		
MedicAlert ID <input type="checkbox"/> Yes <input type="checkbox"/> No Teacher(s)			

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

KNOWN LIFE-THREATENING TRIGGERS

CHECK (✓) THE APPROPRIATE BOXES

Food(s):

Insect Stings:

Other:

Epinephrine Auto-Injector(s) Expiry Date (s):

Dosage: EpiPen®
Jr. 0.15 mg

EpiPen®
0.30 mg

Location of Auto-Injector(s):

Previous anaphylactic reaction: **Student is at greater risk.**

Has asthma. **Student is at greater risk.** If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.

Any other medical condition or allergy?

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT

SYMPTOMS

A STUDENT HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SIGNS AND SYMPTOMS:

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness.
- **Respiratory system** (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.
- **Gastrointestinal system** (stomach): nausea, vomiting, diarrhea, pain or cramps.
- **Cardiovascular system** (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock.
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.

EARLY RECOGNITION OF SYMPTOMS AND IMMEDIATE TREATMENT COULD SAVE A PERSON'S LIFE.

Avoidance of an allergen is the main way to prevent an allergic reaction.

Food Allergen(s): eating even a small amount of a certain food can cause a severe allergic reaction.

Food(s) to be avoided:

Designated eating area inside the school building:

Insect Stings: (Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, cover or move trash cans, keep food indoors.)

School Trips: ensure that the parent/guardian provides an excursion kit consisting of any prescribed medications as outlined in the student's Plan of care, and that the medication be in a clearly marked container with an additional 50% supply in case of emergency. The excursion kit, for anaphylaxis, along with the Plan of Care, should include Epi-pens, emergency contact information and a cell phone (if applicable)

Additional Considerations for School Trips:

Other information/Safety Measures:

**EMERGENCY PROCEDURES
(DEALING WITH AN ANAPHYLACTIC REACTION)**

ACT QUICKLY. THE FIRST SIGNS OF A REACTION CAN BE MILD, BUT SYMPTOMS CAN GET WORSE QUICKLY.

STEPS

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.

2. Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.

3. Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms.

4. Follow direction of emergency personnel, including transport to hospital (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 - 6 hours).

5. Call emergency contact person; e.g. Parent(s)/Guardian(s).

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name:

Profession/Role:

Signature: _____ Date:

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

* This information may remain on file if there are no changes to the student's medical condition.

AUTHORIZATION/PLAN REVIEW

LIST INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

Is there a designated staff responsible for the implementation of this plan of care? Yes No
If yes, include name:

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program Yes No

After-School Program Yes No

School Bus Driver/Route # (If Applicable)

Other:

The parent/guardian consents to communication with other parents/guardians directly or through a school newsletter to provide specific information about the student's medical condition to other parents/guardians.

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

This plan remains in effect for the 20__ — 20__ school year without change and will be reviewed on or before:
_____. (It is the parent(s)/guardian(s) responsibility to notify the Principal if there is a need to change the plan of care during the school year).

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

Date:

Student: _____
Signature

Date:

Principal: _____
Signature

Date:

APPENDIX A2

School Letterhead

SAMPLE LETTER TO PARENTS:

Dear Parents/Guardians:

The number of students allergic to _____ (antigen) in our school is growing, and this year we have a student at the very highest risk level.

After discussions with school staff and other knowledgeable parties in the medical community, it has been suggested the best way to provide a safe environment would be to enlist the support of parents to help make our school a controlled environment. This means that _____ (antigen) will no longer be permitted to be brought to the school by students, staff, parents/guardians, or visitors.

If Allergen is Food Related, consider adding: Also, I ask you to read the labels of other foods like muffins, granola bars, and cereals before you put them in your child's lunch/snack (or other food sources related to the antigen; if the antigen was milk or soy, this list would change accordingly). Our concern is some foods such as those listed above may contain hidden ingredients, or may create the risk of being cross contaminated with _____(antigen).

I realize this request may pose an inconvenience for you when packing snacks and lunches, however it is our wish that students with severe allergies feel as confident and safe as possible knowing that all precautions have been taken. For further information on prevention, please visit Food Allergy Canada at <https://foodallergycanada.ca/>

I wish to express our sincere appreciation for your support and understanding of this potentially life threatening allergy.

Sincerely,

Principal

APPENDIX A3

Newsletter Sample

We felt that all parents would like to be aware that there is/are a child/several children in our school with a severe life threatening food allergy to _____(antigen). This is a medical condition that causes a severe reaction and can result in death within minutes. Whether or not this affects your child's class directly, please be aware that _____ (antigen) is not permitted to be brought to school by students, staff, parents/guardians or visitors. Please be vigilant in checking your child's lunches for sources of potential anaphylaxis, as some foods such as granola bars, muffins, or cereals may contain traces of _____ (antigen). I realize this request may pose an inconvenience for you when packing snacks and lunches, however it is our wish that students with severe allergies feel as confident and safe as possible knowing that all precautions have been taken. For further information on prevention, please visit Food Allergy Canada at <https://foodallergycanada.ca/>. Thank you for your understanding and co-operation.

**PREVALENT MEDICAL CONDITION — TYPE 1 ASTHMA
Plan of Care**

STUDENT INFORMATION

Student Name	Age	Grade	Student Photo (optional)
OEN #	Date Of Birth		
MedicAlert ID <input type="checkbox"/> Yes <input type="checkbox"/> No Teacher(s)			

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

KNOWN ASTHMA TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

Colds/Flu/Illness
 Change In Weather
 Pet Dander
 Strong Smells
 Smoke (e.g., tobacco, fire, cannabis, second-hand smoke)
 Mold
 Dust
 Cold Weather
 Pollen
 Physical Activity/Exercise
 Other (Specify)
 At Risk For Anaphylaxis (Specify Allergen)
 Asthma Trigger Avoidance Instructions:

 Any Other Medical Condition Or Allergy?

DAILY/ ROUTINE ASTHMA MANAGEMENT

RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler should be used:

- When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing).
- Other (explain):

Use reliever inhaler _____ in the dose of _____
(Name of Medication) (Number of Puffs)

Spacer (valved holding chamber) provided? Yes No

Place a (✓) check mark beside the type of reliever inhaler that the student uses:

- Airomir Ventolin Bricanyl Other (specify)

Student requires assistance to **access** reliever inhaler. Inhaler must be **readily accessible**.

Reliever inhaler is kept:

In main office (specify location):

Staff Person Responsible:

Other Location (specify location):

Staff Person Responsible:

Student **will carry** their reliever inhaler **at all times** including during recess, gym, outdoor and off-site activities.

Reliever inhaler is kept in the student's:

Pocket Backpack/fanny Pack

Case/pouch Other (specify):

Does student require assistance to **administer** reliever inhaler? Yes No

Student's **spare** reliever inhaler is kept:

In main office (specify location):

Staff Person Responsible:

Other Location (specify location):

Staff Person Responsible:

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity).

Use/administer _____ In the dose of _____ At the following times:
(Name of Medication)

Use/administer _____ In the dose of _____ At the following times:
(Name of Medication)

EMERGENCY PROCEDURES

IF ANY OF THE FOLLOWING OCCUR:

- Continuous coughing
- Trouble breathing
- Chest tightness
- Wheezing (whistling sound in chest)

(* Student may also be restless, irritable and/or quiet.)

TAKE ACTION:

STEP 1: Immediately use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided.

STEP 2: Check symptoms. Only return to normal activity when all symptoms are gone. If symptoms get worse or do not improve within 10 minutes, this is an **EMERGENCY!** Follow steps below.

IF ANY OF THE FOLLOWING OCCUR:

- Breathing is difficult and fast
- Cannot speak in full sentences
- Lips or nail beds are blue or grey
- Skin or neck or chest sucked in with each breath

(*Student may also be anxious, restless, and/or quiet.)

THIS IS AN EMERGENCY:

STEP 1: IMMEDIATELY USE ANY FAST-ACTING RELIEVER (USUALLY A BLUE INHALER). USE A SPACER IF PROVIDED.

Call 9-1-1 for an ambulance. Follow 9-1-1 communication protocol with emergency responders.

STEP 2: If symptoms continue, use reliever inhaler every 5-15 minutes until medical attention arrives.

While waiting for medical help to arrive:

- ✓ Have student sit up with arms resting on a table (do not have student lie down unless it is an anaphylactic reaction).
- ✓ Do not have the student breathe into a bag.
- ✓ Stay calm, reassure the student and stay by his/her side.
- ✓ Notify parent(s)/guardian(s) or emergency contact.

SCHOOL TRIPS

Ensure that the parent/guardian provides an excursion kit consisting of any prescribed medications as outlined in the student's Plan of care, and that the medication be in a clearly marked container with an additional 50% supply in case of emergency. The excursion kit, for asthma, along with the Plan of Care, should include inhalers, emergency contact information and a cell phone (if applicable)

Additional Considerations for School Trips:

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name:

Profession/Role:

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

* This information may remain on file if there are no changes to the student's medical condition.

AUTHORIZATION/PLAN REVIEW

LIST INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

Is there a designated staff responsible for the implementation of this plan of care? Yes No

If yes, include name:

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program Yes No

After-School Program Yes No

School Bus Driver/Route # (If Applicable)

Other:

This plan remains in effect for the 20__ — 20__ school year without change and will be reviewed on or before: _____ . (It is the parent(s)/guardian(s) responsibility to notify the Principal if there is a need to change the plan of care during the school year).

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

Date: _____

Student: _____
Signature

Date: _____

Principal: _____
Signature

Date: _____

Consent for Student to Carry and Self-Administer Asthma Medication

We agree that _____ (student name)

- can carry prescribed medications and delivery devices to manage asthma while at school and during school-related activities.
- can self-administer prescribed medications and delivery devices to manage asthma while at school and during school-related activities.
- requires assistance with administering prescribed medications and delivery devices to manage asthma while at school and during school-related activities.

It is the responsibility of the parent/guardian to notify the Principal if there is a need to change the Plan of Care during the school year and to inform the school of any change of medication or delivery device.

This medication cannot be administered beyond the expiry date.

Parent(s)/Guardian(s) Name:

Date: _____

_____ (Signature)

Student Name:

Date: _____

_____ (Signature)

Principal Name:

Date: _____

_____ (Signature)

**PREVALENT MEDICAL CONDITION — TYPE 1 DIABETES
Plan of Care**

STUDENT INFORMATION

Student Name	Age	Grade	Student Photo (optional)
OEN #	Date Of Birth		
MedicAlert ID <input type="checkbox"/> Yes <input type="checkbox"/> No Teacher(s)			

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

**TYPE 1 OR TYPE 2 DIABETES
SUPPORTS**

Names of trained individuals who will provide support with diabetes-related tasks: (e.g. designated staff or community care allies.)

Method of home-school communication:

Any other medical condition or allergy?

DAILY/ROUTINE: DIABETES MANAGEMENT

Student is able to manage their diabetes care independently and does not require any special care from the school.

Yes No, complete below.

ROUTINE	ACTION
<p>BLOOD GLUCOSE MONITORING</p> <p><input type="checkbox"/> Student requires trained individual to check BG/ read meter.</p> <p><input type="checkbox"/> Student needs supervision to check BG/ read meter.</p> <p><input type="checkbox"/> Student can independently check BG/ read meter.</p> <p><input type="checkbox"/> Student has continuous glucose monitor (CGM)</p> <p>* Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy.</p>	<p>Target Blood Glucose Range</p> <p>Time(s) to check BG:</p> <p>Contact Parent(s)/Guardian(s) if BG is:</p> <p>Parent(s)/Guardian(s) responsibilities:</p> <p>School responsibilities:</p> <p>Student responsibilities:</p> <p>Outside Agency responsibilities:</p>
<p>NUTRITION BREAKS</p> <p><input type="checkbox"/> Student requires supervision during meal times to ensure completion.</p> <p><input type="checkbox"/> Student can independently manage his/her food intake.</p> <p>* Reasonable accommodation must be made to allow student to eat all of the provided meals and snacks on time. Students should not trade or share food/snacks with other students.</p>	<p>Recommended time(s) for meals/snacks:</p> <p>Special instructions for meal days/ special events:</p> <p>Parent(s)/Guardian(s) responsibilities:</p> <p>School responsibilities:</p> <p>Student responsibilities:</p>

INSULIN – INJECTION

Student does not take insulin at school.

Student takes insulin at school.

Insulin is given by:

Student

Student with supervision

Parent(s)/Guardian(s)

Trained Individual

All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.

Location of insulin:

Required times for insulin:

Before school:

Morning Break:

Lunch Break:

Afternoon Break:

Other (Specify):

Parent(s)/Guardian(s) responsibilities:

School responsibilities:

Student responsibilities:

Outside Agency responsibilities:

INSULIN – PUMP DELIVERY

All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.

Student must be able to eat per daily schedule.

Supervision will be required Yes No

Student must eat all required food sent by parent(s)/guardian(s) **OR** Student may independently adjust insulin to accommodate amount of food Yes No

Use of insulin pump before each snack/meal Yes No

Carbohydrate/insulin ratio

Student may unhook pump for a maximum of one hour during intense physical activity Yes No

While disconnected, pump will be stored

Parent(s)/Guardian(s) responsibilities:

School responsibilities:

	<p>Student responsibilities:</p> <p>Outside Agency responsibilities:</p>
<p>ACTIVITY PLAN Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity.</p> <p>A source of fast-acting sugar must always be within students' reach.</p>	<p>Please indicate what this student must do prior to physical activity to help prevent low blood sugar:</p> <ol style="list-style-type: none"> 1. Before activity: 2. During activity: 3. After activity: <p>Parent(s)/Guardian(s) responsibilities:</p> <p>School responsibilities:</p> <p>Student responsibilities:</p> <p>Outside Agency responsibilities:</p> <p>For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run)</p>
<p>DIABETES MANAGEMENT KIT</p> <p>Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.</p>	<p>Kits will be available in different locations but will include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets <input type="checkbox"/> Insulin and insulin pen and supplies. <p>Source of fast-acting sugar (e.g. juice, candy, glucose tabs.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Carbohydrate containing snacks <p>For Pump – Supplies as decided:</p> <p>Other (Please list):</p> <p>Location of Kit:</p> <p>Location of Sharps Disposal Container:</p>

<p>SCHOOL TRIPS</p> <p>Ensure that the parent/guardian provides an excursion kit consisting of any prescribed medications as outlined in the student's Plan of care, and that the medication be in a clearly marked container with an additional 50% supply in case of emergency.</p>	<p>The excursion kit, for diabetes, along with the Plan of Care, should include a kit for Low Blood Sugar, Hypoglycemia, emergency contact information and a cell phone (if applicable)</p> <p>Additional Considerations for School Trips:</p>
<p>SPECIAL NEEDS</p> <p>A student with special considerations may require more assistance than outlined in this plan.</p>	<p>Comments/Notes:</p>

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name:

Profession/Role:

Signature: _____ Date:

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

* This information may remain on file if there are no changes to the student's medical condition.

Consent for Student to Carry and Self-Administer Diabetes Medication

We agree that _____ (student name)

can carry prescribed medications and delivery devices to manage diabetes while at school and during school-related activities.

can self-administer prescribed medications and delivery devices to manage diabetes while at school and during school-related activities.

requires assistance with administering prescribed medications and delivery devices to manage diabetes while at school and during school-related activities.

It is the responsibility of the parent/guardian to notify the Principal if there is a need to change the Plan of Care during the school year and to inform the school of any change of medication or delivery device.

This medication cannot be administered beyond the expiry date.

Parent(s)/Guardian(s) Name: _____ Date: _____

(Signature)

Student Name: _____ Date: _____

(Signature)

Principal Name: _____ Date: _____

(Signature)

EMERGENCY PROCEDURES

HYPOGLYCEMIA – LOW BLOOD GLUCOSE (4 mmol/L or less) DO NOT LEAVE STUDENT UNATTENDED

Usual symptoms of Hypoglycemia for my child are:

- | | | | |
|---|--|------------------------------------|---|
| <input type="checkbox"/> Shakiness | <input type="checkbox"/> Irritability/Poor Behaviour | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Trembling |
| <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Headache | <input type="checkbox"/> Hunger | <input type="checkbox"/> Weakness/Fatigue |
| <input type="checkbox"/> Pale Skin | <input type="checkbox"/> Confusion | Other | |
| <input type="checkbox"/> Cold/Clammy/Sweaty | | | |

Predicted times/activities common to low blood sugar for my child:

Glucagon kit provided by Parent/Guardian: Yes No

If provided, it can be used in an emergency by Emergency Medical Services (EMS)

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

Signature: _____ Date: _____

Student Signature: _____

Principal Signature: _____

Steps to take for Mild Hypoglycemia (student is responsive)

1. Check blood glucose, give _____ grams of fast acting carbohydrate (e.g. ½ cup of juice, 15 skittles)
2. Re-check blood glucose in 15 minutes.
3. If still below 4 mmol/L, repeat steps 1 and 2 until BG is above 4 mmol/L. Give a starchy snack if next meal/snack is more than one (1) hour away.

Steps for Severe Hypoglycemia (student is unresponsive)

1. Place the student on their side in the recovery position.
2. Call 9-1-1. Do not give food or drink (choking hazard). Supervise student until emergency medical personnel arrives.
3. Contact parent(s)/guardian(s) or emergency contact

HYPERGLYCEMIA — HIGH BLOOD GLOCOSE (14 MMOL/L OR ABOVE)

Usual symptoms of hyperglycemia for my child are:

- | | | |
|---|---|---|
| <input type="checkbox"/> Extreme Thirst | <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Blurred Vision |
| <input type="checkbox"/> Warm, Flushed Skin | <input type="checkbox"/> Irritability | <input type="checkbox"/> Other: |

Steps for Hyperglycemia:

1. Allow student free use of bathroom
2. Encourage student to drink water only
3. Inform the parent/guardian if BG is above __

Symptoms of Severe Hyperglycemia (Notify parent(s)/guardian(s) immediately)

- Rapid, Shallow Breathing Vomiting Fruity Breath

Steps to take for Severe Hyperglycemia:

1. If possible, confirm hyperglycemia by testing blood glucose
2. Call parent(s)/guardian(s) or emergency contact

For Pump Use: correct with insulin bolus: Yes No

AUTHORIZATION/PLAN REVIEW

LIST INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

Is there a designated staff responsible for the implementation of this plan of care? Yes No

If yes, include name:

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program Yes No

After-School Program Yes No

School Bus Driver/Route # (If Applicable)

Other:

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

_____. (It is the parent(s)/guardian(s) responsibility to notify the Principal if there is a need to change the plan of care during the school year).

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

Date:

Student: _____
Signature

Date:

Principal: _____
Signature

Date:

PREVALENT MEDICAL CONDITION — EPILEPSY
Plan of Care

STUDENT INFORMATION

Student Name	Age	Grade	Student Photo (optional)
OEN #	Date Of Birth		
MedicAlert ID <input type="checkbox"/> Yes <input type="checkbox"/> No Teacher(s)			

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

Has an emergency rescue medication been prescribed? Yes No

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

Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulated healthcare professional.

KNOWN SEIZURE TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

- | | | |
|--|--|--|
| <input type="checkbox"/> Stress | <input type="checkbox"/> Menstrual Cycle | <input type="checkbox"/> Inactivity |
| <input type="checkbox"/> Changes In Diet | <input type="checkbox"/> Lack Of Sleep | <input type="checkbox"/> Electronic Stimulation
(TV, Videos, Florescent Lights) |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Improper Medication Balance | |
| <input type="checkbox"/> Change In Weather | Other | |

Any Other Medical Condition or Allergy?

DAILY/ROUTINE EPILEPSY MANAGEMENT

DESCRIPTION OF SEIZURE (NON-CONVULSIVE)	ACTION:
	(e.g. description of dietary therapy, risks to be mitigated, trigger avoidance.)

DESCRIPTION OF SEIZURE (CONVULSIVE)	ACTION:

SEIZURE MANAGEMENT

Note: It is possible for a student to have more than one seizure type.
Record information for each seizure type.

SEIZURE TYPE	ACTIONS TO TAKE DURING SEIZURE
<p>(e.g. tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms)</p> <p>Type</p> <p>Description</p> <p>Frequency of seizure activity:</p> <p>Typical seizure duration:</p>	

BASIC FIRST AID: CARE AND COMFORT

First aid procedure(s):

Does student need to leave classroom after a seizure? Yes No

If yes, describe process for returning student to classroom:

BASIC SEIZURE FIRST AID

- Stay calm and track time and duration of seizure
- Keep student safe
- Do not restrain or interfere with student's movements
- Do not put anything in student's mouth
- Stay with student until fully conscious

FOR TONIC-CLONIC SEIZURE:

- Protect student's head
- Keep airway open/watch breathing
- Turn student on side

EMERGENCY PROCEDURES

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

Call 9-1-1 when:

- Convulsive (tonic-clonic) seizure lasts longer than five (5) minutes.
- Student has repeated seizures without regaining consciousness.
- Student is injured or has diabetes.
- Student has a first-time seizure.
- Student has breathing difficulties.
- Student has a seizure in water
- ★ Notify parent(s)/guardian(s) or emergency contact immediately with any seizure activity as per communication protocols:

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name:

Profession/Role:

Signature: _____ Date:

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

* This information may remain on file if there are no changes to the student's medical condition.

SCHOOL TRIPS

Ensure that the parent/guardian provides an excursion kit consisting of any prescribed medications as outlined in the student's Plan of care, and that the medication be in a clearly marked container with an additional 50% supply in case of emergency. The excursion kit, for epilepsy, along with the Plan of Care, should include specific directions, emergency contact information and a cell phone (if applicable).

Additional Considerations for School Trips:

AUTHORIZATION/PLAN REVIEW

LIST INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

Is there a designated staff responsible for the implementation of this plan of care? Yes No
If yes, include name:

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program Yes No

After-School Program Yes No

School Bus Driver/Route # (If Applicable)

Other:

This plan remains in effect for the 20__ — 20__ school year without change and will be reviewed on or before:
_____. (It is the parent(s)/guardian(s) responsibility to notify the Principal if there is a need to
change the plan of care during the school year).

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

Date:

Student: _____
Signature

Date:

Principal: _____
Signature

Date:



SELF ADMINISTRATION OF MEDICATION

It is the responsibility of parents/guardians to administer medication to their children. Treatment regimens should, where possible, be adjusted to avoid administration of medication during school hours. When this is not possible, students should be encouraged to accept the maximum responsibility for the self-administration of medication.

**REQUEST FOR ADMINISTRATION OF MEDICATION
(PLEASE TYPE OR PRINT INFORMATION)**

A. Student Information

Name		Date of Birth	
Age		School	
Grade		Homeroom Teacher	
Physician		Physician Telephone	

B. Parent(s)/Guardian(s)

Parent/Guardian #1 Name		Telephone #	
Parent/Guardian # 2 Name:		Telephone #	

C. Medication Information

Name of medication	
Storage location and amount to be stored	
Dosage to be given	
Time to be given	
Directions for ingestion (if required)	
Duration of Medication	
Cautions or notable side effects	
Disposal of unused medication and/or medical supplies if applicable	

Medication must be supplied in the original, clearly labeled container from a registered dispensary. It must include:

- The student's name;
- Date of issue;
- Name of the medication;
- The name of the registered dispensary;
- The prescribed dosage and frequency;
- Period of use; and
- The name/contact information of the prescribing licensed physician or nurse practitioner.

I/We are the parents/guardians of _____ (student's name) and hereby request that the above medication shall be self-administered by my/ our child in accordance with the procedure outlined above. I/We acknowledge that Near North District School Board, its agents or employees shall not be responsible for the administration of such medication.

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

The Near North District School Board employees are expected to support the student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in Board policies and procedures. I / W e acknowledge that the employees of the Near North District School Board, who administer the related procedures/medications, are not medically trained. At all times it remains the responsibility of the Parent(s)/Guardian(s) to ensure that clear instructions and current physician's orders related to the use of the medication are provided to the Principal. Parent(s)/Guardian(s) and their children are fully responsible for ensuring that the medication is taken as required. Parent(s)/Guardian(s) have been advised that neither the Near North District School Board, it's' employees or agents, accept responsibility for any loss, damage or injury to the student or his/her family arising out of the administration of medication described above.

I/We hereby acknowledge that I/We have read and fully understand the terms set out herein.

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

NOTE: This request will terminate on June 30 of each school year. A new form must be completed for any change in the above instructions.

D. Approval of Principal

Principal Signature: _____ **Date:** _____

Authorization for the collection of this information is in accordance with the Education Act, the Municipal Freedom of Information and Protection of Privacy Act, and the Personal Health Information Protection Act, as amended and applicable. The purpose is to assist with the meeting the health needs of the student. Users of this information include but are not limited to principals, teachers, support staff, volunteers, and bus drivers. This form will be kept for a minimum period of one calendar year. Contact person concerning this collection is the school principal.



STAFF ADMINISTRATION OF MEDICATION

It is the responsibility of parents/guardians to administer medication to their children. Treatment regimens should, where possible, be adjusted to avoid administration of medication during school hours. When this is not possible, parents may request assistance of school personnel through the principal. Students should be encouraged to accept the maximum responsibility for the self-administration of medication.

**REQUEST FOR ADMINISTRATION OF MEDICATION
(PLEASE TYPE OR PRINT INFORMATION)**

A. Student Information

Name:		Date of Birth:	
Age:		School:	
Grade:		Homeroom Teacher:	
Physician:		Physician Telephone:	

B. Parent(s)/Guardian(s)

Parent/Guardian #1 Name		Telephone #	
Parent/Guardian # 2 Name:		Telephone #	

C. Medication Information

Name of medication	
Storage location and amount to be stored	
Dosage to be given	
Time to be given	
Directions for ingestion (if required)	
Duration of Medication	
Cautions or notable side effects	
Storage and location of spare medication and other supplies if applicable	
Disposal of unused medication and medical supplies if applicable	

Medication must be supplied in the original, clearly labeled container from a registered dispensary. It must include:

- The student's name;
- Date of issue;
- Name of the medication;
- The name of the registered dispensary;
- The prescribed dosage and frequency;
- Period of use; and
- The name of the prescribing licensed physician or nurse practitioner.

I/We hereby request that the Near North District School Board, its employees or agents, as outlined, administer the above procedure/medication to my/our child. The Near North District School Board employees are expected to support the student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures. I / W e acknowledge that the employees of the Near North District School Board, who will administer the related procedures/medications, are not medically trained. At all times it remains the responsibility of the Parent(s)/Guardian(s) to ensure that clear instructions and current physician's orders related to the use of the medication are provided to the principal. Parent(s)/Guardian(s) and their children are fully responsible for ensuring that the medication is taken as required. Parent(s)/Guardian(s) have been advised that neither the Near North District School Board, it's' employees or agents, accept responsibility for any loss, damage or injury to the student or his/her family arising out of the administration of medication describe above.

I/We hereby acknowledge that I/We have read and fully understand the terms set out herein.

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

NOTE: This request will terminate on June 30 of each school year. A new form must be completed for any change in the above instructions.

D. Approval of Principal

Principal Signature: _____ **Date:** _____

Authorization for the collection of this information is in accordance with the Education Act, the Municipal Freedom of Information and Protection of Privacy Act, and the Personal Health Information Protection Act, as amended and applicable. The purpose is to assist with the meeting the health needs of the student. Users of this information include but are not limited to principals, teachers, support staff, volunteers, and bus drivers. This form will be kept for a minimum period of one calendar year. Contact person concerning this collection is the school principal.

APPENDIX E3

Medication Administration Chart

Student's Name: _____ Birth Date: _____

Parent(s)/Guardian(s)' Telephone#: _____

School: _____ Grade: _____

Designate Name & Initials: _____ Substitute Name & Initials: _____

Medication: _____ Dosage: _____

Times to be Administered: _____

Directions for Ingestion: _____

Dates or conditions in which Medication is to be Administered: _____

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

Week of:

TIME	M	T	W	T	F

This record should be secured with the medication or near where it is stored. A separate sheet shall be maintained for each medication to be given to the student. This record shall become a part of the student's pupil records. Any side effects and responses to side effects must be noted on a separate piece of paper and attached to this record.

APPENDIX F: Plan of Care for Medically Complex Students

Medically Complex Students Plan of Care

STUDENT INFORMATION

Student Name	Age	Grade	Student Photo (optional)
OEN #	Date Of Birth		
MedicAlert ID <input type="checkbox"/> Yes <input type="checkbox"/> No Teacher(s)			

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

Has an emergency rescue medication been prescribed? Yes No

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

Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulated healthcare professional.

MEDICAL TRIGGERS (if any)

CHECK (✓) ALL THAT APPLY

- | | | |
|--|---|--|
| <input type="checkbox"/> Stress | <input type="checkbox"/> Physical Exercise | <input type="checkbox"/> Inactivity |
| <input type="checkbox"/> Changes In Diet | <input type="checkbox"/> Lack Of Sleep | <input type="checkbox"/> Electronic Stimulation
(TV, Videos, Florescent Lights) |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Food sensitivities | |
| <input type="checkbox"/> Change In Weather | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Any Other Medical Condition or Allergy? _____ | | |

DAILY/ROUTINE

Student is able to manage their condition and care independently and does not require any special care from the school.

Yes No

ROUTINE:

ACTION:

NUTRITION BREAKS

Student requires supervision during meal times to ensure completion.

Student can independently manage his/her food intake.

Reasonable accommodation must be made to allow student to eat all of the provided meals and snacks on time. Students should not trade or share food/snacks with other students.

Recommended time(s) for meals/snacks:

Special instructions for meal days/ special events:

Parent(s)/Guardian(s) responsibilities:

School responsibilities:

Student responsibilities:

Outside Agency responsibilities:

PHYSICAL ACTIVITY

Student requires supervision during recess/outdoor play/gym

Student can independently manage his/her recess/outdoor play/gym

Please indicate what this student must do prior to physical activity to help prevent medical emergency from occurring:

1. Before Activity:

2. During Activity:

3. After Activity:

Special instructions for days/ special events (Terry Fox, Track and Field Day, etc.):

Parent(s)/Guardian(s) responsibilities:

School responsibilities:

	<p>Student responsibilities:</p> <p>Outside Agency responsibilities:</p>
<p>SCHOOL TRIPS</p> <p>Ensure that the parent/guardian provides an excursion kit consisting of any prescribed medications as outlined in the student's Plan of care, and that the medication be in a clearly marked container with an additional 50% supply in case of emergency.</p>	<p>The excursion kit should include:</p> <p>Additional Considerations for School Trips:</p>
<p>SPECIAL NEEDS</p> <p>Student with special considerations may require more assistance than outlined in this plan.</p>	<p>Comments/Considerations:</p>

BASIC FIRST AID: CARE AND COMFORT

First aid procedure(s):

Does student need to leave classroom after a medical incident? Yes No

If yes, describe process for returning student to classroom:

BASIC FIRST AID TO SUPPORT CONDITION

EMERGENCY PROCEDURES

Students with
condition.

(medical condition) will typically experience
(symptoms) as a result of their medical

Call 9-1-1 when:

* Notify parent(s)/guardian(s) or emergency contact.

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name:

Profession/Role:

Signature: _____ Date:

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

* This information may remain on file if there are no changes to the student's medical condition.

AUTHORIZATION/PLAN REVIEW

LIST INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

Is there a designated staff responsible for the implementation of this plan of care? Yes No

If yes, include name:

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program Yes No

After-School Program Yes No

School Bus Driver/Route # (If Applicable)

Other:

This plan remains in effect for the 20__ — 20__ school year without change and will be reviewed on or before: _____ . (It is the parent(s)/guardian(s) responsibility to notify the Principal if there is a need to change the plan of care during the school year).

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

Student: _____ Date:
Signature

Principal: _____ Date:
Signature

BOARD REPORT

Title:	Recommendation to Board from Charity Works Committee to establish an NNDSB Foundation
Contact:	Superintendent of Business Seija Van Haesendonck
Date Submitted:	Board Meeting February 15, 2022
Mandate:	<p>The Near North District School Board continues to pursue every available opportunity to enhance student potential, quality of life and academic success.</p> <p>MYSP - Excellence in Relationships <i>A culture of caring is achieved through a dedication to knowing, honouring and supporting students and their families, staff and members of our community.</i></p> <p><i>Create opportunities for collaboration and partnerships. Students and all partners feel heard, valued and supported.</i></p>
Background:	<p>In January 2000 the Near North District School Board Charity Works was created to provide scholarships and bursaries for academic achievement. It also was designed to assist with school supplies and breakfast programs. Director Myles resurrected the Committee as part of the Board's strategic plans. The Committee met in February 2021 and February 2022.</p> <p>As part of a long-term community engagement plan, the Charity Works Committee has responded to a request from the Board Chair to investigate the creation of a Foundation to enhance fundraising opportunities and expand the Board's ability to support its schools, students and their families. This would occur alongside the work of the Board's existing charity. Examples of foundations in other school boards were provided to the Committee by the Board Chair (attached for reference).</p> <p>The following resolution was carried at the February 2, 2022, Charity Works meeting:</p> <p>BE IT RESOLVED <i>that in addition to the existence of NNDSB's Charity Works committee, NNDSB pursue and research the establishment of a Foundation to assist and benefit our area students. - Carried</i></p>
Recommendation:	That the Board approve the recommendation from the Charity Works Committee to pursue and research the establishment of an NNDSB Foundation to assist and benefit our area students.

Hamilton Wentworth DSB - Hamilton

Hamilton Foundation for Student Success – 12 Member Board [Foundation \(hwdsb.on.ca\)](#)

- An engaged community that is committed to the removal of financial barriers to learning for HWDSB students.
- The HWDSB Foundation is a registered non-profit charity that raises funds in the private and business communities to help students in need and support schools with funding opportunities to enhance current programming or create new and innovative opportunities for student learning.
- This dynamic organization is committed to engaging the community to support HWDSB students overcome barriers so they can thrive and reach their full potential.

Thames Valley DSB – London

[Education Foundation \(TVEF\) - TVDSB](#)

- Established in 2001, The Thames Valley Education Foundation (TVEF) is a registered charitable organization affiliated with the Thames Valley District School Board.
- The educational foundation exists to build partnerships with the community that enhance opportunities in our schools and enrich public education.
- Funding for the Foundation comes from local businesses, grants, community organizations and concerned citizens who wish to support our District's tradition of excellence.
- Mission is to provide enhanced learning opportunities for Thames Valley students by fostering support from all sectors of society.

Upper Canada DSB – Brockville

[Home - Champions for Kids Foundation \(ucdsb.on.ca\)](#)

- Champions for Kids supports students by helping them take part in sporting activities, music lessons or other opportunities in our communities so they can thrive beyond school walls.
- The Foundation also offers families in need a helping hand when life becomes challenging due to unforeseen circumstances.
- Since its inception in 2008, the foundation has raised over \$1.75 million for students and families.

Title:	COVID-19 Update
Contact:	Superintendent Timothy Graves
Date Submitted:	February 9, 2021
Mandate:	NNDSB is committed to promoting public confidence in education through timely, accurate, effective, and transparent communication of Board initiatives, vision, and goals. This report provides an update on COVID-19 management for the Board of Trustees.
Background:	<p><u>Child Vaccine Clinics</u> We have recently been working alongside our Health Unit to support Child Vaccine Clinics in our schools. A highly successful clinic was held at Woodland Public School on January 20th from 4-7 PM. As we continue to support some of our rural areas and neighborhoods with access to clinics, we have dates scheduled at Parry Sound Public School (February 15th), Land of Lakes Public School (February 17th), and Evergreen Heights Education Centre (February 23rd). On Monday, February 7th, all Near North District School Board families with children between the ages of 5 and 11 years old were sent a link to a survey from the North Bay Parry Sound Health Unit. The survey will provide the Health Unit with further information to assist them in their planning of future vaccine clinics for this age group. We continue to promote all child vaccine clinics through our Board’s social media pages.</p> <p><u>School and Childcare Screening Tool</u> On Monday, February 7th, the School and Child Care Screening Tool was updated to align with changes to COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge. Key updates include a clarification of isolation periods and an explanation of what is to be considered a “close contact”. Students and staff are still required to use this tool each day before attending school. Currently, teachers are confirming completion of the screening with their students each morning.</p> <p><u>Health Unit Absence Reporting Tool</u> On Tuesday, February 8th, all schools began using the North Bay Parry Sound District Health Unit’s Absenteeism Reporting Tool. Principals will complete a survey to inform the Health Unit when their school has an absenteeism rate of 30% or higher for two consecutive days during which inclement weather and/or bus cancellations did not contribute to absenteeism. Upon completion of</p>

the survey, an email will be sent back to the school office staff with a letter that can be shared with school families and staff.

The Ministry of Education continues to report the percentage of absentee staff and students in all Ontario schools on the [COVID-19 School Closure and Absenteeism Reporting](#) site. Data is published every day at 10:30am.

Personal Protective Equipment (PPE)

In its commitment to provide education staff with the option of a non-fit-tested N95 mask, the Ministry of Education and the Ministry of Government and Consumer Services (MGCS) provided an initial shipment of these masks at the beginning of January. We initially only received 14000 masks, enough masks for staff for 8 days, due to logistical constraints at MGCS, and prioritized student facing staff, specifically: day cares; special education; and elementary teachers. We have since received our full allotment and continue to have a ready supply available for all staff upon request with a monthly supply of 34000 allocated to NNDSB.

We continue to receive other critical PPE items from MGCS. These include medical masks, and three-ply cloth masks for students. We currently have an adequate supply to support our on-going operations. PPE requests continue to be submitted to MGCS and received. In the event of shortages we have continued to work with our co-terminus partners for support, or have procured additional supplies.

Rapid Antigen Tests (RATs)

The MGCS has also made Rapid Antigen Tests (RATs) readily available. We initially received 17280 RATs to distribute to daycares, elementary students, and staff. We received an additional 6480 RATs in a second allocation for any shortages, secondary students, and occasional staff. We continue to receive an additional 19440 RATs on a bi-weekly basis from MGCS, which are being re-kitted into 9720 kits for distribution to our schools. These kits support our staff, students, and community partners such as daycares and the NPSSTS. These kits come in packages of 20 and are re-kitted and distributed to schools.

In alignment with the updated testing guidance from Ontario's Chief Medical Officer of Health, individuals may use RATs (Rapid Antigen Test) if they are experiencing symptoms compatible with COVID-19. Each test kit contains two RAT tests. This testing option is voluntary for students, children, and staff. If a symptomatic individual chooses

not to participate, they are presumed positive and should isolate immediately and follow updated testing guidance. Once they have been issued their initial RAT kit, additional RAT kits will only be provided to students and staff when they return from an unplanned absence or dismissal at school/childcare and require more tests in the event of another episode of absence.

Secondary Update

Secondary schools returned to a traditional semester system (four course per day) on January 31st. We recognize the exemplary work of school staff throughout the octomester model. An initial review of semester one student achievement data indicates that our students continued to be successful in the chosen pathway throughout the octomester model. School teams have adapted and modified student success programs in support of these results. Secondary schools continue to offer a variety of student success approaches, such as grad coaches, cooperative education, SHSM to support student achievement through this transition and beyond.

Athletics/ Extracurricular

Despite the COVID restrictions and staffing shortages, we were able to offer a full slate of fall activities in secondary schools. All of the winter sports started their season and are at various points when the pause happened. Low-contact sports, volleyball, curling, cross country skiing and alpine skiing have resumed practices and are looking forward to competition. Current ministry restrictions prohibit high contact extra curriculums such as basketball and hockey in schools. Like many districts, the NDA (Nipissing District Athletics) has decided to focus on providing full schedules of local play for the winter season as OFSSA has canceled winter championships.

Mixed cohorts band using wind instruments are still prohibited at this time.

The NNDSB is grateful for the ongoing support of the North Bay Parry Sound District Health Unit in establishing and revising COVID-19 protocols. We are looking forward to an updated COVID-19 school guidance document from the Ministry of Education in the coming weeks.

OPSBA Report – February Report

Trustee – Bill Steer

NOPSBA Regional Meeting - Friday, January 28, 2022

Labour Relations Consultation

Janet Edwards, OPSBA Associate Director of Labour Relations, consulted with the group following the Labour Relations presentation at PES. At that session, OPSBA's Labour Relations team outlined the trustee consultation regarding bargaining priorities and scope of matters to be bargained centrally. A document was screen shared with trustees asking three questions about quarantine/paid leave, hiring practices, and a list of central bargaining subjects. Trustees participated in a facilitated discussion about the questions and the collective feedback will be shared with the Labour Relations team. The Labour Relations team will consolidate the responses and bring them back through the Board of Directors in February.

Potential action strategies to support the strategic priorities – these are ideas for new and different ways for OPSBA to advocate and operate.

Feedback is summarized here:

- We at OPSBA must focus on climate change. Flexibility of funding necessary too – we need this in the North (Steer)
- Reference to OPSBA Equity Audit -- there isn't anything in priorities about equity and anti-racism as a whole. This should be a priority.
- Suggestion to include stronger language around reconciliation. "Supporting" is a nothing sort of word. Stronger language and more of an effort in this regard.
- Reference to Project Compass – equity work is critical to ongoing future of OPSBA.
- We have to be honest and upfront when it comes to equity – we have to realize that what fits in Toronto does not necessarily fit in the North or other areas and be aware that demographics need to be considered,

NNDSB - Board Update – as attached.

Future Meetings

- Northern Region Meeting - April 9, 2022 (Virtual)
- Education Labour Relations and Human Resources Conference - April 28, 2022 (Virtual)
- Annual General Meeting - June 9-11, 2022 (Ottawa, ON)

Also see the new student trustee handbook, as attached.

Student Trustee Handbook 2022



Student Trustee Handbook 2022

This Handbook was produced by the trustee members of the OPSBA-OSTA Liaison Committee and student trustees on the Public Board Council (PBC) of OSTA-AECO. It is based on the law and government policies and guidelines in effect as of January 14, 2022. The information contained in this publication is not intended to be legal advice. It is general information only. It should be noted that this document does not necessarily reflect the views of the Ministry of Education.

OPSBA and OSTA-AECO's PBC do not guarantee the accuracy or completeness of any information published herein and not responsible for any errors, omissions, or claims for damages arising out of the use, inability to use or with regard to the accuracy or sufficiency of the information contained in this publication and similarly disclaims all responsibility for all consequences of any person acting on, or refraining from acting in reliance on, information contained herein.

Accessibility

OPSBA and OSTA-AECO are committed to providing accessible programs, services and environments for persons with disabilities which support the four principles of the *Accessibility for Ontarians with Disabilities Act, 2005*: dignity, independence, integration and equality of opportunity. We are collectively committed to actively identifying, removing and preventing barriers so employees, members, students and clients can fully participate, or access programs and services provided. If you require this document in a different format, please email OPSBA at inquiry@opsba.org or call 416-340-2540.

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Introduction

Local, democratically elected school boards play a key role in ensuring that schools remain responsive to both provincial requirements and local needs and resources. A vital part of school boards are the student trustees, secondary students elected by their fellow students to represent the critical interests of all students from Kindergarten to Grade 12. Student trustees are the voice of students in decisions about education and they help keep students informed about important decisions that affect them. They play an important role in the education governance process and are constantly actively working at the local board and provincial levels on a number of initiatives.

During their tenure, student trustees gain understanding of the system that supports

education and can share that understanding with peers; and the board gains a fresh perspective from student trustees who may have unique knowledge of how policies will affect the classroom and their peers.

The Ontario Public School Boards' Association (OPSBA) works with our public school board student trustees as partners to ensure student voices are represented in its advocacy. OPSBA encourages all its member boards to ensure that their policies truly engage student trustees and maximize the voice of all students in the system.



Cathy Abraham
President
OPSBA

With an ever-changing world and education climate, insight from students must be prioritized regarding decisions in education. Student trustees are able to provide a unique and invaluable opinion to the board table as we experience the effects of these decisions firsthand. We are responsible for communicating with our student bodies, leading the student senates, and actively participating as a member of the board of trustees. Additionally, many student trustees go above and beyond through initiatives in their school boards, and provincially. For instance, local policy changes such as menstrual product accessibility in schools resulted from school board motions. Additionally, the Ontario Student Trustees' Association (OSTA-AECO) reports include recommendations on education to the Ministry of Education and school boards. Such projects show the passion that students have for improving our education system, and creating more inclusive and equitable school environments.

In order to maximize their role, student trustees require support from trustees and school board staff. Having a strong support system allows student trustees to adapt to a new work environment, and receive valuable advice to further our leadership. Another component is ensuring the policies that dictate our roles truly support student trustees. Setting the foundation for student voice allows the school boards to make decisions that reflect the current needs of students.

We will see a brighter future when board staff and student trustees collaborate efficiently. OSTA-AECO will always put our students and student trustees first, and urge our school boards to do the same.



Jazzlyn Abbott
Public Board Council
President, OSTA-
AECO

OSTA-AECO and OPSBA Overview

The Ontario Student Trustees' Association (OSTA-AECO) is an independent, non-partisan group of democratically-elected student representatives in Grades 11 and 12. Student trustees work in local communities and on the provincial stage to ensure that students are always put first. In simple terms, they are the student voice: by students, for students.

OSTA-AECO works in the best interests of the students through the advocacy priorities year-by-year. The Students' Vision for Education sets out a broad, bold and ambitious roadmap to change Ontario's education system. It is rooted in both research and student voice, incorporating results from three surveys from 20,000 Ontario students over the past seven years and testimonials from students from across the province.

OSTA-AECO's Public Board Council (PBC) consists of student trustees in public boards across Ontario. This year, PBC is working on aiding students to transition back to school as well as several initiatives, including continuing the Student Voice series with a report addressing the stigma and barriers around student success. Through the Cabinet members, PBC promotes communication and cooperation amongst public student trustees in Ontario, to provide a united voice.

The Ontario Public School Boards' Association (OPSBA) represents 31 English language public district school boards and public school authorities across Ontario, which together serve more than 1.3 million public elementary and secondary students. The Association advocates for the best interests and needs of students in the public school system in Ontario. OPSBA is seen as a highly credible voice of public education in Ontario and is routinely called on by the provincial government for input and advice on legislation and the impact of government policy directions.

The mission of OPSBA is to promote and enhance public education by: helping Member Boards to fulfil their mandates; developing effective partnerships with other groups interested in public education; and providing a strong and effective voice on behalf of public education in Ontario.

OPSBA was created in 1988 through the amalgamation of three existing public school board associations. Its internal structure was created to provide a fair and equitable representation and this can be seen through the five Regions, the Executive Council, the Board of Directors, the work groups and the Indigenous Trustees' Council.



Student trustees represent the voice of students in decisions about education, and they help keep students informed about important decisions that affect them.

The OPSBA-OSTA Liaison Committee is a recently created group whose purpose is to regularly connect on advocacy issues and offer support and guidance. This Handbook was produced by members of the Committee and student trustees who are members of the Public Board Council.

Purpose

Student voice is valued, and critical to informing policy decisions that best serve student experience for maximum achievement in academics and well-being. This Handbook has been created for use by school board trustees to understand fully the requirements for inclusion of student representatives in the role of student trustees in the governance practices of the board, but more to appreciate and identify processes that will fully mobilize the valuable resource student representatives provide, and to standardize some of these key activities in school boards across the province.

Leveraging Student Voice:

Student representatives who are actively engaged in the dialogue and decisions of a school board ensure these decisions best respond to the needs of the student population, that they are relevant in the current environment, and that the outcomes will be received in the most positive way possible. In accordance with the responsibility of trustees for the strategic planning and school improvement supports, student voice is a key tool for trustees to ensure achievement of student success.

Provincial Consistency:

While there is a great need to have local autonomy in school boards to respond to local needs and pressures, there is great value in sharing leading practices, and operating in a consistent manner. This is certainly the case in how the role of student trustee is supported in Ontario. A number of opportunities exist for OPSBA to work in partnership with student trustees to develop standard approaches for member school boards in a number of areas outlined below to reduce duplication of effort, create equitable access, and strengthen these practices.

Policy Review:

In order to assist school boards to understand the requirements for, and fully realize the benefits of, active participation of student representatives, review of this Handbook as a planned exercise by the board, together with their student trustees, is suggested. This will assist boards to ensure their policies and practices are compliant with the required Legislation and Regulations for student trustee participation, and that they are getting the maximum value in practice of student voice. This could include processes like supporting motions, and clarity around participation in various committees and decisions.

Consistent Funding Support:

Provincial approaches to utilizing funding for student trustee roles will have benefit in a number of areas, including student trustee honoraria, access to professional development, and participation in provincial association events in a safe and equitable way.

Student Trustees: Role and Responsibilities

In Ontario, children and youth between the ages of six and 18 must be enrolled in a formal education program. The province's [Education Act](#) and its regulations establish the framework for the delivery of education programs. There are many key partners, including trustees and student trustees, that work together for public education in Ontario including the provincial government, school boards, educators (e.g. teachers, early childhood educators, etc.), students, parents, Indigenous partners, and the public. Collaboration and inclusion are vital to ensuring that all partners, at all levels of the education system, are working together to share knowledge, skills, and experience to improve student achievement and student and staff well-being.

Every school board in Ontario is governed by a Board of Trustees, who are elected for a term of office every four years at the same time as municipal elections. Other trustees are First Nations Trustees, Hospital Board Trustees, and a new group that governs and operates the Centre Jules-Léger Consortium.

The statutory recognition of student trustees within the *Education Act* occurred in 2006. The role of the student trustee is set out in section 55 of the Act and Ontario Regulation 7/07 Student Trustees.

A student trustee is a provincially mandated role designated to advocate for student voice in the publicly funded education system. This position is elected by students within their school board and serve as their elected representative on the board of

trustees.

Student trustees are to be elected either directly, by students of the board or, indirectly, by student representative bodies such as student councils.

They are responsible for facilitating communication on student issues and opinions between students and the school board by sitting on school boards and attending board meetings. Some boards have also introduced the position of Indigenous student trustee. A student trustee must be a full-time pupil at the secondary level. This requirement does not apply to a student who may not be able to attend full-time because of an exceptionality.

Student trustees are also involved with leading their Student Senate, or Student

Advisory Council. Student Senates/SACs, if the board has one, often comprise of secondary school representatives from across the board that meet regularly. No two student trustees are alike, and each student trustee approaches their role differently, depending on the circumstances and expectations of their board.

A Student Senate (or other forms of board-wide student government) is the committee designed to establish the student vision in local school boards. These committees are normally composed of representatives of each high school in a board. Senates often organize board-wide events, fundraisers, leadership conferences and awareness campaigns.

Section 55 of the *Education Act* describes the status, powers and responsibilities of student trustees, which includes:

- A student trustee is not a member of the board.
- A student trustee is not entitled to exercise a binding vote on any matter before the board or any of its committees.
- A student trustee is entitled to have a matter put to a recorded vote in which case the student trustee's vote is a recorded non-binding vote.
- A student trustee is not entitled to move a motion but can suggest a motion on any matter at a meeting of the board or of one of its committees on which the student trustee sits. If no board member moves the suggested motion, then the record will show the suggested motion.
- A student trustee is not entitled to be present at an in-camera* meeting that involves the disclosure of intimate, personal or financial information in respect of a trustee, a committee of the board, an employee (or prospective employee), a pupil or the guardian of a pupil
- Subject to the above, a student trustee has the same opportunities for participation at meetings of the board and of its committees as any other member.
- A student trustee has the same status as a board member with respect to access to board resources and opportunities for training.

*** In-Camera/Closed/Private Meetings**

The Education Act [s. 207(2)] provides that a meeting of a committee of the board, including a committee of the whole board, may be closed to the public, the media, and any trustee who has declared a conflict of interest regarding the matter being discussed.



Ontario Regulation 7/07 provides further details regarding student trustees:

- A board shall have at least one but not more than three student trustees.
- Student trustees are to be elected by students of the board or by a student representative body.
- A person is qualified to act as a student trustee if they are a full-time pupil of the board in the senior division, and provided they are not serving a sentence of imprisonment.
- A student trustee's term of office starts on August 1 of the year in which they are elected and ends on July 31 of the following year.
- The board has to reimburse student trustees for out-of-pocket expenses as if they were members of the board.
- The present honorarium is \$2,500 for a student trustee who completes their year in office. The honorarium is prorated if the student trustee holds office for less than a complete term of office.
- A board has to develop and implement a policy providing for matters relating to student trustees and the payment of honoraria for student trustees.

Code of Conduct

While student trustees are not required by law to have a code of conduct, it is expected that student trustees respect the provisions in their board's trustee code of conduct. School boards may provide in their By-Laws, or as a policy, that student trustees must abide by their board's trustee code of conduct.

Social Media / Communications

It is important to remember that as a student trustee you are representing all the students in your school board in and out of the board office. Be mindful of your social media presence; anything posted on outlets such as Instagram, Twitter, Facebook, VSCO, etc. should be respectful and respectable. You are allowed to voice your own thoughts and opinions through social media, being mindful and clear that these are not the thoughts of all students in your board.

Everything put online is public and if you would not feel comfortable showing the members of your board a post, then you should definitely avoid posting it. As well, remember that what you post online is a reflection of your school board and there are consequences for inappropriate content posted on social media. A best practice is to include disclaimers like "opinions expressed are my own" or "retweets are not endorsements" in your Twitter bio, which helps to separate your own opinions from those of your school board or constituents.

Student trustees are encouraged to use social media as a platform to engage and communicate with their constituents!

Note: The Chair of the Board is the spokesperson to the public on behalf of the board, unless otherwise determined by the board. No other trustee shall speak on behalf of the board unless expressly authorized by the Chair of the Board or board to do so. When individual trustees express their opinions in public, they must make it clear that they are not speaking on behalf of the board.



Overview of Board and Committee Meetings

One of the primary ways that school boards meet public expectations of transparency and accountability is to make policy decisions at open, public meetings. Public accountability is a cornerstone of Ontario's education system. The *Education Act* states that all meetings of the board shall be open to the public [s. 207(1)] with certain exceptions.

Boards hold meetings regularly in order to govern effectively. Most boards adopt a regular meeting schedule, usually monthly. Special meetings may be needed for the board to consider time-sensitive or weighty matters.

Student trustees may participate in in-camera meetings with the exception of those dealing with matters relating to intimate, personal or financial information about a member of the board or of a committee of the board, an employee (or prospective employee) of the board, a student, or a student's parent or guardian.

All trustees must be aware of the confidentiality that applies to in-camera sessions. As a member of the board, a trustee's role is to respect the board's

decision-making process and not discuss any aspect of private matters, including the nature of the topic and anything that occurred during the in-camera meeting.

Trustees are expected to attend all regular meetings of the board, either physically or through electronic means. Trustees are also expected to attend all meetings of the committee(s) of which they are a member.

A trustee must be physically present in the meeting room of the board for at least three regular meetings of the board in each 12-month period beginning December 1. In addition, a trustee cannot miss three consecutive meetings unless approval is granted by the board [s. 228(1)]

Advisory committees are established on either a short or long-term basis to provide input into policy development or other areas where the board would benefit from the experience and expertise of other participants. Non-trustee members might include teachers, students, parents, and members of the community or local business-people. Many boards now establish advisory committees as part of their commitment to public consultation.

Statutory Committees are required in accordance with the relevant regulation. Trustee representation on these advisory committees is required. The four statutory committees are:

- ✓ Special Education Advisory Committee (Ontario Regulation 464/97)
- ✓ Audit Committee (Ontario Regulation 361/10)
- ✓ School Councils and Parent Involvement Committee (Ontario Regulation 612/00)
- ✓ Supervised Alternative Learning Committee (Ontario Regulation 374/10)

Select, special or ad hoc committees, such as task forces or work groups, investigate a specific issue and report to the board within a stated time frame. These committees are generally created by a board resolution and are composed of and led by trustees.

Rules of Order

School board meetings are run according to parliamentary procedure. These rules of procedure are designed to allow trustees to introduce motions and proceed with debate, dissent, and decision-making in an orderly way.

Although specific practices may vary, most school boards follow accepted rules of parliamentary procedure for their public decision-making processes. The most commonly used procedures are the recent editions of Robert's Rules of Order or Bourinot's Rules of Order.

General Order of Meetings

1. Call to Order
2. Approval of Minutes
3. Officers Reports (if applicable)
5. New Business
6. Miscellaneous items
7. Adjournment

Meeting Tips

- Dress appropriately - business casual is the expected dress code of all attendees during meetings and conferences.
- Read over materials provided by the board in advance of any meeting.
- Prepare your ideas and questions in advance.
- Pay attention to education issues – locally, provincially and nationally.



Student Trustee Tips and Advice

"Your voice as a student is often the most valued at the board table; never be afraid to speak up or ask for the resources necessary to do so!"

"Invite open conversation with your peers, you may not agree with their point of view, but you will look at things from a different perspective."

"You are a student first. Sometimes with this role you can get tied into the idea of you have to accomplish every single thing but in reality you are only in this position for a certain amount of time, so do what you can in this position."

"When you receive pushback, respectfully push back harder no matter what. You are there for a reason!"

"With this job, it is so tempting to want to take on every single task but you need to make your mental well-being a priority."



“Never be afraid to ask for help! Many trustees and senior administration will be great resources to help you navigate your role while ensuring you make every moment of it a memorable one.”

“Your voice and perspective is important, education should be student-centered.”

“Try to work with and learn from all trustees to form your view points, not just the most vocal.”

“Stay true to yourself.”

“Remember that leadership is demonstrated in many ways, so it will be important to seek support from staff to hear all student voices and experiences, including those who may express their needs in different ways.”

Indigenous Education

In Ontario, Indigenous (First Nation, Métis, and Inuit) students who live in First Nation communities attend schools in their own communities or the province's publicly funded schools, with a small number attending private schools.

Indigenous students who live in First Nation communities and attend schools operated by a district school board or school authority may do so under an Education Services Agreement (ESA), also commonly referred to as a Tuition Agreement. These agreements are legal and binding, and are developed through mutual discussions around the provision of services for school-based programs, or individual student supports as determined by both the First Nation and the public school board or school authority.

They provide a basis for the relationship between the First Nation community and the board. The individual relationship a board has with a First Nation, the needs of the students and community, and the ability to provide appropriate services, are all considerations in the development of an ESA. The nature of ESAs will vary by board, as will the needs vary by community.

In addition to Indigenous students who attend provincially funded schools under ESAs, there are a significant number of students who self-identify as Indigenous. These may be students who have moved from a First Nation and/or are students with full or partial Indigenous ancestry who have never lived in a First Nation community.

The appointment of First Nation Trustees to a school board is related to Education Services Agreements and is outlined in Ontario Regulation 462/97: First Nations Representation on Boards. First Nation representation on a school board is determined first by the existence of one or more ESAs and then by the number of Indigenous students attending the board's schools.

However, recently boards have made local decisions to formally include an Indigenous Trustee as part of their board and have funded the position themselves. In addition, school boards are also adopting an Indigenous Student Trustee position.

Impact of the Truth and Reconciliation Commission (TRC)

In 2015, the [TRC](#), released its final Executive Report and with it, the issuance of 94 "Calls to Action." These Calls to Action also align and are in support of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), of which Canada is an official signatory. The UNDRIP identifies clearly that education systems around the world, and in particular those in countries that are signatories, must reflect and endorse education that includes languages, the history, and the cultures of Indigenous peoples. Among the Calls to Action, two identify the need for ongoing review and subsequent action for appropriate curriculum reform; and sufficient funding for development and implementation of revised curriculum. Individual boards may be at different phases of implementation in approach and development for such action.

First Nation Trustees

A person appointed to the board to represent the interests of Indigenous students is deemed to be an elected member of the board, with all the rights and responsibilities of the position. The role of all trustees is to help create the vision and set the strategic direction that will guide the board and its schools. As the representative of Indigenous students, the First Nation trustee is in a unique position to ensure that Indigenous culture is part of that vision and that the strategic direction of the board includes the interests of First Nations.

The First Nation trustee is responsible for:

- Ensuring that the actions of the board reflect the education services agreement
- Ensuring that both parties to the agreement are fulfilling their obligations
- Ensuring that mechanisms are in place for effective accountability to the First Nation community
- Ensuring a high-quality academic and cultural education for Indigenous students
- Ensuring that Indigenous students are free from any expression of racism and harassment as students of the board's schools.

The First Nation trustee has a key role in representing the interests of the First Nation communities at the school board level and ensuring that there is dialogue with the First Nation communities about the work of the board and, in particular, matters affecting Indigenous students. The First Nation trustee is also in a position to encourage the involvement of the parents and the First Nations communities in their students' education.

A majority of Ontario school boards have established First Nation or Indigenous Advisory Committees. These provide a forum for discussing Indigenous education issues and contributing to initiatives that ensure the implementation of the First Nation, Métis and Inuit Policy Framework within the board.

In 2016, school boards were required to develop board action plans on Indigenous Education and a position – the First Nation, Métis and Inuit Education Lead – was created in each school board to support the development and implementation of the First Nation, Métis and Inuit Policy Framework.

In these advisory committees, the First Nation trustee is usually the chair or co-chair, and membership includes the First Nation, Métis and Inuit Education Lead, and a representative from each First Nation that has students in the board's schools. Some ESAs also specify First Nation representation on the school board's Special Education Advisory Committee (SEAC). Where a First Nation trustee is required by regulation to be a member of the board, the SEAC must also have one or two First Nation members to represent the interests of First Nation students.

Indigenous Student Trustees

The Indigenous student trustee is meant to convey two voices: the student voice and the Indigenous student voice. When asked which role is their primary role, overwhelmingly they indicate their Indigenous voice as their primary responsibility.

- Indigenous student trustees will commonly raise issues unique to their community that are separate from the actual realities and lived experiences of other student trustees.
- Indigenous student trustees bring a unique perspective and historical experience of life as an Indigenous person, often living on a First Nations Territory.
- Indigenous student trustees can provide unique context and insight into systemic barriers that they face. These can include impacts of the Residential School System and the vicarious effects of inter-generational trauma.
- Indigenous student trustees can provide insight into external barriers such as racism and discrimination both inside and outside of the education system.
- Indigenous student trustees can bring attention to and highlight the work of the Truth and Reconciliation Commission and how this can impact a school, and the entire Board.
- Indigenous student trustees can be in a position to support and advocate for Indigenous Students from a First Nations Territory who have enrolled in a provincially funded school by virtue of a Reciprocal Education Approach and may have little or no student support or advocacy.
- Indigenous student trustees are encouraged to represent all Indigenous students within their board. This may require some creative ways to communicate within their school board jurisdiction.

The Unique Role of the Indigenous Student Trustee

- Provides an additional student voice, which leads to a positive feeling among Indigenous students, parents, and community leaders in that their interests and issues are being heard.
- Creates feelings of belonging and being valued.
- Creates opportunities for leadership, training and experience among Indigenous students.
- Creates opportunities to raise level of TRC awareness.
- Brings a perspective that trustees and all board personnel can benefit and learn from.
- Provides an opportunity to contribute to and influence the development of policies that reflect the needs and perspectives of Indigenous learners.
- Because of the relatively new role of Indigenous student trustees, there is a need for support and mentorship to develop confidence in their role.
- Indigenous student trustees could benefit from opportunities to come together for conversations and awareness of issues and events that are taking place across the province.

Resources



OESC Module 20: A Journey Towards Truth and Reconciliation for examples of models of Indigenous representation at school boards [here](#).

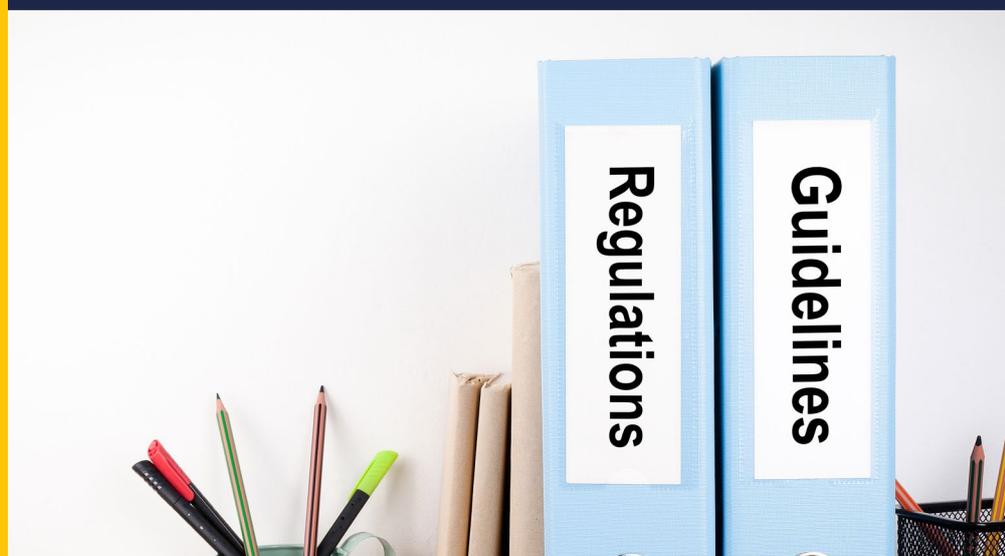
School Board Policies

The Ministry of Education provides direction and expectations for district school boards and school authorities via policy documents called Policy and Program Memoranda (PPM). A full listing of PPMs can be found [here](#).

Student trustee should familiarize themselves with all PPMs, but may consider these recent PPMs that directly concern students:

- [Policy/Program Memorandum 166: Keeping Students Safe: Policy Framework for School Board Anti-Sex Trafficking Protocols](#)
- [Policy/Program Memorandum 164: Requirements for Remote Learning](#)
- [Policy/Program Memorandum 163: School Board Policies on Service Animals](#)
- [Policy/Program Memorandum 162: Exemption from Instruction related to the Human Development and Sexual Health Expectations in The Ontario Curriculum: Health and Physical Education, Grades 1–8, 2019](#)
- [Policy/Program Memorandum 161: Supporting children and students with prevalent medical conditions \(anaphylaxis, asthma, diabetes, and/or epilepsy\) in schools](#)
- [Policy/Program Memorandum 160: Protected time for daily mathematics instruction, Grades 1 to 8](#)
- [Policy/Program Memorandum 158: School board policies on concussion](#)

In addition, each school board would have their own local board policies that reflect their student and school community. These could include advertising, accessibility, equity & diversity, fundraising, homework, and transportation.



Professional Development Opportunities / Conferences

OPSBA: The Association offers these conferences and seminars to trustees and school board staff. The events are a dynamic opportunity for professional learning that is uniquely tailored to the needs of Ontario's education leaders. These events include:



Public Education Symposium (PES):

Hundreds of trustees, student trustees and school board administrators participate in OPSBA's PES each January. This premier professional development symposium, specifically designed for school boards, offers dynamic sessions on topics directly affecting the role of trustee and the broader environment within which school boards operate.

Annual General Meeting (AGM) and Program

At the OPSBA AGM, members determine priorities and directions for the coming year, elect officers and plan for the future. The event also offers a comprehensive professional development program for trustees.



Regional Meetings

The Member Boards of each region hold no fewer than two meetings each year, usually in the fall and spring, in addition to the regional meetings held at OPSBA's Public Education Symposium and the Annual General Meeting.

Summit on Children and Youth Mental Health

OPSBA has continued to be a leader in the Coalition for Children and Youth Mental Health, which held its last Summit in Toronto in April 2018.





OSTA-AECO Conferences:

Annually, OSTA-AECO holds three conferences: the Fall General Meeting in October, the Board Council Conference in February, and the Annual General Meeting in May. Each conference includes engaging sessions to allow student trustees to better understand their role, phenomenal guest speakers, and breakout sessions that allow student trustees to work with their designated board councils and working groups on focused yearly initiatives. These conferences provide student trustees with the invaluable opportunity to network with and learn from fellow student trustees across the province. Student trustees from all around Ontario advocate and collaborate as a team on the executive council, working groups, and board councils.

Canadian School Board Association Conference Annual Congress (CSBA):

The CSBA Congress is an annual professional development event that takes place in early July. Approximately 350 school trustees or commissioners gather for professional development and to share best practices, compare experiences and learn new ways of better serving Canadian students.



The National Trustee Gathering on Indigenous Education

Often in conjunction with the annual congress, the CSBA hosts the National Trustee Gathering on Indigenous Education. CSBA member provincial associations alternate as hosts for the Congress.

Supervision

Student safety is a number one priority within all Ontario public school boards. To ensure safety at all conferences attended by student representatives, supervision and safety policies have been created by both OSTA-AECO as well as OPSBA to ensure the safety and well-being of all conference attendees.

Student trustee mentors should ensure that student trustees are aware of all conference opportunities and work alongside the students to create opportunities for engagement, attendance

and involvement in all conferences. There are numerous conferences that student trustees are able to attend.

For OPSBA conferences, protocols for student trustees should be in line with the safety protocols set up by OSTA-AECO (as outlined below). Most member boards ensure proper supervision and/or discussion is in place and discussed with senior staff when student trustees are participants and may even have policies and/or procedures about this.

OSTA-AECO has created a supervision policy for its conferences. In order to ensure student trustee safety, certain protocols must be followed:

- Prior to arriving at the conference, all student trustees must complete the Student Trustee Registration Form through which they provide us with their contact information, an emergency contact, outline any dietary restrictions or accessibility needs, and agree to the Student Trustee Code of Conduct.
- All student trustees are required to complete check-in with the board between 9:00pm and 11:00pm each evening of the conference. Once check-in has been completed, student trustees are to return to their hotel rooms to rest for the next conference day.
- In the case that an attendee has not completed check-in, the student trustee will be contacted via the cellular number provided in their registration.
- If we are unable to reach the student trustee directly, members of the board will contact the student trustee's parent/guardian, and Director of Education.
- All Directors are required to have verified criminal record checks with vulnerable sector screening, in addition to having a level of first aid and mental health training.
- Additionally, school boards may send chaperones to all of our professional development conferences if they so choose. Student trustees with chaperones may choose to complete nightly check-ins with their respective chaperones rather than the Board of Directors. Please note, chaperones or any additions aside from the student trustees formally registered are also required to adhere to the Code of Conduct.
- As conference attendance continues to grow on a yearly basis, the following additional measures have been implemented to ensure the safety of all our students:
 - ◇ Hiring a mental health counsellor for the annual conferences to provide student trustees with a trusted professional from whom to seek help on matters related to their mental health
 - ◇ Implementing workshops, trainings, and campaigns relating to gender-based violence and consent
 - ◇ Designating two Directors, of different genders wherever possible, to be on call and present at all times for the duration of conference days to address any concerns that may arise
 - ◇ Updating the Student Trustee Code of Conduct to explicitly prohibit student trustees from inviting any unauthorized individuals (anyone not currently a student trustee, supervisor, chaperone, or authorized guest) into conference spaces, including hotel rooms. Upon encountering an unauthorized individual, student trustees will be mandated to report that to the Board of Directors
 - ◇ Creating a versatile reporting portal with a transparent framework for student trustees to report incidents they may face.



ONTARIO PUBLIC SCHOOL BOARDS' ASSOCIATION

Leading Education's Advocates



Student Trustee Update

Regular Board Meeting

Tuesday, February 15th, 2022

6:00 p.m.

Good evening fellow board members,

Students of the Near North District School Board have been keeping busy and working hard as we begin the second half of the school year. Everyone has been settling in to the rhythm of the shift to the semester model. There has been positive feedback from students regarding this scheduling change, and students in some secondary schools are in hopes for access to lockers soon. Students are enjoying once again the immersive high school experience with clubs, sports and multiple daily classes!

Additionally, many schools including West Ferris and Almaguin have been holding information events for incoming high schools' students. Informational nights were organized featuring details about courses, specialized programs, clubs, high school life, and anything students should know before entering grade nine! In continuation of this, course selections have begun this past week for secondary students with many new and exciting classes and programs across the board such as Indigenous studies, shop classes and specialized physical activity courses as well.

At the beginning of February, schools have had many different initiatives and elements to acknowledge and celebrate black history month. F.J. McElliot, Parry Sound, Almaguin, West Ferris, and Northern have had different adaptations to acknowledge this from music featuring black artists, social media posts consisting of information, announcements, and bulletin boards. At Chippewa Secondary School, students have begun to paint a mural to recognize black history month. There is much more to come in this area later on this month as students learn more about the culture, triumphs, heritage, and adversities of black history in our country.

Upcoming plans for Valentine's Day within the Near North District School Board are being put into action. Some secondary schools are selling candy grams, and sending flowers, while others have organized sending smiles campaign, where students can email kind messages to one another to celebrate this holiday. There is always great student participation in projects like these, and everyone is looking forward to these fun and positive experiences to come!

I would like to thank you for your time and interest in the work of the Student Senate and the Student Trustee.

-Cecilia Darling