

Policy Development Committee Meeting

Tuesday, October 17, 2023

6:30 – 8:30 p.m.

Catholic Education Centre – Large Boardroom

Chairperson: Loretta Durst

Trustees who are unable to attend are asked to please notify
Amy McLeod, Administrative Assistant at
amcleod@pvnccdsb.on.ca

A. Call to Order:

1. Opening Prayer.
Mary Ann Martin
2. Land Acknowledgement.
Loretta Durst
3. Approval of the Agenda.
4. Declarations of Conflicts of Interest.
5. Approval of the minutes of the Policy Development Committee, May 30, 2023. Page 4
6. Business Arising from the Minutes.

B. Presentations / Recommended Actions:

1. R.A.: Revised Administrative Procedure – AP #503, Workplace Accommodation. a) Report (p. 11)
Darren Kahler, Superintendent of Human Resource Services. b) RA (p. 12)
c) Draft AP (p. 13)
2. R.A.: Revised Administrative Procedure – AP #507, Disability Management. a) Report (p.20)
Darren Kahler, Superintendent of Human Resource Services. b) RA (p.21)
c) Draft AP (p. 22)

3. R.A.: Revised Directional Policy – DP #1200, Records and Information. Galen Eagle, Communications Manager.
 - a) Report (p. 30)
 - b) RA (p. 31)
 - c) Draft AP (p. 32)

4. R.A.: Revised Administrative Procedure – AP #825, Anaphylaxis. Darren Kahler, Superintendent of Human Resource Services.
 - a) Report (p. 37)
 - b) RA (p. 38)
 - c) Draft AP (p. 39)

5. R.A.: Revised Directional Policy – DP #600, Stewardship of Resources. Teri Smith, Chief Financial Officer.
 - a) Report (p. 50)
 - b) RA (p. 51)
 - c) Draft AP (p. 52)

6. R.A.: Revised Administrative Procedure – AP #601, Community Use of Board Facilities. Kevin Hickey, Manager of Purchasing, Planning and Facility Administration.
 - a) Report (p. 55)
 - b) RA (p. 56)
 - c) Draft AP (p. 57)

7. R.A.: Revised Administrative Procedure – AP #306, Home Schooling. Julie Selby, Superintendent of Learning.
 - a) Report (p. 66)
 - b) RA (p. 68)
 - c) Draft AP (p. 69)

8. R.A.: Revised Administrative Procedure – AP #807, Supporting Students with Epilepsy in Schools. Darren Kahler, Superintendent of Human Resource Services.
 - a) Report (p. 78)
 - b) RA (p. 79)
 - c) Draft AP (p. 80)

C. Information Items:

D. Next Meeting:

1. Policy Development Committee meetings for 2023-2024:
 - a. Tuesday, December 5, 2023, 6:30 p.m.
 - b. Tuesday, February 6, 2024, 6:30 p.m.
 - c. Tuesday, April 30, 2024, 6:30 p.m.
 - d. Tuesday, June 4, 2024, 6:30 p.m.

E. Conclusion:

1. Closing Prayer
Kevin MacKenzie.
2. Adjournment.

Minutes

The Minutes of the Policy Development Committee Meeting held on Tuesday, May 30, 2023, at 6:30 p.m., in person at the Catholic Education Centre and virtually by Google Meet.

Present:

Trustees: Loretta Durst (Committee Chairperson), Madelyn Gaskell (Student Trustee), Joshua Glover, Jenny Leahy, Kevin MacKenzie, Siobhan Marie (Student Trustee), Mary Ann Martin, and Kathleen Tanguay.

Administration: Jeannie Armstrong, Joan Carragher, Melissa Featherstone, Sean Heuchert, Darren Kahler, Stephen O'Sullivan, Sheila Piggott, Julie Selby, and Benjamin Tenesia.

Recorder: Michelle Kennedy.

Regrets: Trustee Mike Ayotte

A. Call to Order:

1. Opening Prayer.

Loretta Durst, Committee Chairperson, called the meeting to order at 6:30 p.m. and invited Trustee Mary Ann Martin to lead the committee in opening prayer.

2. Land Acknowledgement.

Loretta Durst respectfully acknowledged that the Policy Development Committee Meeting was taking place on the treaty and traditional territory of the Mississauga Anishinaabeg.

3. Approval of the Agenda.

MOTION: Moved by Mary Ann Martin, seconded by Jenny Leahy
that the agenda be approved.

Carried.

4. Declarations of Conflicts of Interest.

There were no conflicts of interest declared.

5. Approval of the Minutes of the Policy Development Committee Meeting, April 18, 2022.

MOTION: Moved by Jenny Leahy, seconded by Mary Ann Martin
that the minutes of the Policy Development Committee Meeting
held on Tuesday, April 18, 2023, be approved.

Carried.

6. Business Arising from the Minutes.

There was no business arising out of the minutes.

B. Presentations/Recommended Actions:

1. New Administrative Procedure, #823, Respiratory Protection Program.

Manager of Human Resource Services, Darren Kahler and Health and Safety Officer, Melissa Featherston gave a presentation about the proposed administrative procedure that included the background and rationale for implementing the new administrative procedure.

MOTION: Moved by Kevin MacKenzie, seconded by Mary Ann Martin
that the Policy Development Committee recommend to the Board
that Administrative Procedure #823, Respiratory Protection
Program, be received and posted under Directional Policy #800,
Healthy Schools and Workplaces.

Carried.

2. Revised Directional Policy, #500, Employee Relations.

Stephen O'Sullivan, Superintendent of Human Resource Services brought forward the proposed revised directional policy for review.

MOTION: Moved by Kathleen Tanguay, seconded by Jenny Leahy

that the Policy Development Committee recommend to the Board that the revised Directional Policy #500, Employee Relations, be received and posted.

Carried.

3. Revised Administrative Procedure, #501, Employee Charged with Criminal Offence or Under Investigation by a Third Party.

Superintendent of Human Resources Stephen O’Sullivan presented the revised administrative procedure and noted that it aligns with the newly revised Directional Policy 500. Mr. O’Sullivan reviewed a presentation which highlighted the proposed changes. Further suggested revisions were agreed upon for incorporation into the final version.

MOTION: Moved by Kathleen Tanguay, seconded by Kevin MacKenzie that the Policy Development Committee recommend to the Board that the revised Administrative Procedure #501, Employee Charged with a Criminal Offence or Under Investigation by a Third Party, be received and posted under Directional Policy #500, Employee Relations.

Carried.

4. Revised Administrative Procedure, #511, Employee Acceptable Use of Board Technology.

Sheila Piggott, Superintendent of Learning presented the proposed revisions to administrative procedure in a powerpoint presentation. The revision process of the administrative procedure included consultation with OECTA, Information Technology staff members, and Expanding Technology committee members. It was noted that many changes were made due changes in technology that have occurred since it the administrative procedure was last approved. There were suggested amendments from the trustees that will be incorporated into the final version.

MOTION: Moved by Kevin MacKenzie, seconded by Jenny Leahy that the Policy Development Committee recommend to the Board that Administrative Procedure #511, Employee Acceptable Use of Board Technology, be received and posted under Directional Policy #500, Employee Relations.

Carried.

5. Revised Administrative Procedure, #615, Emergency Management.

Sean Heuchert, Superintendent of Business, Finance and Facilities Services gave a presentation on the proposed changes to the structure of Emergency Management for the PVNCCDSB that is reflected in the newly created administrative procedure and included rationale for the changes. It was noted that the new administrative procedure was a consolidation of documents to one place, i.e. the nuclear emergency procedures, and other emergency procedures were joined together.

MOTION: Moved by Joshua Glover, seconded by Kevin MacKenzie that the Policy Development Committee recommend to the Board that Policy #403, Emergency Management and Business Continuity Program and its corresponding administrative procedure and appendices be deleted, and that Administrative Procedure #615, Emergency Management and Business Continuity Program, be received and posted under Directional Policy #600, Stewardship of Resources.

Carried.

MOTION: Moved by Mary Ann Martin, seconded by Kathleen Tanguay that the meeting be extended to 9:00 p.m.

Carried.

6. Revised Administrative Procedure #701, Equity and Inclusive Education.

Superintendent of Special Education Jeannie Armstrong and Benjamin Tenesia, Board Equity Lead presented Administrative Procedure #701 which included revisions that are required by legislation. The trustees asked questions at the end of the presentation and suggested amendments.

MOTION: Moved by Kevin MacKenzie, seconded by Jenny Leahy that the Policy Development Committee recommend to the Board that Policy #706, Valuing Diversity, and its corresponding Administrative Procedure be deleted, and that Administrative Procedure #701, Equity and Inclusive Education, be received and

posted under Directional Policy #700, Equity and Inclusive Education.

Carried.

7. New Administrative Procedure – AP #824, Student Injury Prevention.

Jonathan Di Ianni, Superintendent of Learning introduced the new administrative procedure that was several years in the making with the goal of mitigating student injury by encouraging staff and students to take responsibility for their own safety and the safety of others in the classroom.

MOTION: Moved by Kathleen Tanguay, seconded by Jenny Leahy

that the Policy Development Committee recommend to the Board that Administrative Procedure #824, with the amended title, Student Injury Prevention – Science, Technology, Creative Arts, and Physical Education, be received and posted under Directional Policy #800, Healthy Schools and Workplaces.

Carried.

MOTION: Moved by Kathleen Tanguay, seconded by Jenny Leahy

that the meeting be extended to 9:30 p.m.

Carried.

8. Revised Administrative Procedure – AP #307, Instruction Out of School.

Jonathan Di Ianni, Superintendent of Learning reviewed the proposed changes to Administrative Procedure #307, Instruction Out of School. There was discussion about the location of the instruction and changes to the listed parent responsibilities were suggested.

MOTION: Moved by Kathleen Tanguay, seconded by Kevin MacKenzie

that the Policy Development Committee recommend to the Board that the revised Administrative Procedure #307, Instruction Out of School, be received and posted under Directional Policy #300, Student Achievement and Well-being.

Carried.

9. Revised Administrative Procedure – AP #804, Asthma: Reducing the Risks (Ryan’s Law).

Jonathan Di Ianni, Superintendent of Learning presented the revised administrative procedure and explained the proposed updates. Following his presentation, Jonathan Di Ianni answered questions from the trustees.

MOTION: Moved by Kathleen Tanguay, seconded by Mary Ann Martin that the Policy Development Committee recommend to the board that Administrative Procedure #825-002, Asthma: Reducing the Risks (Ryan’s Law), be deleted and that Administrative Procedure #804, Asthma: Reducing the Risks (Ryan’s Law), be received and posted under Directional Policy #800, Healthy Schools and Workplaces.

Carried.

10. Revised Administrative Procedure #805, Administration of Medication Procedures or Health Support Services and Emergency Response.

Jonathan Di Ianni, Superintendent of Learning reviewed the proposed revised administrative procedure which is directly related to the Ministry’s PPM161. After the presentation there was discussion about suggested amendments to the appendices.

MOTION: Moved by Jenny Leahy, seconded by Kathleen Tanguay that the meeting be extended to 9:40 p.m.

Carried.

MOTION: Moved by Kathleen Tanguay, seconded by Jenny Leahy that the Policy Development Committee recommend to the Board that Administrative Procedure #825-005, Administration of Medication or Health Support Services, and Emergency Response be deleted and that Administrative Procedure #805, Administration of Medication or Health Support Services, and Emergency

Response, be received and posted under Directional Policy #800,
Healthy Schools and Workplaces.

Carried.

C. Information Items:

1. Policies and Administrative Procedures under review in 2023-2024.

Joan Carragher, Director of Education noted the list of directional policies and administrative procedures that have been scheduled for review at Policy Development Committee meetings in the 2023-2024 school year. It was noted that the review of Administrative Procedure 825, Anaphylaxis, had been omitted from the list to be reviewed.

D. Next Meeting:

1. Policy Development Committee meetings scheduled for 2023-2024.

The following dates were noted as scheduled times for the Policy Development Committee to meet during the 2023-2024 school year in compliance with the committee's terms of reference.

- a) Tuesday, October 17, 2023, 6:30 p.m.
- b) Tuesday, December 5, 2023, 6:30 p.m.
- c) Tuesday, February 6, 2024, 6:30 p.m.
- d) Tuesday, April 30, 2024, 6:30 p.m.
- e) Tuesday, June 4, 2023, 6:30 p.m.

E. Conclusion:

1. Closing Prayer:

The Committee Chairperson invited Trustee Kevin MacKenzie to conclude the meeting with prayer.

2. Adjournment:

MOTION: Moved by Kevin MacKenzie, seconded by Mary Ann Martin
that the meeting be adjourned at 9:47 p.m.

Carried.

Report to the Policy Development Committee

Meeting Date: Tuesday, October 17, 2023

Presented by: Darren Kahler
Superintendent of Human Resource Services

Subject: AP 503 – Workplace Accommodation

Background:

This administrative procedure is up for review on the annual cycle.

Summary of Draft Administrative Procedure/Directional Policy:

The key changes to this Administrative Procedure include:

- Statement of alignment with Multi-Year Strategic Plan added
- Added detail on with respect to what basis accommodation may be determined based on in 2.0
- Removed process for internal review of Care

Attachments:

- Draft Administrative Procedure/Directional Policy for consideration.
- [Previous version of the Administrative Procedure/Directional Policy](#)

Policy Development Committee

B. 2 b)

Recommended Action:

that the Policy Development Committee recommend to the Board that the revised Administrative Procedure #503, Workplace Accommodation, be received and posted under Directional Policy #500, Employee Relations.

BOARD ADMINISTRATIVE PROCEDURE	
<small>ADMINISTRATIVE PROCEDURE</small> Workplace Accommodation	<small>ADMINISTRATIVE PROCEDURE NUMBER</small> 503
<small>Directional Policy</small> Employee Relations - 500	

TITLE OF ADMINISTRATIVE PROCEDURE:

Workplace Accommodation

DATE APPROVED:

October 17, 2023

PROJECTED REVIEW DATE:

2028

DIRECTIONAL POLICY ALIGNMENT:

Employee Relations - DP 500

ALIGNMENT WITH MULTI-YEAR STRATEGIC PLAN:

The Board values and respects all individuals and is committed to providing an equitable workplace that supports accessibility, diversity and the equitable treatment of all current and prospective employees. The Workplace Accommodation Administrative Procedure endeavours to keep employees with a disability in the workplace and assist in the return to work of employees who cannot perform the full scope of their duties, permanently or temporarily.

[PVNCCDSB Board Vision, Mission and Strategic Priorities](#)

Action Required:

1.0 Background

All employees will be treated with fairness, consistency, respect and compassion. The Board's Workplace Accommodation Administrative Procedure is an integrated partnership between employees, supervisors/administrators, union representatives, and health care providers that support employees who are unable to perform their regular duties because of a disability.

The Board acknowledges and understands the obligation of an employer to take steps to eliminate the disadvantage caused by systemic, attitudinal, or physical barriers that unfairly exclude individuals or groups protected under the Ontario Human Rights Code (OHRC).

Participation in the Workplace Accommodation Administrative Procedure is a requirement for all employees of the Board.

2.0 Process for Workplace Accommodation

Each person with a disability will be considered individually, on a case-by-case basis, in order to determine workplace accommodation requirements. Workplace accommodation will be determined in consideration of factors such as, but not limited to: available work, the employee's functional abilities and modifications to the work environment/assignment that will enable the employee to perform the essential duties of their role.

The workplace accommodation process includes the following phases:

Phase 1 - Recognize the Need for Accommodation:

The need for accommodation can be:

- Requested by the employee, in writing, to the Board's Wellness Coordinator or designate. This may be related to an employee requiring an accommodation because of a disability or an employee returning to work following a disability;
- If a Principal/Supervisor becomes aware, or ought reasonably to be aware, of a disability for which accommodation may be required; where the Board's Duty to Inquire is invoked, per the OHRC.
- Identified by the employee's Principal/Supervisor or Board employees involved in the recruitment process;
- Requested by a prospective employee to the Board employee coordinating the recruitment process.

Employees may request the participation of their Union Representative in the process, if applicable. In some cases, a Union Representative is required:

- When an employee requests the union's involvement;

- When the union has participated in creating a policy or rule which results in a barrier to accommodation;
- When the union's agreement is necessary to facilitate accommodation (by alleviating the application of a term of the collective agreement).

When a Union Representative is participating in the accommodation process they take an active role as a partner in the accommodation process and share joint responsibility with the employer to facilitate accommodations in accordance with the Ontario Human Rights Code (OHRC) and the Accessibility for Ontarians with Disabilities Act (AODA).

Phase 2 - Duty to Inform, Gather Relevant Information and Assess Needs:

The Board will accept the employee's or prospective employee's request for accommodation in good faith, unless there are legitimate reasons for requiring additional information from a health care professional who can speak to the disability and disability needs as they relate to employment.

In cases where the Board requires additional documentation from a health care professional, the Board may request this information directly from the employee or the prospective employee, or may request an evaluation by an outside third party expert (per relevant Collective Agreements and Terms & Conditions), at the Board's expense in order to assist in determining how the accommodation can be achieved.

The duty to inform requires the employee or prospective employee to cooperate in answering questions or providing information regarding the relevant restrictions or limitations (as stated in the OHRC), including information from a Health Care Professional where appropriate and as needed. The employee or prospective employee is not required to disclose specific information about their disability such as diagnosis.

Medical or other documentation relating to the employee's disability will be provided to the Board's Wellness Coordinator or designate. This information is kept in a file which is kept separate from their personnel file and is secured within the Disability Management office

Phase 3 - Formalizing an Individual Accommodation Plan (IAP) / Return to Work Plan (RTWP):

The employee and Wellness Coordinator or designate will work together to identify the appropriate workplace accommodation, in consultation with the Supervisor/Principal, Human Resource Services, the Union Representative (if applicable) or other relevant stakeholders.

Once the appropriate accommodation has been identified, the accommodation details will be formally documented using the IAP or RTWP.

In accordance with the AODA O. Reg. 191/11, s. 28 (3), individual accommodation plans must be documented and must include:

- How the Board will provide workplace information in an accessible format, if requested;
- How the Board will provide accessible emergency information, if needed;
- Any other accommodation that is to be provided. The accommodation plan is provided to the employee in a format respecting any accessibility needs, as appropriate.

The Wellness Coordinator or designate will be responsible for leading the accommodation process and formalizing the IAP or RTWP. A copy of the IAP/RTWP will be provided to the employee, Principal/Supervisor, and Union Representative (if required/applicable). Feedback will be considered and discussed as necessary. Any of the stakeholders involved in the workplace accommodation process may request a meeting to discuss the IAP / RTWP. The Board may require a meeting before an IAP / RTWP begins.

Phase 4 - Monitoring and Reviewing the Individual Accommodation Plan:

The employee and Principal/Supervisor will monitor the IAP / RTWP to ensure it is meeting the employee's needs. The Wellness Coordinator or designate will ensure the IAP / RTWP is reviewed on a regular basis.

An employee may request that an IAP / RTWP be reviewed or updated if changes to the workplace accommodation(s) are required due to changes in the employee's accessibility needs, due to disability.

When an employee's work location changes, the employee's new supervisor will be made aware of the IAP / RTWP by the employee. If a meeting is necessary to discuss the Work Accommodation the Wellness Coordinator will be advised and will schedule a meeting accordingly with necessary stakeholders, including union representatives if applicable.

Any updates or reviews to the IAP / RTWP will be provided to the employee in a format that takes into consideration the employee's accessibility needs, due to disability.

Where an employee does not feel that the accommodation supports their restrictions and limitations, or where there has been a change in their functional abilities a review can be undertaken by the Wellness Coordinator or designate. The employee may be requested to provide additional medical documentation which further clarifies their functional abilities.

Phase 5 - Inability to Provide Workplace Accommodation:

The workplace accommodation process is a partnership between employees, the Board, and union partners, however, the final decision(s) regarding accommodation remains the responsibility of the Board.

If an accommodation need meets the threshold of undue hardship, the employee will be provided with a rationale in an accessible format.

3.0 Equipment

Occasionally an employee may require certain equipment as part of their accommodation needs. The Board may require medical documentation to support these requests in some cases.

The Wellness Coordinator or designate will review options and decide on which equipment meets the employee's needs in a cost effective way. All equipment purchases are coordinated by the Wellness Coordinator or designate and approved by the Manager of Human Resource Services.

Any equipment purchased for a workplace accommodation remains property of the Board.

Responsibilities:

The Board of Trustees is responsible for:

- Ensuring alignment with the Employee Relations Directional Policy.
- Reviewing the Workplace Accommodation Administrative Procedure as part of its regular policy and procedures review cycle.

The Director of Education is responsible for:

- Designating resources for ensuring the implementation of and compliance with this Administrative Procedure.

Superintendents are responsible for:

- Ensuring Principals/Supervisors are consistent with the application of this Administrative Procedure.
- Ensuring that any employee for whom they have supervisory responsibility are aware of the requirements under this Administrative Procedure and that employees follow the requirement for workplace accommodation.

Principals, Vice-Principals, Managers and Supervisors are responsible for:

- Ensuring staff who they supervise are aware of the requirements under this Administrative Procedure.
- Participating in the Workplace Accommodation process including but not limited to attending meetings, providing feedback on IAPs / RTWPs, and ensuring workplace accommodations are being met.
- Contacting the Wellness Coordinator to initiate the Duty to Inquire if they notice or suspect that an employee may have a medical condition which is impacting their performance at work, including with respect to Fitness for Duty (refer to AP 811 - Fitness for Duty & Substance Use).

The Wellness Coordinator or designate is responsible for:

- Responding to workplace accommodation requests in a timely manner.
- Collecting and assessing information on functional abilities as well as limitations & restrictions in an effort to identify the appropriate workplace accommodation.
- Evaluating and identifying any workplace barriers and providing strategies to resolve workplace barriers.
- Attempting to provide suitable employment that is available and consistent with the worker's functional abilities.
- Communicating with the Board, union and supervisor such information as the Board may request concerning the employee's workplace accommodation.
- Facilitating the purchase of equipment required for workplace accommodation.

Staff are responsible for:

- Informing the Wellness Coordinator or designate of any accommodation requirement.
- Collaborating with the Board to identify the appropriate workplace accommodation.
- Sharing information regarding their disability needs when they are pertinent to identifying the most appropriate, reasonable and necessary accommodation.
- Accepting reasonable accommodation, based on their restrictions and limitations.

Progress Indicators:

- PVNCCDSB will achieve a culture and work environment that is supportive of employees with disabilities and promotes dignity, independence, integration, and equal opportunity;
- This administrative procedure will comply with all applicable legislation, collective agreement provisions and Board policy and will be consistent with principles of confidentiality and shared responsibility.

Definitions:

- **Accommodation** - Any modification to the work or the workplace, including but not limited to reduced hours, reduced productivity requirements, and/or the provision of assistive devices, that results in work becoming available that is consistent with the worker's functional abilities and that respects applicable human rights legislation.
- **Disability** - As per the Ontario Human Rights Code, a disability is defined as any of the following:
 - Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness, including, but not limited to, diabetes, mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical coordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device.

- A condition of mental impairment or a developmental disability.
 - A learning disability or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language.
 - A mental disorder.
 - An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.
- **Duty to Accommodate** - The obligation of an employer to take steps to eliminate the disadvantage caused by systemic, attitudinal, or physical barriers that unfairly exclude individuals or groups protected under the Ontario Human Rights Code.
 - **Undue Hardship** - The point at which an employer is not legally required to accommodate an employee's particular needs, as the action would impose significant strain or risk to the operation of the business. The Ontario Human Rights Commission prescribes three considerations in assessing whether an accommodation could cause undue hardship: cost, outside source of funding, and health and safety considerations. Budgetary restrictions cannot be assumed to be a barrier to accommodation, and therefore cannot be presumed to be the point of undue hardship.

References:

[OECTA Medical Certificate](#)

[CUPE Medical Certificate](#)

[Admin Medical Certificate](#)

[AP 506 - Reporting Absences](#)

[AP 507 - Disability Management](#)

Report to the Policy Development Committee

Meeting Date: Tuesday, October 17, 2023

Presented by: Darren Kahler
Superintendent of Human Resource Services

Subject: AP 507 – Disability Management

Background:

This administrative procedure is up for review on the annual cycle.

Summary of Draft Administrative Procedure/Directional Policy:

The key changes to this Administrative Procedure include:

- Statement of alignment with Multi-Year Strategic Plan added.
- Consequence of not participating in Disability Management process added.
- Added time limit to reimburse for medical certificate.
- Clarified process for disability management process when there is a planned absence (i.e. surgery).
- Clarified process for disability management process when there is an ongoing absence from work.
- Provided specific timelines on when medical certificate must be submitted to the Board's Wellness Coordinator.
- Provided specific steps that will be taken when an employee is able to return to work.

Attachments:

- Draft Administrative Procedure/Directional Policy for consideration.
- [Previous version of the Administrative Procedure/Directional Policy](#)

Policy Development Committee

B. 2 b)

Recommended Action:

that the Policy Development Committee recommend to the Board that the revised Administrative Procedure #507, Disability Management, be received and posted under Directional Policy #500, Employee Relations.



BOARD ADMINISTRATIVE PROCEDURE	
<small>ADMINISTRATIVE PROCEDURE</small> Disability Management	<small>ADMINISTRATIVE PROCEDURE NUMBER</small> 507
<small>Directional Policy</small> Employee Relations - 500	

Title of Administrative Procedure:

Disability Management

Date Approved:

October 17, 2023

Projected Review Date:

2028

Directional Policy Alignment:

Employee Relations - DP 500

Alignment with Multi-Year Strategic Plan:

A healthy and well staff promotes our vision of Creating a culture of faith, hope and love to ensure equity and well-being by ensuring employees have access to resources and clear processes while managing a disability. The Disability Management Administrative Procedure supports our Being Well pillar and the strategic priority of Nurturing Mental Health & Well-being.

[PVNCCDSB Board Vision, Mission and Strategic Priorities](#)

Action Required:

1.0 Background

All employees will be treated with fairness, consistency, respect and compassion. The Board's Disability Management Administrative Procedure is an integrated partnership between employees, supervisors/administrators, union representatives, and health care providers that support employees who cannot remain at work or return to work. The Procedure provides direction for the management of long-term absences from work. A long-term absence is defined as an absence of five (5) consecutive days or greater.

Employees have a responsibility to take an active role in their own medical care to maintain their health and well-being and minimize absences from work.

The Board will make every reasonable effort to support employees in the workplace and to return employees to work safely and quickly. This will be accomplished through communicating before, during, and after an employee's absence and offering suitable modified work (see [AP – 503 Workplace Accommodation](#)).

Participation in the Disability Management Administrative Procedure is a requirement for all employees of the Board. Failure to participate may result in denial or suspension of sick leave or Short Term Leave and Disability Plan (STLDP) benefits if applicable.

2.0 Purpose of the Program

The Disability Management Administrative Procedure is in place to provide employees support when they are unable to attend work due to personal illness or injury. The Board will endeavour to support and keep employees at work through the accommodation process (see [AP – 503 Workplace Accommodation](#)). When accommodation is not possible, the Procedure provides eligible employees with access to sick leave and short term leave disability plan (STLDP) while they recover.

Relevant Collective Agreements and Terms and Conditions of Employment also provide information related to sick leave/STLDP, accommodation and return to work.

The process of disability management begins when an employee becomes disabled, injured or ill. At this point the employee may or may not be required to be absent from work. The program will endeavor to minimize an employee's absence from work through providing support to employees where needed, ensuring employees are receiving appropriate care and treatment, and providing accommodations.

Situations not eligible for sick leave/STLDP, such as the illness of a family member or certain medical procedures may qualify for other types of leave.

3.0 Confidential Medical Information

In order to qualify for sick leave payments a nature of illness statement, and relevant functional abilities information is within the employer's required documentation.

Inquiry as to function and further assessment, as well as contact with Human Resource Services or the Wellness Coordinator is not considered private medical information.

It is not appropriate for any employer to ask for confidential medical information, nor is it required that the employee reveal or disclose confidential information / details of their treatment plan. However, some medical issues (e.g. the effects of medications, medical conditions) can impact an employee's fitness to perform various tasks, their safety, the safety of students, or others. The employee, Wellness Coordinator or designate and/or the Supervisor, need to be aware of this issue and manage it responsibly to avoid placing the employee, or others in the workplace, at risk.

The completed medical documentation will be sent directly from the employee or their health care provider to the Board's Wellness Coordinator within the agreed upon time frame. The medical documentation can be provided via e-mail ,fax or paper.

When there is a fee charged for the completion of the Medical Certificate employees are eligible for reimbursement as outlined in the terms of the respective Collective Agreement. The Employee should pay the doctor's office directly for the cost incurred, and submit the paid receipt to the Wellness Coordinator. To be eligible for reimbursement receipts must be submitted within 12 months from the date the Medical Certificate is completed.

4.0 Planned Absences from Work

On occasion an employee may know in advance of an absence from work and/or may know approximately how long they may be absent from work (ie. surgery or other medical procedure). When an employee is aware of a pre-planned absence that will be five (5) consecutive days or greater, the following steps must take place.

- 1) The employee will contact the Board's Wellness Coordinator to advise them of the first date of absence and anticipated duration.
- 2) The employee will provide their doctor with a standard letter which outlines the Board's ability and willingness to accommodate, as well as the specified medical documentation as referenced below.

- 3) The employee will submit the medical documentation within ten working (10) days from the first date of absence. If the medical documentation cannot be reasonably provided within ten working (10) days, the employee and the Wellness Coordinator will agree to a reasonable time frame for the employee to provide the medical documentation.
- 4) The employee shall have the required medical documentation completed by the most appropriate medical practitioner. This may be a doctor, specialist, Nurse Practitioner, Physiotherapist and/or treating specialist. If a medical procedure is planned, the Wellness Coordinator or designate may require the requisite medical documentation be provided before the medical procedure or after the medical procedure, depending on the nature of the procedure.
- 5) Following receipt of the initial medical documentation, the Wellness Coordinator will advise the employee of the date the next medical documentation, if any, is required. It is the responsibility of the employee to ensure the medical documentation is submitted by the required date or to contact the Wellness Coordinator to discuss a reasonable extension.

Where an employee does not meet the requirements outlined above, access to sick leave/STLDP will be suspended or denied following consultation with union representatives, if applicable.

5.0 Ongoing Absences from Work

When an employee is off work on a day-to-day basis, they must report their absence as outlined in Administrative Procedure 506 – Reporting Absences from Work. If an absence extends to five (5) consecutive days or greater, the following steps must take place.

- 1) When an employee reaches five (5) consecutive days of absence, they will contact the Board's Wellness Coordinator to advise them of their absence from work and discuss anticipated timelines for a return to work.
- 2) The employee will provide their doctor with a standard letter which outlines the Board's ability and willingness to accommodate, as well as the specified medical documentation as referenced below.
- 3) The employee will submit the medical documentation within ten working (10) days from the first date of absence. If the medical documentation cannot be reasonably provided within ten working (10) days, the employee and the Wellness Coordinator will agree to a reasonable time frame for the employee to provide the medical documentation.
- 4) Following receipt of the initial medical documentation, the Wellness Coordinator will advise the employee of the date the next medical documentation, if any, is required. It is the responsibility of the employee to ensure the medical documentation is submitted by the required date or to contact the Wellness Coordinator to discuss a reasonable extension.
- 5) When an employee is off work five (5) consecutive days or greater, reasonable follow up requests and reasonable periodic updates, may be required. Regular

and ongoing communication with the Board's Wellness Coordinator is required. The Wellness Coordinator will determine the frequency of communication with the employee, within reason given the nature of illness and prognosis for recovery.

- 6) On occasion, the Board may require other types of medical documentation to support an employee's sick leave. This may include specific questions for a treating physician, an independent medical examination or a doctor to doctor consultation. Such requests will be in accordance with the collective agreement if appropriate.
- 7) Where an employee does not meet the requirements outlined above, access to sick leave/STLDP will be suspended or denied following consultation with union representatives, if applicable.

6.0 Return to Work

An employee will return to work when their functional abilities permit, this may include a return to full hours/duties or return to work with accommodation.

- 1) The employee and Wellness Coordinator will maintain regular communication to review the employee's functional abilities and prognosis for recovery, as provided on the medical documentation. The employee is expected to participate in a gradual return to work/modified duties when such work is available and their functional abilities permit. Failure to participate may result in the suspension or denial of sick leave/STLDP, following consultation with the union representatives.
- 2) Upon receipt of updated medical documentation confirming an employee's ability to return to work the Wellness Coordinator will advise the supervisor and HR Officer of the return to work date, including any restrictions and limitations.
- 3) The supervisor or HR Officer will communicate with the long term occasional (LTO) employee who is filling the employee's position, if applicable. The employee will not communicate with the LTO regarding their return to work until that has occurred.
- 4) When an employee is returning to work following a long-term absence, a return to work meeting may occur. Relevant stakeholders, including but not limited to, the employee, the supervisor, the union representative (if applicable), and other Board staff may request a return to work meeting and may be required to attend. The purpose of this meeting will be to ensure all parties understand the employee's needs, address all workplace barriers, and share relevant information.
- 5) Should accommodation be required to facilitate a return to work, accommodation procedures will be followed (see [AP – 503 Workplace Accommodation](#)).

7.0 Long-Term Disability

Should an employee not be able to return to work and have access to a long-term disability benefit, the Board's Wellness Coordinator or designate will advise the employee of when they should apply and provide relevant information.

Responsibilities:

The Board of Trustees is responsible for:

- Ensuring alignment with the Employee Relations Directional Policy.
- Reviewing the Disability Management Administrative Procedure as part of its regular policy and procedures review cycle.

The Director of Education is responsible for:

- Designating resources for ensuring the implementation of and compliance with this Administrative Procedure.

Superintendents are responsible for:

- Ensuring principals are consistent with the application of this Administrative Procedure
- Ensuring that any employee for whom they have supervisory responsibility are aware of the requirements under this Administrative Procedure and that employees follow the requirement for reporting absences from work.

Principals, Vice-Principals, Managers and Supervisors are responsible for:

- Ensuring staff who they supervise are aware of the requirements under this Administrative Procedure and that employees follow the requirement for reporting absences from work.
- Informing the Wellness Coordinator or designate by phone and/or e-mail of employees who are absent for five (5) consecutive days or greater.
- Maintaining regular contact and offering support to employees while they are absent from work to help ensure safe and timely return to work occurs.
- Approving leave requests and verifying absences in the automated absence reporting system in a timely fashion.
- Monitoring the progress of any employee returning to regular or modified duties following an injury or illness and routinely following-up with the worker and Wellness Coordinator to ensure that the worker is complying with any restrictions and or limitations that have been identified and that accommodations are in place.
- Arranging supply coverage if required as per the Accommodation or Return to Work Plan and submitting appropriate notification to Human Resource Services.

Staff are responsible for:

- Co-operating in his or her timely and safe return to work.
- Communicating with the Wellness Coordinator or designate to advise of their absence from work for absence of five (5) consecutive days or greater.

- Providing the required medical documentation on the dates set out within this Administrative Procedure.
- Attempting to have regular attendance at work, by taking an active and responsible role in their own health and rehabilitation, in attending scheduled therapy and follow-up medical appointments - with consideration to the hours of work and ability to schedule outside of work hours when possible per AP 506 - Reporting Absences from Work.
- Working safely within limitations and restrictions.
- Maintaining reasonable communication with the Wellness Coordinator.

The Wellness Coordinator is responsible for:

- Communicating with employees with respect to their requirements while on leave.
- Copying the Canadian Union of Public Employees (CUPE) on the initial communication when an employee begins a disability management process.
- Collecting and assessing information on abilities and limitations & restrictions in an effort to engage the employee in the return-to-work process.
- Evaluating and identifying any workplace barriers and providing strategies to resolve workplace barriers.
- Attempting to provide suitable employment that is available and consistent with the worker's functional abilities.
- Communicating with the Board, union and supervisor restrictions/limitations and timelines concerning the worker's return to work.
- Coordinating with the appropriate Human Resources Officer so that vacancies can be filled where required.

Progress Indicators:

- Employees are returning to work following a long-term absence in a safe and timely manner.
- Employees are providing the required medical documentation when required consistently.
- The Wellness Coordinator is consistently aware of an employee's absence when they reach five (5) or more consecutive days.

Definitions:

- **Disability** - As per the Ontario Human Rights Code, a disability is defined as any of the following:
 - Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness, including, but not

limited to, diabetes, mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical coordination, blindness or visual impediment, deafness or hearing impairment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device.

- A condition of mental impairment or a developmental disability.
 - A learning disability or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language.
 - A mental disorder.
 - An injury or disability for which benefits were claimed or received under the Workplace Safety and Insurance Act.
-
- **Disability Management File** - An individual's file which contains confidential medical documentation related to an employee's disability. This file is kept separate from their personnel file and is secured within the Disability Management office.
 - **LTO- Long term Occasional** - Long term supply assignment - in reference to assignment of a worker CUPE- 12 days or longer supply Teaching assignments 12 days or longer
 - **Long-Term Absence** – Any absence which is 5 consecutive days or greater.
 - **Medical Certificate** – The designated template for employees to provide medical information related to their absence greater than five (5) consecutive days.

References:

[OECTA Medical Certificate](#)

[CUPE Medical Certificate](#)

[Admin Medical Certificate](#)

[AP503 Workplace Accommodation](#)

[AP 506 - Reporting Absences](#)

Report to the Policy Development Committee

Meeting Date: October 17, 2024

Presented by: Galen Eagle, Communications Manager

Subject: Directional Policy 1200 – Records and Information Management
(RIM)

Background:

This Directional Policy establishes the Board's obligation to strategically maintain records and information, adhere to relevant legislation with respect to records management, freedom of information, privacy, and copyright, and ensure the efficient creation, appropriate use and access, retrieval, retention, security, storage, and disposition of Board records.

This Directional Policy is up for renewal as part of the Board's regular policy review schedule.

Recommended Changes:

- Alignment section changed to reflect current Multi-Year Strategic Plan
- Incorporating subject areas of associated administrative procedures into the "purpose" section including Freedom of Information, Privacy and Copyright.

Attachments:

- [Google Slide Presentation](#)
- [Previous version of the Administrative Procedure/Directional Policy](#)

Policy Development Committee

B. 3 b)

Recommended Action:

that the Policy Development Committee recommend to the Board that the revised Directional Policy #1200, Records and Information Management, be received and posted.

BOARD DIRECTIONAL POLICY	
<small>DIRECTIONAL POLICY TITLE</small> RECORDS AND INFORMATION MANAGEMENT (RIM)	<small>DIRECTIONAL POLICY NUMBER</small> 1200

Title of Directional Policy:

Records and Information Management (RIM)

Date Approved:

October 17, 2023

Projected Review Date:

2028

Alignment with Multi-Year Strategic Plan:

The *Records and Information Management (RIM) Directional Policy* informs priorities under the [2021-2025 Strategic Plan, Vision and Mission: Building a Community that Accompanies](#), particularly the priorities of Maximizing Resources, Ensuring Equity and Valuing Relationships.

Action Required:

The Peterborough Victoria Northumberland and Clarington (PVNC) Catholic District School Board recognizes that records and information are strategic assets that must be managed securely, efficiently and effectively for present and future generations.

PVNC Catholic is committed to maintaining a reliable and accessible record of Board actions, transactions and decisions through a coordinated and integrated approach to records and information management and through the administrative procedures that operationalize this directional policy.

Records and information received or created in the course of Board business are the property of the Board.

The destruction, alteration, deletion, or removal of Board records from the Board's custody or control shall only be done in compliance with *Administrative Procedure 1201 - Records and Information Management* with adherence to the Board's Records and Information Management Classification and Retention Schedule (CRS).

Any concealment or private use of Board records is strictly prohibited.

This policy applies to all formats of information and records.

Purpose:

The purpose of the *(RIM) Directional Policy* is to establish the Board's obligation to strategically maintain records and information, adhere to relevant legislation with respect to records management, freedom of information, privacy, and copyright, and ensure the efficient creation, appropriate use and access, retrieval, retention, security, storage, and disposition of Board records.

This directional policy, and the administrative procedures that fall under it, will assist the Board in:

- maintaining an accurate account of our students' journey through their Catholic Education
- providing accountability and transparency to students, parents, staff, community stakeholders and members of the public
- fostering informed and evidence-based decision making
- enhancing the use, accessibility, integrity, confidentiality, security, protection of privacy and regulatory compliance of the Board's records and information
- limiting information proliferation and the resulting costs and risks
- preserving information for the benefit of present and future generations
- ensuring equitable access to personal and public information within the Board's custody and control in compliance with relevant legislation
- ensuring Board staff understand their responsibilities with respect to protecting privacy and ensuring the Board has an effective protocol to respond to privacy breaches
- ensuring Board staff understand their responsibilities under the fair dealings provision of the *Copyright Act*

Responsibilities:**The Board of Trustees is responsible for:**

- defining, articulating and directing the PVNC Catholic mandate to support student achievement and well-being in a Catholic learning community supported by the Multi-Year Strategic Plan;
- setting direction and policy that governs PVNC Catholic;
- assigning responsibility to the Director of Education for operationalizing and managing the *RIM Directional Policy* and associated administrative procedures;
- monitoring and holding the Director of Education accountable respecting the adherence, implementation and operational details of the *RIM Directional Policy*;
- establishing informed, accountable and ethical decision-making for resource management.

The Director of Education is responsible for:

- providing leadership regarding adherence, implementation and operational details in the *RIM Directional Policy* and associated administrative procedures;
- providing direction to staff in the development of administrative procedures and practices to ensure implementation of the *RIM Directional Policy*;
- aligning human and financial resources with the Board priorities and by demonstrating professionalism and accountability for high standards of practice in all Board operations.

Superintendents of Schools and System Portfolios are responsible for:

- adhering to the administrative procedures and practices that support the *RIM Directional Policy*;
- providing leadership and support for principals/vice-principals, managers, administrative assistants, and all departmental staff in their knowledge, understanding, and implementation of the *RIM Directional Policy*.

Principals, Vice-Principals and Managers are responsible for:

- providing leadership, management and support for the members of their school or department in their knowledge, understanding, and implementation of the *RIM Directional Policy*.

The Communications Manager is responsible for:

- overseeing the Records and Information Management office, the development, implementation and maintenance of the Board's records and information management strategy and the Records and Information Management Classification and Retention Schedule (CRS);
- duties outlined in the associated administrative procedures.

The Records and Information Management Coordinator is responsible for:

- coordinating the Board's records and information management strategy and facilitating the maintenance of the Records and Information Management Classification and Retention Schedule (CRS);
- serving the information management interests of the Board, the Catholic Education Centre, school communities, and the broader public.

Staff are responsible for:

- maintaining accurate and reliable records in accordance with this policy and all related Board policies, administrative procedures and supporting documents;
- working collaboratively with colleagues to successfully implement the *RIM Directional Policy*;
- being proactive and self-directed in building their knowledge and understanding of the *RIM Directional Policy* as it relates to their role.

Progress Indicators:

- maintain administrative procedures and practices to support the *RIM Directional Policy*.
- maintain a Board-approved Records and Information Management Classification and Retention Schedule (CRS).

Definitions:

Information is facts and data acquired through reading, study and experience.

Record is any preserved information created, collected and maintained for business and operating purposes, legal obligations, or both, regardless of medium or form.

Records and Information Management is the key component of an information governance scheme. It supports the effective management of information of evidential value throughout its full life cycle; from creation to final disposition intent on the efficient and economical delivery of school board programs and services. It applies to all business and program applications and technology systems.

Confidential Information is information that is not readily available publicly and is privileged for the use of school board business operations. Examples include draft policy and in-camera minutes.

Personal Information is any information that renders an individual identifiable.

DRAFT

Report to the Policy Development Committee

Meeting Date: Tuesday, October 17, 2023

Presented by: Darren Kahler
Superintendent of Human Resource Services

Subject: AP 825 Anaphylaxis – Reducing the Risk

Background:

This administrative procedure is up for review on the annual cycle.

Summary of Draft Administrative Procedure/Directional Policy:

The key changes to this Administrative Procedure include:

- New AP number 825 (previously 319)
- New directional policy alignment – DP800 Healthy Schools and Workplaces (previously under DP300 Student Achievement and Well Being).
- “Maplewood” changed to “student information system”
- “PVNC” changed to “PVNC Catholic”
- Removal of reference to “Safe Schools Training Portal”
- Additional parent responsibilities: confirming with school annually child’s medical status; initiating and participating annually in meetings re: child’s Plan of Care

Attachments:

- Draft Administrative Procedure/Directional Policy for consideration.
- [Previous version of the Administrative Procedure/Directional Policy](#)

Policy Development Committee

B. 4 b)

Recommended Action:

that the Policy Development Committee recommend to the Board that Administrative Procedure #319, Anaphylaxis - Reducing the Risks be deleted and that the revised Administrative Procedure #825 Anaphylaxis - Reducing the Risk, be received and posted under Directional Policy #800, Healthy Schools and Workplaces.



BOARD ADMINISTRATIVE PROCEDURE	
<small>Administrative Procedure</small> Anaphylaxis: Reducing the Risks	<small>Administrative Procedure Number</small> 825
<small>Directional Policy</small> 800-Healthy Schools and Workplaces	

Title of Administrative Procedure:

Anaphylaxis: Reducing the Risks

Date Approved:

October 17, 2023

Projected Review Date:

2028

Directional Policy Alignment:

This Administrative Procedure aligns with the Healthy Schools and Workplaces Directional Policy 800. The Board recognizes that the health and well-being of our students and staff is foundational to their success. A healthy environment involves being respectful of one another’s social, emotional, spiritual and physical well-being. We all have a collective responsibility to create healthy work environments to keep our students and staff safe

Alignment with Multi-Year Strategic Plan:

The Anaphylaxis: Reducing the Risk Administrative Procedure supports the Board’s Mission to educate students in faith-filled, loving, safe, inclusive schools to develop the God-given abilities of each person. This Administrative Procedure aligns with the Board’s Multi-Year Strategic Plan to Value Relationships, Nurture Mental Health and Well-being and to Ensure Equity.

[PVNCCDSB Board Vision, Mission and Strategic Priorities](#)

Action Required:

This Administrative Procedure provides direction to students, staff, parents, and the school/workplace community in understanding and fulfilling the Board's responsibilities under Sabrina's Law and PPM 161.

It is the policy of the Peterborough Victoria Northumberland and Clarington Catholic District School Board that all students and staff have a right to safe and healthy learning and work environments. There are individuals who have life-threatening, anaphylactic allergies. Anaphylaxis management is a shared responsibility among the individuals with life-threatening, anaphylactic allergies, parents, and the entire school or workplace community.

It is the goal of PVNC Catholic to support students with prevalent medical conditions to fully access school in a safe, accepting, and healthy learning environment that supports well-being. PVNC Catholic also strives to empower students, as confident and capable learners to reach their full potential for self management of their medical condition(s), according to their Plan of Care.

While it is impossible to create a risk-free environment, students, staff and parents/guardians can take important steps to minimize potentially fatal allergic reactions. There are key factors to consider in providing a safe, caring, supportive and inclusive environment for individuals living with life-threatening allergies. According to Bill 3, Sabrina's Law, 2005, school boards are expected to:

1. develop awareness in the school/workplace community about the management of allergens;
2. establish avoidance strategies to reduce the risk of exposure to allergens;
3. provide training on addressing life-threatening allergies; and
4. develop and communicate a Plan of Care for each individual living with life threatening allergies.

In the case of an emergency related to anaphylaxis, school staff should refer to the student's individualized Plan of Care, and the following steps should be taken:

1. Stay calm.
2. Give epinephrine auto-injector (e.g., EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
3. Dial 9-1-1. Students must go to the hospital, even if symptoms are mild or have stopped, as the reaction could get worse or come back.
4. Give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms,

5. Inform the emergency contact, as outlined in the student's Plan of Care.

Since anaphylaxis can be life-threatening, it must always be considered a medical emergency and treated promptly. If an individual, particularly a child, appears to be having an anaphylactic reaction, but staff is not sure, it is better to err on the side of caution and use epinephrine. The drug will not cause harm if given unnecessarily to normally healthy people, including children, and side effects are generally mild. According to 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."

Responsibilities:

The Board of Trustees is responsible for:

- reviewing this administrative procedure to ensure its alignment with the Healthy Schools and Workplaces Directional Policy;
- reviewing this administrative procedure as part of the regular policy and procedures review cycle

The Director of Education is responsible for:

- ensuring that the Healthy Schools and Workplaces Directional Policy, and all Administrative Procedures supporting it, are in line with, and expressive of, the PVNC Catholic Multi-year Strategic Plan: Vision, Mission and Strategic Priorities;
- overseeing implementation of the Anaphylaxis: Reducing the Risks Administrative Procedure.

The Superintendent with responsibility for Healthy Schools is responsible for:

- ensuring training resources on prevalent medical conditions are available to all PVNC Catholic schools on an annual basis. The scope of training should include the following:
 - strategies for preventing risk of student exposure to triggers and causative agents;
 - strategies for supporting inclusion and participation in school;
 - recognition of symptoms of a medical incident and a medical emergency;
 - medical incident response and medical emergency response;
- raising awareness with all PVNC Catholic staff of Board administrative procedures on prevalent medical conditions;

- raising awareness with all PVNC Catholic staff of the range of evidence-based resources that provide information on various aspects of prevalent medical conditions;
- subject to relevant privacy legislation, and for the purposes of informing cyclical policy review, developing a process to collect data regularly, including, but not limited to, data on the number of students with prevalent medical conditions at each school, on the number of occurrences of medical incidents and medical emergencies, as well as on the circumstances surrounding these events.

The Superintendent with responsibility for Transportation and for Purchasing is responsible for:

- ensuring that transportation contracts include provisions for driver training on allergy avoidance strategies, emergency procedures, and awareness of students at risk on their routes;
- ensuring that school principals are aware that a Plan of Care for Prevalent Medical Conditions form is completed in the student information database for each student with a life-threatening medical condition, and that a copy of this form must be provided to the student's transportation provider;
- ensuring that cafeteria and catering contracts are written to include provisions to address anaphylaxis including staff training, reducing the availability of foods with common allergens, implementing strategies for allergen risk management, and labelling ingredients on foods sold. Ingredient information should be available in a manner that is understandable to the consumer.

The Superintendent with responsibility for Human Resource Services is responsible for:

- ensuring that there is appropriate training for responding to life-threatening allergic reactions available for staff and that the training is completed annually.

The Superintendents of Schools are responsible for:

- ensuring each school has developed a school-wide Anaphylaxis Prevention and Management Plan (see [Appendix E](#)), as well as a Plan of Care for each student and staff member with life-threatening allergies.

Principals and Vice-Principals are responsible for:

- communicating, on an annual basis, Board policies on supporting students with prevalent medical conditions to parents, staff, and others in the school community who are in direct contact with students (e.g., food service providers, transportation providers, volunteers);

- creating a school-wide Anaphylaxis Prevention and Management Plan, which includes:
 - sharing information and creating awareness;
 - developing reasonable procedures for avoidance of potential life-threatening allergic reactions; and
 - executing appropriate emergency procedures;
- communicating 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 for Prevalent Medical Conditions form in the student information system database with the principal. This process should be communicated to parents, at a minimum:
 - a) during the time of registration;
 - b) each year during the first week of school, by providing an updated Authorization for Administration of Medication form (see [Appendix A](#)) to be completed and returned;
 - c) when a child is diagnosed and/or returns to school following a diagnosis;
- respecting the confidentiality of students' medical information within the school environment, including practices for accessing, sharing, and documenting information. Schools must comply with applicable privacy legislation and obtain parental consent in the individual Plan of Care prior to sharing student health information with school staff, other students, or service providers. Parents and school staff should be informed of the measures to protect the confidentiality of students' medical records and information;
- maintaining a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition;
- providing relevant information from the student's Plan of Care to school staff, and others who are identified in the Plan of Care, as well as to occasional staff, volunteers, co-operative education students, student teachers, and other service providers, as appropriate, including when there are any revisions made to the plan;
- providing relevant information from the student's Plan of Care to the student's transportation provider, including updates when the plan is revised;
- facilitating mandatory training related to life-threatening allergic reactions at a minimum annually, for all school staff who have direct contact with students with medical condition(s). Particular consideration should be given to the training needs of occasional staff. Training should take place within the students' first thirty days of school, where possible, to ensure the safety and well-being of the student;
- implementing school-based procedures to minimize exposure to allergens found in their school community such as, but not limited to:

- a) conducting food safety discussions with all students at the beginning of the year and at regular intervals throughout the year while exercising sensitivity to impact on affected students' need for privacy;
- b) highlighting the school Anaphylaxis Prevention and Management Plan twice annually through school newsletters, websites, or social media feeds and at Catholic School Council meetings;
- providing anaphylaxis information through distribution of the PVNC brochure, "Keeping Schools Safe - Protecting Students with Life-threatening Allergies" (see [Appendix B](#)), through student agenda books, the school website, and social media;
- identifying locations where students are at risk by posting 'Allergy Alert Stop Signs' outside affected classrooms;
- promoting emergency procedures by displaying the posters such as "Anaphylaxis: Delaying Treatment Could Be Fatal" and "Blue to the Sky, Orange to the Thigh" throughout the school in prevalent and relevant areas;
- informing parents of students with life-threatening allergies in writing (see sample letter in [Appendix C](#)) that the school requires two EpiPens®: one which is to be worn on the student's person at all times, and one which is to be kept at a central location in the school, accessible to staff if needed for that student;
- storing the second EpiPen® provided by the parents to the school in a safe, central location, readily accessible to all staff, and communicate this location to all staff, to the parents of students with life-threatening allergies, and to the students with life-threatening allergies themselves. Locations may vary within the school and between schools, given the varying floor plans, yard parameters, number of staff, number of classrooms, number of students with life-threatening allergies, etc.;
- requesting the cooperation of parents and students of the school community in creating an allergy-safe environment (see sample letter [Appendix D](#));
- including a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g., bomb threats, evacuation, fire, "hold and secure", lockdown) or for activities off school property (e.g., field trip, sporting event). This process should also include considerations for occasional staff;

School staff are responsible for:

- ensuring that they know their responsibilities as outlined in Bill 3, Sabrina's Law, and that they are knowledgeable about these Administrative Procedures;
- being aware of all students with life-threatening allergies in the school via the Plan of Care for Prevalent Medical Conditions forms provided by the school administration;

- participating in annual training related to life-threatening allergic reactions;
- reviewing the contents of the Plan of Care for any student with whom they have direct contact;
- sharing information on a student's signs and symptoms with other students, as outlined in the Plan of Care;
- following strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Plan of Care;
- supporting a student's daily or routine management, and responding to medical incidents and medical emergencies that occur during school, as outlined in the student's Plan of Care;
- supporting 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;
- enabling students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care;
- being involved in the review of the school Anaphylaxis Prevention and Management Plan annually;
- leaving appropriate student Plan of Care information for occasional staff replacing them, in a prominent and accessible format;
- discussing life-threatening allergies and how to avoid these reactions with their classes, in age-appropriate terms, including:
 - encouraging students not to share lunches or trade snacks;
 - choosing allergy-safe foods for classroom/school events;
 - reinforcing with all students the importance of hand washing before and after eating;
 - the importance of cleaning surfaces after eating;
- covering/removing garbage containers to reduce the risk of insect-induced anaphylaxis;
- washing and disinfecting tables, other areas, equipment, and materials that are ensuring that the student's second EpiPen® is taken on field trips and excursions for emergency purposes.

Parents are responsible for:

- educating their child about their medical condition(s) with support from their child's health care professional, as needed;
- guiding and encouraging their child to reach their full potential for self-management and self advocacy;

- informing the school of their child's medical condition(s) and allergens, and keeping the school updated on any changes in the child's Plan of Care;
- confirming with the school, on an annual basis, if their child's medical status is unchanged;
- initiating and participating in meetings on an annual basis to review their child's Plan of Care
- completing the Authorization for Administration of Medication form, in conjunction with the child's health care professional, on an annual basis;
- supplying their child and the school with two current EpiPens® (one which is worn on the student's person, and one which is kept in a central, accessible location in the school) in their original, clearly labelled containers, as prescribed by a health care professional and as outlined in the Plan of Care, and tracking the expiration dates;
- completing the Plan of Care for Prevalent Medical Conditions form in conjunction with the school administration;
- providing their child with a way to carry at least one EpiPen® at all times (such as a belt with a holster, a body pouch or fanny pack);
- providing a Medic Alert bracelet or necklace for their child;
- providing their child with safe foods, including for special occasions celebrated at school events;
- responding cooperatively to requests from the school to eliminate allergens from packed lunches and snacks;
- encouraging their children to respect school prevention plans.

Students are responsible for:

- taking 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;
- participating in the development and review of their Plan of Care;
- carrying out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g., carrying their EpiPen® on their person, avoiding allergens, knowing how to administer their EpiPen®);
- communicating with their parent(s) and school staff if they are facing challenges related to their medical condition(s) at school;
- wearing medical alert identification as provided by their parents;
- if possible, informing school staff and/or their peers if a medical incident or a medical emergency occurs;
- learning to recognize symptoms of an anaphylactic reaction;
- following the school rules about keeping allergens out of the classroom and all common areas of the school.

Progress Indicators:

- The members of PVNC Catholic school and workplace communities have the information which they need to provide support to those with life-threatening allergies, including minimizing the risk of a life-threatening allergic reaction, and responding effectively if one occurs.
- Service providers for PVNC Catholic schools also have the information which they need to provide support to those with life-threatening allergies, including minimizing the risk of a life-threatening allergic reaction, and responding effectively if one occurs.
- Students advocate for their own health and well-being to minimize the risk of a life-threatening allergic reaction.
- Parents cooperate with the school to provide all relevant information on their child's allergies, they consent to share that information appropriately, and they provide two EpiPens® to the school for their child's safety.
- Data indicates that the implementation of these administrative procedures results in a decrease in life-threatening allergic reactions at school or at work.

Definitions:

- **ANAPHYLAXIS** - Anaphylaxis is a serious and possibly life-threatening allergic reaction that requires immediate recognition and intervention. Symptoms can vary from person to person and may include:
 - **Skin:** hives, swelling (face, lips and tongue), itching, warmth, redness
 - **Breathing (respiratory):** coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
 - **Stomach (gastrointestinal):** nausea, pain/cramps, vomiting, diarrhea
 - **Heart (cardiovascular):** paler than normal/blue skin colour, weak pulse, passing out, dizziness or light-headedness, shock
 - **Other:** anxiety, sense of “doom” (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

It is important to note that any food can cause a reaction. The priority food allergens as identified by Health Canada are peanuts, tree nuts, eggs, shellfish, seafood, milk, wheat, sesame seeds, sulphites, mustard and soy products. While food is one of the most common causes of anaphylaxis, insect stings, medications, latex and exercise (alone or sometimes after eating a specific food)

can also cause reactions. The recommended treatment for anaphylaxis is epinephrine (e.g., EpiPen®).

- PLAN OF CARE - A Plan of Care is a form that contains individualized information on a student with a prevalent medical condition. According to PPM 161, school board policies and procedures must include a Plan of Care form, to include:
 1. preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas;
 2. identification of school staff who will have access to the Plan of Care;
 3. identification of routine or daily management activities that will be performed by the student, parent(s), or staff volunteer(s), as outlined in school board policy, or by an individual authorized by the parent(s);
 4. a copy of notes and instructions from the student's health care professional, where applicable;
 5. information on daily or routine management accommodation needs of the student (e.g., space, access to food). Where possible, a student should not be excluded from the classroom during daily or routine management activities, unless the student or the parent(s) indicate they prefer exclusion;
 6. information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g., field trips, overnight excursions, board-sponsored sporting events);
 7. identification of symptoms (emergency and other) and response;
 8. emergency contact information for the student;
 9. clear information on the school board's emergency policy and procedures;
 10. details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
 - a. parental permission for the student to carry medication and/or medical supplies;
 - b. location of spare medication and supplies stored in the school, where applicable;
 - c. information on the safe disposal of medication and medical supplies;
 11. requirements for communication between the parent(s) and the principal (or the principal's designate) and/or school staff, as appropriate, including format and frequency;
 12. parental consent to share information on signs and symptoms with other students.

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

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

References:

- [Appendix A - Authorization for Administration of Medication](#)
- [Appendix B - Sabrina's Law Brochure](#)
- [Appendix C - Sample Letter to Parents Requesting EpiPens](#)
- [Appendix D - Sample Letter from the Principal \(Elementary\) to Parents/Guardians Re: Students with Life-Threatening Allergies](#)
- [Appendix E - Anaphylaxis Prevention and Management Components](#)
- Sabrina's Law: <https://www.ontario.ca/laws/statute/05s07>, 2005.
- PPM 161: Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools, 2017.
- Food Allergy Canada: <http://foodallergycanada.ca/resources/print-materials/>
- Allergy Aware: www.allergyaware.ca (Free online courses about food allergy and anaphylaxis for school, child care and community settings)
- [Healthy Schools - Ministry of Education](#)

Report to the Policy Development Committee

Meeting Date: October 17, 2023

Presented by: Sean Heuchert, Superintendent of Business and Finance

Subject: DP 600 - Stewardship of Resources

Background:

The Peterborough Victoria Northumberland and Clarington Catholic District School Board will demonstrate fiscal accountability by effectively using the resources entrusted to it for the purposes of delivering Catholic education in a manner that upholds public confidence and is in keeping with Gospel values and Catholic Social Teachings.

Summary of Draft Administrative Procedure/Directional Policy:

The key changes to this policy include:

- Updated to align with our current strategic plan, vision and mission
- Added a hyperlink to the Board's page on Catholic Social Teachings
- Projected review in 2028

Attachments:

- New Directional Policy
- [Old Directional Policy](#)

Policy Development Committee

B. 5 b)

Recommended Action:

that the Policy Development Committee recommend to the Board that the revised Directional Policy #600, Stewardship of Resources, be received and posted.



BOARD DIRECTIONAL POLICY	
DIRECTIONAL POLICY TITLE	DIRECTIONAL POLICY NUMBER
STEWARDSHIP OF RESOURCES	600

Title of Directional Policy:

Stewardship of Resources

Date Approved:

October 17, 2023

Projected Review Date:

2028

Policy:

The Peterborough Victoria Northumberland and Clarington Catholic District School Board will demonstrate fiscal accountability by effectively using the resources entrusted to it for the purposes of delivering Catholic education in a manner that upholds public confidence and is in keeping with Gospel values and Catholic Social Teachings.

Purpose:

The Board of Trustees is responsible for making strategic fiscal decisions. The purpose of the *Stewardship of Resources* policy is to support the Board's decision-making structures and processes in order to maximize its human and operational resources. The policy will be supported by the establishment of administrative procedures that reflect responsive and responsible allocation of resources that adhere to relevant legislation and regulations and ensures the effective and efficient delivery of services to students, parents, staff and other stakeholders.

Alignment with Multi-Year Strategic Plan:

The *Stewardship of Resources Directional Policy* informs priorities under the [2021-2025 Strategic Plan, Vision and Mission: Building a Community that Accompanies](#), particularly the priorities of Maximizing Resources, Ensuring Equity and Valuing Relationships.

RESPONSIBILITIES:

The Board of Trustees is responsible for:

- defining, articulating and directing the PVNC Catholic District School Board mandate to support student achievement and well-being in a Catholic community supported by the Multi-Year Strategic Plan;
- setting direction and policy that governs the PVNC Catholic District School Board;
- assigning responsibility to the Director of Education for operationalizing and managing the *Stewardship of Resources Policy* and associated administrative procedures;
- monitoring and holding the Director of Education accountable respecting the adherence, implementation and operational details of the *Stewardship of Resources Policy*;
- establishing informed, accountable and ethical decision-making for resource management.

The Director of Education is responsible for:

- providing leadership regarding adherence, implementation and operational details in the *Stewardship of Resources Policy* and associated administrative procedures;
- providing direction to staff in the development of administrative procedures and practices in ensure implementation of the *Stewardship of Resources Policy*;
- aligning human and financial resources with the Board priorities and by demonstrating professionalism and accountability for high standards of practice in all Board operations.

Superintendent of Business and Finance is responsible for:

- collaboratively leading the development of the administrative procedures and practices aligned with the *Stewardship of Resources Policy*;
- managing and providing leadership in developing the supports and resources to ensure the implementation of the *Stewardship of Resources Policy*;
- work collaboratively with the Director and Superintendents, Managers, Principals and Vice-Principals, Federations, Unions, and Non-aligned groups to build capacity of all staff in their knowledge and understanding of the *Stewardship of Resources Policy* and associated administrative procedures.

Superintendents are responsible for:

- providing leadership and supports for Principal/Vice-Principals, Managers, Executive/Administrative Assistants and all departmental staff in their knowledge, understanding, implementation and adherence to the *Stewardship of Resources Policy* and associated administrative procedures.

Principals, Vice-Principals and Managers are responsible for:

- providing leadership, management and support for the members of their schools and departments in the knowledge, understanding, implementation and adherence of the *Stewardship of Resources Policy* and associated administrative procedures.

Staff are responsible for:

- working collaboratively with colleagues to successfully implement *Stewardship of Resources Policy*.
- adhering to the administrative procedures that support the *Stewardship of Resources Policy*.
- being proactive and self-directed in building their knowledge and understanding.

PROGRESS INDICATORS:

- achieving compliance with the Education Act and various regulations with respect to accountability measures;
- approval of annual budgets in compliance with the Education Act;
- sound application and management of financial systems and internal controls;
- meeting regular timelines for financial and operational reporting.

DEFINITIONS:

REFERENCES:

- [Catholic Social Teachings](#)
- [Education Act](#)

Report to the Policy Development Committee

Meeting Date: October 17, 2023

Presented by: Kevin Hickey, Manager of Purchasing, Planning
and Facilities Administration.

Subject: AP 601 - Community Use of Board Facilities

Background:

In alignment with the Ontario Ministry of Education, Community Use of Schools, Ontario Catholic school facilities are an integral part of the community and, as such, add to the spiritual, educational, recreational, and social development of all who share them. The Board is committed to providing all communities access to school facilities when not being used for school activities, with emphasis on local parish and non-profit youth groups.

Recommended Changes:

- Merging of Groups Classifications B (1) and B (2) into one common Group B.
- Change of application dates from specific dates to flexible dates.

Attachments:

- Draft AP 601 Community Use of Board Facilities 2023
- [AP 601 Community Use of Board Facilities 2017](#)

Policy Development Committee

B. 6 b)

Recommended Action:

that the Policy Development Committee recommend to the Board that the revised Administrative Procedure #601, Community Use of Board Facilities, be received and posted under Directional Policy #600, Stewardship of Resources.



BOARD ADMINISTRATIVE PROCEDURE	
<i>Administrative Procedure</i>	<i>Administrative Procedure Number</i>
Community Use of Board Facilities	601
<i>Directional Policy</i>	
600 – Stewardship of Resources	

Title of Administrative Procedure:

Community Use of Board Facilities

Date Approved:

October 17, 2023

Projected Review Date:

2028

Directional Policy Alignment:

Stewardship of Resources - 600

Alignment with Multi-Year Strategic Plan:

In alignment with the Ontario Ministry of Education, Community Use of Schools, Ontario Catholic school facilities are an integral part of the community and, as such, add to the spiritual, educational, recreational, and social development of all who share them. The Board is committed to providing all communities access to school facilities when not being used for school activities, with emphasis on local parish and non-profit youth groups. This Administrative Procedure establishes the criteria, procedures, and cost recovery strategies with respect to the use of facilities leased, owned, and operated by the Board.

[PVNCCDSB Board Vision, Mission and Strategic Priorities](#)

Action Required:

1.1 GENERAL

All Board facilities and grounds are reserved for school use during weekdays until 6:00 p.m., and as required for tournaments, maintenance, and meetings.

The following shall be exempt from the provisions of this Administrative Procedure:

Board-sponsored events, including:

- (a) activities that are essential to carrying out the normal business of the Board and/or the school(s);
- (b) functions of the Catholic School Council, such as meetings and fund-raising activities that are under the direction of the principal or delegate(s). (Refer to Board Policy 601.)

The Board may enter into joint use agreements with local municipal or educational organizations for the use of specified school facilities and, in such case, the rates established will supersede those specified in Section 1.4 - Rental Rates.

Board facilities and grounds will be made available to the community subject to the guidelines in the following section. Additional information and/or restrictions may be added from time to time and will form part of the procedures established by the Central Booking Office and available electronically on the Board's website.

1.2 APPLICATION

- (a) Formal "Use of Board Facilities" application and approval procedures will be established by the Central Booking Office and will be made available electronically on the Board's web site, and through school offices, for access by user groups.
- (b) Access to school facilities will not be granted without the recommendation of the school principal and approval of the Central Booking Office.
- (c) Organizers of fund-raising events utilizing school facilities for non- Board-sponsored events during non-school hours will be assessed a user fee to cover costs associated with such usage.

- (d) Board facilities will not be used by user groups for overnight accommodation, save and except emergency situations or other extraordinary circumstances. Prior to an exception being authorized, the appropriate permits must be in place, as per Section 1.2 (m).
- (e) The Board may, from time to time, through the Board's designate, donate the use of its facilities under extraordinary circumstances in support of Catholic education causes and/or the educational enrichment of its students. The principal may forward recommendations in this regard to the Superintendent of Business and Finance for consideration.
- (f) Applications for use of Board facilities will be ranked first by category, then submission date and time, as stated in section 1.4. Order of group consideration will be in order of A, B, C, D & E. (see section 1.3) Where a user group is requesting a significant number of permits resulting in other eligible user groups being placed on a waiting list, restrictions may be placed on the volume of permits approved. Other considerations are the space required vs requested and length of time.
- (g) The Board will make every effort to accommodate the needs of user groups. For groups with current permits, it cannot guarantee existing time allotments will be available in a succeeding school year. It is the responsibility of all groups to submit applications for the succeeding school year in accordance with the notifications from the Central Booking Office.
- (h) The Board does not encourage the use of Board-owned equipment, but should equipment be required, and the school be willing and able to assist, an additional fee will be assessed for such usage.
- (i) If the use of lighting and/or sound systems are required, permission must be granted by the school principal and a trained operator must be designated by the principal for such use.
- (j) It is understood that, where a custodian has been assigned as the corporate presence, the attending and/or on-duty custodian will be available to assist respective user groups with associated maintenance functions. Custodians will only stay on the premises for the first 30 minutes after the permit start time if no representative from the permitted user group arrives. It is further understood that the respective custodian will continue to perform prescribed duties when not required by the user group. Where a custodian has not been assigned as the corporate presence, the person so designated will protect the interests of the Board by specifically opening the school, providing access to appropriate areas,

ensuring the security of the Board's property, respond to any emergency situations, and secure the school at the completion of the program.

- (k) If an application is approved, the specific costs (including applicable taxes), conditions of use, and the payment arrangements, will be established by the Central Booking Office. User groups will be charged a "No Show" fee when groups do not show for their permitted time. Repeated "No Shows" (three consecutive times) by a user group will result in cancellation of remaining permits.
- (l) Board use of school facilities takes precedence over community use and, as such, Board requirements will supersede any scheduled use by the community. The Central Booking Office will endeavor to provide timely notification to the respective applicant, should a cancellation be warranted (this includes cancellations due to inclement weather). Except in the cases of cancellation due to inclement weather, every effort will be made to find an alternate location for the specific event, whenever possible.
- (m) In all cases, the applicant must be in compliance with the Provincial Fire Code Regulations and any other Provincial/Municipal regulations or by-laws within the respective jurisdictions governing such usage. Costs of any permits and/or licenses required will be the responsibility of the applicant.
- (n) No smoking is permitted in Board buildings or on Board property.
- (o) The consumption and/or sale of alcohol on Board premises will not be allowed.
- (p) The preparation of food using electrical or any other type of cooking appliance is strictly prohibited. Microwave ovens located in secondary school cafeterias may be used if this space has been included on your permit.
- (q) It is the responsibility of the principal to report to the Central Booking Office any failure by the user group to meet the expectations of the Board with regard to Board-owned facilities. If the terms and conditions of the Use of Facilities permit have been breached, the permit will be cancelled immediately and subsequent legal action may be taken by the Board, if applicable.
- (r) Distribution of keys and alarm codes will be restricted to authorized Board personnel or as designated by Plant Services. Any infraction of this trust will result in privileges being withdrawn.

- (s) Organizations or individuals using Board facilities assume full responsibility for the proper adult supervision of all activities and persons. User groups must maintain supervision during the permitted time and are restricted to those spaces specified on the permit. User Groups that stay past their approved permitted time, use space not permitted, or use equipment not approved, will be charged the additional cost for the space, equipment and custodial overtime at full rates.
- (t) User groups are solely responsible for any claims arising out of their use and agree to indemnify and save harmless the Board from all such claims, and the user group shall sign a form stating such. Liability insurance must be provided with the Board added as an additional insured.

In the circumstance where a user group cannot provide proof of liability insurance coverage, the Board will assess a nominal charge to said group at the time of application for the provision of liability insurance coverage through the Board's insurance carrier. The cost of such fee will be pre-determined by the Board through an estimation of the annual usage of various groups and their specific requirements.

- (u) The Board reserves the right to cancel any permit for the use of Board facilities for any reason and, in the event of such cancellation, there shall be no claim or right to damage or reimbursement on account of any loss, damage, or expense incurred by the Permit Applicant.

1.3 GROUP CLASSIFICATION

For the purposes of handling applications and setting fees, all applicants will be classified into one of the groups listed. All groups set out below will be subject to the provisions of the fee schedules as set out in the Appendices.

GROUP A

Special agreements exist between the Board and the parishes in the following locations:

- Lindsay - St. Mary Catholic Elementary School
- Campbellford - St. Mary Catholic Elementary School

The parishes' right to utilize the Board facilities as outlined in the specific agreements is recognized, as is the duty of the Board to maintain the high standards of those facilities and assess a fair maintenance cost.

GROUP B

Covers activities and meetings of non-profit youth organizations, non-profit youth sports and other groups, identified below, that are operated on a volunteer basis: (with majority of participants ages 18 years and under)
(Groups must have a Registered Non-Profit number)

- i. not-for-profit organizations and athletic/recreation groups involving youth, i.e. Scouts, Cubs, Guides, 4-H Clubs;
- ii. meetings/social functions of Catholic church-associated groups, i.e., Parish Councils, Catholic Women's League, Catholic Youth Organizations, Knights of Columbus; that do not belong to Group A.
- iii. Not-for-profit youth sports organizations, e.g., basketball, volleyball, soccer.

GROUP C

- i. Non-profit adult activity and recreational groups, athletic groups, games, practices, and tournaments;
- ii. drama groups - non-student sponsored;
- iii. meetings of recognized Community Service Clubs.
- iv. community concerts;
- v. private, non-profit, and commercial groups offering non-profit events (church groups of other denominations for instruction classes, recreation, groups not sponsored by community services, etc.).

GROUP D

- i. all other community groups not included in Groups B and C.

GROUP E

- ii. functions of a commercial or advertising nature under local sponsorship. This category includes commercial enterprises utilizing school facilities for meeting purposes or to promote or celebrate functions to benefit their own enterprise.

1.4 REVIEW AND APPROVAL OF PERMITS

As stated in 1.2(g) above, The Board will make every effort to accommodate the needs of user groups. For groups with current permits, it cannot guarantee existing time allotments will be available in a succeeding school year. It is the responsibility of all groups to submit applications for the succeeding school year in accordance with the notifications from the Central Booking Office. Applications will be received in three (3) rounds:

- Round 1: First of May (exact date to be determined and communicated in advance) at 9:00am of each school year, the Central Bookings office will start to accept permit applications for the following School Year based on the following conditions:
 - Only One permit may be submitted per group per school
 - Groups are only permitted to request a maximum of 2 days per week per school in the first round of bookings but the Central Bookings office reserves the right to restrict that further if multiple requests exist for the same space. Preference will be given to non-profit youth groups, who will also be given special consideration for earlier time slots.
 - Only User Groups that belong to Groups A, & B, with the majority of members being students within our Board Boundaries, can be submitted on Round 1 date. ALL other permits applications will be deleted and will need to be re-submitted at a later round.
- Round 2: First of June (exact date to be determined and communicated in advance) at 9:00 am of each school year, the Central Bookings office will start to accept permit applications from Groups that belong to Groups C, D or E and are located within our Board Boundaries
- Round 3: Mid-June (exact date to be determined and communicated in advance) at 9:00am of each school year, the Central Bookings office will start to accept permit applications for all Groups outside of our board boundaries. Also. User Groups can submit permit requests for extra space/days if available at any school.
- Permits will be approved in accordance with the Board Administrative Procedure 601 1.2 (f) and (g). Permits must be complete with all accurate information in order to process. All incomplete permit applications, permit applications from user groups with outstanding balances and permit applications not submitted within the correct time frame will be deleted. All Permit applications will receive notice of approval by the middle of July.

1.5 RENTAL RATES

Fees for the use of facilities are based on the type of organization, as listed in 1.3. Fee structures will be maintained by the Central Booking Office and updated annually. The rates will be posted on the Board's web site and as an appendix to this Administrative Procedure.

Responsibilities:

The Board of Trustees is responsible for:

- Ensuring alignment of the administrative procedure Community Use of Board Facilities with the Stewardship of Resources Directional Policy.

The Director of Education is responsible for:

- Ensuring compliance with the administrative procedure Community Use of Board Facilities and the Stewardship of Resources Directional Policy.
- Designating resources to implement this Administrative Procedure.

Superintendent of Business and Finance is responsible for:

- Assigning resources to ensure the implementation of and compliance with this Administrative Procedure.

Principals are responsible for:

- Review and support permits.

Manager of Purchasing/Planning and Facilities Administration is responsible for:

- Receive, review and edit applications, schedule available space, approve applications, invoice groups for fees, collect proof of or sell insurance, managing scheduling changes, ongoing inquiry support to groups.

Supervisor of Plant Operations is responsible for:

- Assigning Custodian resources to support this Administrative Procedure.

Progress Indicators:

- PVNC will continue to provide communities the use of Board facilities when available.

Definitions:

Applicant - The applicant is the individual(s) who assumes responsibility for a group or association using a school.

Application Fee - The application fee is a fee, charged to the applicant, to cover the costs of administering and processing an application for use of Board facilities. Additional fees may also be applicable for cancellation, NSF incidences, credit card decline fees and as security deposits.

Central Booking Office - The central booking office is the unit and/or individual within Business and Finance responsible for the administration and co-ordination of applications for the use of Peterborough Victoria Northumberland and Clarington Catholic District School Board facilities.

Corporate Presence - Where school facilities are permitted for use, corporate presence refers to assigning a custodian, staff member, or responsible person acceptable to the Superintendent of Business and Finance to protect the interests of the Board.

Maintenance Fee - The maintenance fee includes custodian labour costs for opening and closing of the school; coverage during the event and clean-up after the event; administrative costs; normal wear and tear; as well as energy costs.

Revision/Modification Fee - The revision/modification fee is an additional fee, charged to the applicant, for each revision and/or modification to the initial application for use of Board facilities. This fee will cover the additional costs of administration and processing of the application incurred as a result of changes implemented by the applicant. Any costs arising from revisions and/or modifications through any Board action shall be the responsibility of the Board.

User Group - The user group is the specific community group or association using a school.

References:

- [Education Act, Regulation 298, Section 11](#)
- [PVNCCDSB Board Vision, Mission and Strategic Priorities](#)
- [The Ontario Fire Code O. Reg. 388/97](#)
- [Ontario Ministry of Education, Community Use of Schools](#)
- [Online Permit Applications and Correspondence](#)
- [PVNCCDSB Rental Fees](#)
- [PVNCCDSB Terms & Conditions](#)

Report to the Policy Development Committee

Meeting Date: October 17, 2023

Presented by: Julie Selby, Superintendent of Learning

Subject: AP 306 - Home Schooling

Background:

AP 306, Home Schooling, is aligned with Directional Policy 300 - Student Achievement and Well-being, and is being revised as part of its regular review cycle.

Recommended Changes:

1. Alignment with Multi-Year Strategic Plan and Priorities
 - a. In particular Inspiring Faith, as it is rooted in our Inspiring Faith pillar goal to enhance connections between the home, school, parish and community in order to provide outreach and see the face of God in each person we serve.
2. Addition of three sections to provide greater clarity for administrators and parents with respect to processes related to Home Schooling:
 - a. Home Schooling Procedures
 - b. Guidelines for Conducting an Investigation
 - c. Inquiries by the Provincial School Attendance Counsellor.
3. Addition of first three bullets under “Principals and Vice-Principals are responsible for...”, as these are key requirements outlined within section 21 of the Education Act and were not reflected in the existing AP:
 - a. reporting to the Board attendance counsellor and supervisory officer the names, ages and residences of all pupils of compulsory school age who have not attended school as required;
 - b. furnishing the school attendance counsellor with such other information as the counsellor requires for the enforcement of compulsory school attendance;
 - c. reporting in writing to the school attendance counsellor every case of expulsion and readmission of a pupil.
4. Rewording of responsibilities for present participle grammatical accuracy.
5. Addition of Board Attendance Counsellor section under “Responsibilities” as the role of this individual is key to the Home Schooling process.
6. Removal of “Students who are home schooled are receiving satisfactory instruction.” from Progress Indicators as this is not attainable.
7. Creation of PDF Fillable Appendices for ease of completion.
8. Addition of Provincial School Attendance Counsellor to definitions

9. Removal of Appendix D and all reference to Superintendent signing off on Home Schooling, and centering that with the Principal for all students, regardless of age.
10. Live links to all Appendices throughout the AP.
11. Inclusion of “Related Forms” section for improved access to the relevant Appendices.

Attachments:

- Draft Administrative Procedure/Directional Policy for consideration.
- [Previous version of the Administrative Procedure/Directional Policy](#)

Policy Development Committee

B. 7 b)

Recommended Action:

that the Policy Development Committee recommend to the Board that the revised Administrative Procedure #306, Home Schooling, be received and posted under Directional Policy #300, Student Achievement and Well-Being.



BOARD ADMINISTRATIVE PROCEDURE	
<i>Administrative Procedure</i>	<i>Administrative Procedure Number</i>
Home Schooling	306
<i>Directional Policy</i>	
300 - Student Achievement and Well-being	

Title of Administrative Procedure:

Home Schooling

Date Approved:

October 17, 2023

Projected Review Date:

2028

Directional Policy Alignment: Student Achievement and Well-being

Alignment with Multi-Year Strategic Plan:

The Home Schooling Administrative Procedure supports our Vision for creating a culture of faith, hope and love to ensure equity and well-being and our Mission to accompany our students as we strive for excellence in Catholic Education. This Administrative Procedure supports the Board’s Strategic Plan: Building a Community that Accompanies, as it is rooted in our Inspiring Faith pillar goal to enhance connections between the home, school, parish and community in order to provide outreach and see the face of God in each person we serve.

[PVNCCDSB Board Vision, Mission and Strategic Priorities](#)

Action Required:

The Peterborough Victoria Northumberland and Clarington Catholic District School Board is committed to a parent/guardian’s right to provide home schooling for his or her child(ren). It is the policy of the Peterborough Victoria Northumberland and Clarington Catholic District School Board that a student of compulsory age may be excused from

attendance at school if the student is receiving satisfactory instruction at home or elsewhere, in accordance with procedures outlined in the [Ministry of Education Policy/Program Memorandum No. 131](#).

Home Schooling Procedures

Parents who decide to provide home schooling for their child(ren) should notify the school board of their intent in writing. Parents should provide the name, gender, and date of birth of each child who is receiving home schooling, and the telephone number and address of the home. The letter should be signed by the parent(s). If the home address changes, parents should notify the school board of the change of address.

When parents give a board written notification of their intent to provide home schooling for their child, the board should consider the child to be excused from attendance at school, in accordance with subsection 21(2), clause (a), of the Education Act. The board should accept the written notification of the parents each year as evidence that the parents are providing satisfactory instruction at home. The board should send a letter each year to the parents, acknowledging the notification.

Guidelines for Conducting an Investigation

It is the responsibility of school boards to excuse children from attendance at school when home schooling is provided, in accordance with subsection 21(2), clause (a), of the [Education Act](#). However, where a board has reasonable grounds to be concerned that the instruction provided in the home may not be satisfactory, the board should investigate the matter.

Reasonable grounds may include:

- o refusal of a parent to notify the Board in writing of the intent to provide home schooling;
- o a history of absenteeism by the child prior to the parent's notifying the Board of the intent to provide home schooling;
- o evidence that the child was removed from attendance at school, not for the purpose of homeschooling, but because of ongoing conflicts with the school;
- o a credible report of concern by a third party with respect to the instruction being provided in the home.

In conducting an investigation, the board may have one of its officials meet with the family or it may ask the parent to submit information about the home schooling in writing.

Whether meeting with the family or reviewing information submitted in writing, board officials should recognize that the methodology, materials, schedules, and assessment techniques used by parents who provide home schooling may differ from those used by educators in the school system. For example, the parent may not be following the Ontario curriculum, using standard classroom practices in the home, or teaching within the standard school day or school year. Determining whether instruction is satisfactory should therefore focus on the following:

- a plan for educating the child
- plans to ensure literacy and numeracy at developmentally appropriate levels
- plans for assessing the child's achievement

Inquiries by the Provincial School Attendance Counsellor

When a school board is unable to determine whether a child is receiving satisfactory instruction, it may request that the Provincial School Attendance Counsellor inquire into the case under subsection 24(2) of the Education Act. The Provincial School Attendance Counsellor will appoint an inquiry officer to conduct the inquiry. If the inquiry determines that the child is not receiving satisfactory instruction and the Provincial School Attendance Counsellor orders that the child attend school, the school board must determine the appropriate action to be taken.

Before requesting an inquiry by the Provincial School Attendance Counsellor, the board should ensure that it has:

- taken appropriate steps to determine whether the child is receiving satisfactory instruction;
- retained documentation of its communication with the parents, including copies of written communication, notes on telephone calls and other verbal communication, a record of the types of communication (e.g., telephone call, registered letter), and a record of the number of attempts to communicate;
- retained documentation on the nature of the information and material provided by the parent in response to the board's investigation;
- prepared a factual summary of its investigation, including a conclusion, which will be forwarded to the Provincial School Attendance Counsellor.

Responsibilities:

The Board of Trustees is responsible for:

- reviewing this administrative procedure to ensure its alignment with the Student Achievement and Well-being Directional Policy;
- reviewing this administrative procedure as part of the regular policy and procedures review cycle.

The Director of Education is responsible for:

- ensuring that the Student Achievement and Well-Being Directional Policy, and all Administrative Procedures supporting it, are in line with, and expressive of, the PVNC Multi-year Strategic Plan: Vision, Mission and Strategic Priorities;
- overseeing implementation of this Administrative Procedure.

Superintendents of Schools and System Portfolios are responsible for:

- supporting investigations to ensure satisfactory instruction.

Principals and Vice-Principals are responsible for:

- reporting to the Board attendance counsellor and supervisory officer the names, ages and residences of all pupils of compulsory school age who have not attended school as required;
- furnishing the school attendance counsellor with such other information as the counsellor requires for the enforcement of compulsory school attendance;
- reporting in writing to the school attendance counsellor every case of expulsion and readmission of a pupil;
- forwarding a copy of parent/guardian notification (a letter or [Form LSS 22, Appendix A](#)) to the Family of Schools Superintendent;
- acknowledging, in writing, the parent/guardian's letter of intent to provide home schooling using [Form LSS 23 \(Appendix B\)](#) for students, and forwarding a copy of the acknowledgement to the Family of Schools Superintendent;
- providing a copy of [Policy/Program Memorandum No.131, "Home Schooling"](#), issued by the Ministry of Education to the parent/guardian;
- ensuring that the School Enrolment Register and Ontario School Record (OSR) indicate home schooling;
- ensuring that if the student is receiving some instruction provided by the school (e.g. classroom instruction, independent study, or e-learning), that this instructional time is recognized in the Ontario Student Information System (OnSIS) for grant purposes. These pupils must be recorded in the day school register or in the Independent Study and e-Learning Register for Day School Pupils by the school that is offering the course, in accordance with the type of instruction provided. The attendance of a pupil who is recorded in the day school register will be recorded in a Daily Attendance Record;

- recording transcript marks from the Independent Learning Centre (ILC) on the secondary student's transcript history;
- ensuring that if there are reasonable grounds to believe that the student is not receiving satisfactory instruction at home, taking initial steps to determine whether the instruction is satisfactory;
- investigating the matter, in the event that a school principal, attendance counsellor, social worker, or superintendent of schools has reasonable grounds to be concerned that the instruction provided in the home may not be satisfactory, by:
 - sending Form [LSS 24 \(Appendix C\) "Home Schooling Information"](#) to the parents to complete;
 - meeting with the family to discuss the "Home Schooling Information";
 - If the principal is unable to determine from this investigation whether the child is receiving satisfactory instruction at home, the principal, in conjunction with the superintendent of schools, may take further action, in accordance with subsection 24(2) and/or section 30 of the Education Act, by making an inquiry to the Provincial School Attendance Counsellor. The Provincial School Attendance Counsellor will appoint an inquiry officer to conduct an inquiry. If the inquiry determines that the child is not receiving satisfactory instruction and the Provincial School Attendance Counsellor orders that the child attend school, the Board must determine the appropriate action to be taken. When the Board is conducting the investigation, a member of a recognized support group for parents who provide home schooling may be present. These support groups include the [Ontario Federation of Teaching Parents](#), the [Ontario Christian Home Educators' Connection](#), the [Home School Legal Defence Association of Canada](#), and the Catholic Home Schoolers' Association-Ontario.
- providing space for home-schooled students at the time and on the dates when EQAO assessments/ tests are being administered to the school's regular day students, upon request. The school will request sufficient assessment/test materials from the EQAO so that the children who are receiving home schooling can participate. The school will also inform the parent, in writing, of the date, time, and location of the assessment/test. It is the responsibility of the parent to provide transportation for the child to and from the site; (EQAO will send the results of children who are receiving home schooling to the school where they participated in the assessment/test. Schools will send these children's results directly to the children's homes. The results of children who are receiving home schooling will not be included in the school and Board reports generated by the EQAO or by the schools and Boards.)
- ensuring, upon a student's re-entry to a school within the Board, that they are:
 - following the regular procedure for student admission;
 - determining student placement/program on an age-appropriate basis;

- o making arrangements for the student to participate in the Ontario Secondary School Literacy Test as a requirement for secondary school graduation.

Board Attendance Counsellor is responsible for:

- receiving and logging [Appendix A - LSS 22: Notification of Intent to Provide Home Schooling](#) and [Appendix B - LSS 23: Response to Parent/Guardian Re: Intent to Provide Home Schooling](#) from school principals;
- providing support to the Principal if there are reasonable grounds to believe that the student is not receiving satisfactory instruction at home, by taking initial steps to determine whether the instruction is satisfactory. Reasonable grounds may include:
 - o refusal of a parent to notify the Board in writing of the intent to provide home schooling;
 - o a history of absenteeism by the child prior to the parent's notifying the Board of the intent to provide home schooling;
 - o evidence that the child was removed from attendance at school, not for the purpose of homeschooling, but because of ongoing conflicts with the school;
 - o a credible report of concern by a third party with respect to the instruction being provided in the home;
- providing support to the Principal during a Board-initiated investigation into the matter, in the event that a school principal, attendance counsellor, social worker, or superintendent of schools has reasonable grounds to be concerned that the instruction provided in the home may not be satisfactory, by:
 - o supporting the Principal to send Form [LSS 24 \(Appendix C\) "Home Schooling Information"](#) to the parents to complete;
 - o meeting with the family to discuss the "Home Schooling Information".
 - o supporting the Principal to make an inquiry to the Provincial School Attendance Counsellor if the principal is unable to determine from this investigation whether the child is receiving satisfactory instruction at home, the principal, in AP #306 Page 4 of 6 conjunction with the superintendent.

Parents are responsible for:

- providing annual written notification to the principal of the intent to participate in home schooling, using [Form LSS 24 \(Appendix A\)](#) or their own letter. The name, gender, and date of birth of each student who will be receiving home schooling, and the telephone number and address of the home should be included. The letter should be signed by the parent/guardian;

- notifying the principal of any change in address;
- if they wish for their child(ren) to participate in EQAO assessments in grades 3, 6, and 9, and/or the Ontario Secondary School Literacy Test, contacting the home school in writing, by September 30 of the year in which the assessments/tests are being conducted, for information about the dates, times, and locations. No fees may be levied against parents for their children's participation in any of these EQAO assessments/tests;
- if they wish, enrolling a child (14 to 18 years of age) in courses offered through the [Independent Learning Centre \(ILC\)](#). To enroll the child with the ILC, the parent shall apply online, pay an administration fee per course and upload the following documents: proof of Canadian status, proof of Ontario residency, academic records (transcript and credit summary), along with the signed Acknowledgement Form [Appendix B - LSS 23: Response to Parent/Guardian Re: Intent to Provide Home Schooling](#) from the Principal indicating that the child is receiving home schooling and is excused from attendance at school;
- should they wish their child to enroll in school, providing the principal with a transcript from ILC showing successfully completed courses;
- if they wish, downloading curriculum policy documents and [curriculum support material](#) produced by the Ministry of Education free of charge from the Ministry's website;
- where applicable, accessing Ministry of Health and Long-Term Care school health support and personal support services (and equipment). Regulation 386/99 under the Long-Term Care Act sets out the eligibility criteria for these services. The first criterion is that "the person must be enrolled as a pupil at a school or be receiving satisfactory instruction at home in accordance with clause 21(2)(a) of the [Education Act](#)." For a child who is receiving home schooling to be eligible for these services, the parent must provide a letter from the school board indicating that the child is excused from attendance at school because the child is receiving satisfactory instruction at home.

Progress Indicators:

- The School Register and Ontario School Record (OSR), which reflect home schooling, where applicable, are supported with the appropriate documentation from the parents and from the school.

Definitions:

Home Schooling - The parent(s)/guardian(s) are providing instruction to one or more of their children at home.

Placement - It is understood that placement in a particular course or grade will not ensure successful completion of that course or grade.

Provincial School Attendance Counsellor - When a school board is unable to determine whether a child is receiving satisfactory instruction, it may request that the Provincial School Attendance Counsellor inquire into the case under subsection 24(2) of the Education Act. The Provincial School Attendance Counsellor will appoint an inquiry officer to conduct the inquiry. If the inquiry determines that the child is not receiving satisfactory instruction and the Provincial School Attendance Counsellor orders that the child attend school, the school board must determine the appropriate action to be taken.

Satisfactory Instruction -

(a) Relating to Process

- i. availability of a written plan for instructing the student “at home or elsewhere” showing how the program is to be organized, scheduled, and evaluated,
- ii. availability in the “home or elsewhere” of texts and other learning materials appropriate to the developmental growth of the student,
- iii. availability of samples of the student’s work, of a quantity and quality to indicate a regular and suitable program for instruction.

(b) Relating to Achievement

- i. assessment of educational growth of the student is based on:
 - review of program and materials;
 - discussion with the student and parent/guardian;
 - examination of written work of the student;
 - evidence of socialization with peers in educational, social, or recreational settings.

References:

- [Education Act Subsections 21\(1\), 21\(2\), 21\(5\), 24\(1\), 24\(2\), 30\(7\)](#)
- [Education Act Sections 25, 26, 30](#)
- [Enrolment Register Instructions for Elementary and Secondary Schools](#)
- [Ontario Ministry of Education Policy/Program Memorandum No. 131](#)
- [Ontario Schools, Kindergarten to Grade 12, Policy and Program Requirements, 2016](#)
- [Ontario Regulation 386/99: Provision of Community Services](#)

Related Forms:

- [Appendix A - LSS 22: Notification of Intent to Provide Home Schooling](#)

- [Appendix B - LSS 23: Response to Parent/Guardian Re: Intent to Provide Home Schooling](#)
- [Appendix C - LSS 24: Home Schooling Information](#)

DRAFT

Report to the Policy Development Committee

Meeting Date: Tuesday, October 17, 2023

Presented by: Darren Kahler
Superintendent of Human Resource Services

Subject: AP 807 - Supporting Students with Epilepsy in Schools

Background:

This administrative procedure is up for review on the regular cycle.

Summary of Draft Administrative Procedure/Directional Policy:

The key changes to this Administrative Procedure include:

- New AP number 807 (previously 323)
- New directional policy alignment – DP800 Healthy Schools and Workplaces (previously under DP300 Student Achievement and Well Being).
- Put “Notify parents/guardians immediately” at top of action list when epileptic event occurs.
- Remove reference to PPM 161: Supporting Children and Students with Prevalent Medical Conditions in Schools.
- Change “PVNC” to “PVNC Catholic”
- “Maplewood” changed to “student information system”

Attachments:

- Draft Administrative Procedure/Directional Policy for consideration.
- [Previous version of the Administrative Procedure/Directional Policy](#)

Policy Development Committee

B. 8 b)

Recommended Action:

that the Policy Development Committee recommend to the Board that Administrative Procedure #323, Supporting Students with Epilepsy in Schools be deleted and that the revised Administrative Procedure #807, Supporting Students with Epilepsy in Schools, be received and posted under Directional Policy #800, Healthy Schools and Workplaces.

BOARD ADMINISTRATIVE PROCEDURE	
<i>Administrative Procedure</i> Supporting Students with Epilepsy in Schools	<i>Administrative Procedure Number</i> (NEW) 807
<i>Directional Policy</i> 800-Healthy Schools and Workplaces	

Title of Administrative Procedure:

Supporting Students with Epilepsy in Schools

Date Approved:

October 17, 2023

Projected Review Date:

2028

Directional Policy Alignment:

This Administrative Procedure aligns with the Healthy Schools and Workplaces Directional Policy 800. The Board recognizes that the health and well-being of our students and staff is foundational to their success. A healthy environment involves being respectful of one another’s social, emotional, spiritual and physical well-being. We all have a collective responsibility to create healthy work environments to keep our students and staff safe.

Alignment with Multi-Year Strategic Plan:

The Supporting Students with Epilepsy in Schools Administrative Procedure supports the Board’s Mission to educate students in faith-filled, loving, safe, inclusive schools to develop the God-given abilities of each person. This Administrative Procedure aligns with the Board’s Multi-Year Strategic Plan to Value Relationships, Nurture Mental Health and Well-being and to Ensure Equity.

[PVNCCDSB Board Vision, Mission and Strategic Priorities](#)

Action Required:

It is the policy of the Peterborough Victoria Northumberland and Clarington Catholic District School Board that all students have a right to safe and healthy learning environments in our schools.

According to the Ministry of Education's Healthy Schools website, epilepsy affects over 300,000 Canadians and approximately 1 in 100 Canadian students. Epilepsy results from sudden bursts of hyperactivity in the brain; this causes "seizures" which vary in form, strength, and frequency, depending on where in the brain abnormal activity is found.

Epilepsy is the diagnosis and seizures are the symptom. According to Epilepsy Ontario, a seizure is a brief disruption in normal brain activity that interferes with brain function (see Definitions below). If a person has two or more seizures that are not related to another condition, that person will be diagnosed as having epilepsy.

Some triggers for epilepsy include unmanaged stress and environmental conditions (e.g., flashing lights). When avoiding these triggers, an individual should not be prevented from participating fully in any form of activity. With effective management and accommodation, living with epilepsy should not be a barrier to success.

All students with epilepsy, no matter how independent they are, need the support of trusted, caring adults at school and elsewhere.

When an epileptic event is happening, it is important to take the following steps and notify parents/guardians immediately:

- stay calm;
- keep the student safe while letting the seizure run its course;
- support the student having a seizure according to their Plan of Care;
- refrain from restraining, or interfering with, the student's movements;
- move objects away from the student in order to prevent injury;
- track the duration of the seizure;
- remain with the student until the seizure has passed, and the student is fully conscious.

Call 9-1-1:

- if the seizure lasts more than 5 minutes;
- if the seizure repeats without full recovery;
- if the student is injured;
- if the student is diabetic;
- if the student has difficulty breathing;
- if the student has a seizure in water.

It is the goal of PVNC Catholic to support students with prevalent medical conditions to fully access school in a safe, accepting, and healthy learning environment that supports well-being. PVNC Catholic also strives to empower students, as confident and capable learners to reach their full potential for self management of their medical condition(s), according to their Plan of Care.

No action or other proceedings 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 the Good Samaritan Act. Subsection 2(1) and (2) of this act outline the following with regard to individuals:

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

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

Management of epilepsy in schools is a shared responsibility requiring a team approach. This Administrative Procedure provide direction to students, staff, parents, and the school/workplace community in understanding and fulfilling the Board's responsibilities under PPM 161.

Responsibilities:

The Board of Trustees is responsible for:

- reviewing this administrative procedure to ensure its alignment with the Healthy Schools and Workplaces Directional Policy;
- reviewing this administrative procedure as part of the regular policy and procedures review cycle.

The Director of Education is responsible for:

- ensuring that the Healthy Schools and Workplaces Directional Policy, and all Administrative Procedures supporting it, are in line with, and expressive of, the PVNC Catholic Multi-year Strategic Plan: Vision, Mission and Strategic Priorities;
- overseeing implementation of this Administrative Procedure.

The Superintendent with responsibility for Healthy Schools is responsible for:

- ensuring training resources on prevalent medical conditions are available to all PVNC Catholic schools on an annual basis. The scope of training should include the following:
 - strategies for preventing risk of student exposure to triggers and causative agents;
 - strategies for supporting inclusion and participation in school;
 - recognition of symptoms of a medical incident and a medical emergency;
 - medical incident response and medical emergency response;
- raising awareness with all PVNC Catholic staff of Board administrative procedures on prevalent medical conditions;
- raising awareness with all PVNC Catholic staff of the range of evidence-based resources that provide information on various aspects of prevalent medical conditions;
- subject to relevant privacy legislation, and for the purposes of informing cyclical policy review, developing a process to collect data regularly, including, but not limited to, data on the number of students with prevalent medical conditions at each school, on the number of occurrences of medical incidents and medical emergencies, as well as on the circumstances surrounding these events.

The Superintendent with responsibility for Transportation is responsible for:

- ensuring that transportation contracts include provisions for driver training on epilepsy trigger avoidance strategies, emergency procedures, and awareness of students at risk on their routes;
- ensuring that school principals are aware that a Plan of Care for Prevalent Medical Conditions form is completed in the student information system database for each student with a prevalent medical condition, and that a copy of this form must be provided to the student's transportation provider.

The Superintendents of Schools are responsible for:

- ensuring each school has developed a Plan of Care for each student living with epilepsy.

Principals and Vice-Principals are responsible for:

- communicating, on an annual basis, Board policies on supporting students with prevalent medical conditions to parents, staff, and others in the school community who are in direct contact with students (e.g., food service providers, transportation providers, volunteers);
- informing themselves, and raising awareness in their schools, of the facts about epilepsy (see References and Resources list below);

- communicating 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 for Prevalent Medical Conditions form in the student information system database 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, by providing an updated Authorization for Administration of Medication form (see Appendix A) to be completed and returned;
 - when a child is diagnosed and/or returns to school following a diagnosis;
- respecting the confidentiality of students’ medical information within the school environment, including practices for accessing, sharing, and documenting information. Schools must comply with applicable privacy legislation and obtain parental consent in the individual Plan of Care prior to sharing student health information with school staff, other students, or service providers. Parents and school staff should be informed of the measures to protect the confidentiality of students’ medical records and information;
- maintaining a file with the Plan of Care and supporting documentation for each student with epilepsy, which includes possible triggers, symptoms, daily/routine management strategies and responses in the case of a seizure;
- ensuring that staff have had appropriate training to carry out the individual Plans of Care;
- providing relevant information from the student’s Plan of Care to school staff, and others who are identified in the Plan of Care, as well as to occasional staff, volunteers, co-operative education students, student teachers, and other service providers, as appropriate, including when there are any revisions made to the plan, and what their respective roles in the plan may be;
- maintaining a centrally accessible file containing all individual Plans of Care;
- providing relevant information from the student’s Plan of Care to the student’s transportation provider, including updates when the plan is revised;
- including a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g., bomb threats, evacuation, fire, “hold and secure”, lockdown) or for activities off school property (e.g., field trip, sporting event). This process should also include considerations for occasional staff.

School staff are responsible for:

- ensuring that they are knowledgeable about these Administrative Procedures;
- participating in training in order to carry out their roles in individual Plans of Care;

- reviewing the contents of the Plan of Care for any student with whom they might have direct contact;
- sharing information on a student's signs and symptoms with other students, as outlined in the Plan of Care;
- following strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Plan of Care;
- supporting a student's daily or routine management, and responding to medical incidents and medical emergencies that occur during school or during school activities, as outlined in the student's Plan of Care;
- participating in an established communication plan with parents, as outlined in the Plan of Care;
- supporting 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;
- enabling students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care;
- leaving appropriate student Plan of Care information for occasional staff replacing them, in a prominent and accessible format;
- ensuring that, for all out of school events/activities and overnight excursions for which a staff members are responsible, they have a copy of the student's Plan of Care available, that they are familiar with the Plan, and that they have collaborated with parents/guardians prior to the activity/excursion to address any additional safety concerns.

Parents/Guardians are responsible for:

- educating their child about their medical condition(s) with support from their child's health care professional, as needed;
- guiding and encouraging their child to reach their full potential for self-management and self advocacy;
- informing the school of their child's medical condition(s), and keeping the school updated on any changes in the child's Plan of Care;
- completing the Authorization for Administration of Medication form, in conjunction with the child's health care professional, on an annual basis;
- completing the Plan of Care for Prevalent Medical Conditions form in conjunction with the school administration, annually, which includes a communication plan between home and school;
- providing a Medic Alert bracelet or necklace for their child;

- providing sufficient quantities of up-to-date medication in their original containers, and sufficient supplies, as directed by a healthcare professional and as outlined in the individual Plan of Care;
- encouraging their children to respect school prevention plans.

Students living with epilepsy are responsible for:

- taking 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;
- participating in the development and review of their Plan of Care, where appropriate;
- carrying out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care;
- communicating with their parent(s) and school staff if they are facing challenges related to their medical condition(s) at school;
- wearing medical alert identification as provided by their parents;
- if possible, informing school staff and/or their peers if a medical incident or a medical emergency occurs;
- learning to recognize symptoms of a pending seizure.

Progress Indicators:

- The members of PVNC Catholic school and workplace communities have the information which they need to provide support to those living with epilepsy, including minimizing the risk of a seizure, and responding effectively if one occurs.
- Service providers for PVNC Catholic schools also have the information which they need to provide support to those living with epilepsy, including minimizing the risk of a seizure, and responding effectively if one occurs.
- Students advocate for their own health and safety.
- Parents cooperate with the school to provide all relevant information on their child’s prevalent medical condition(s), and they consent to share that information appropriately.

Definitions:

PLAN OF CARE - A Plan of Care is a form that contains individualized information on a student with a prevalent medical condition. According to PPM 161, school board policies and procedures must include a Plan of Care form, to include:

- preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas;

- identification of school staff who will have access to the Plan of Care;
- identification of routine or daily management activities that will be performed by the student, parent(s), or staff volunteer(s), as outlined in school board policy, or by an individual authorized by the parent(s);
- a copy of notes and instructions from the student's health care professional, where applicable;
- information on daily or routine management accommodation needs of the student (e.g., space, access to food). Where possible, a student should not be excluded from the classroom during daily or routine management activities, unless the student or the parent(s) indicate they prefer exclusion;
- information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g., field trips, overnight excursions, board-sponsored sporting events);
- identification of symptoms (emergency and other) and response;
- emergency contact information for the student;
- clear information on the school board's emergency policy and procedures;
- details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
 - parental permission for the student to carry medication and/or medical supplies;
 - location of spare medication and supplies stored in the school, where applicable;
 - information on the safe disposal of medication and medical supplies;
- requirements for communication between the parent(s) and the principal (or the principal's designate) and/or school staff, as appropriate, including format and frequency;
- parental consent to share information on signs and symptoms with other students.

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

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

SEIZURES - According to Epilepsy Ontario: A seizure is a brief disruption in normal brain activity that interferes with brain function. The brain is made up of billions of cells called neurons which communicate by sending electrical messages. Brain activity is a rhythmic process characterized by groups of neurons communicating with other groups of neurons. During a seizure, large groups of brain cells send messages simultaneously (known as “hypersynchrony”) which *temporarily* disrupts normal brain function in the regions where the seizure activity is occurring. Seizures can cause temporary changes or impairments in a wide range of functions. Any function that the brain has can potentially be affected by a seizure, such as behaviour, sensory perception (vision, hearing, taste, touch, smell), attention, movement, emotion, language function, posture, memory, alertness, and/or consciousness. Not all seizures are the same. Some seizures may only affect one or two discrete functions, other seizures affect a wide range of brain functions.

Most people associate a seizure with a loss of consciousness and rhythmic jerking movements. Some seizures do cause convulsive body movements and a loss of consciousness, but not all. There are many different kinds of seizures. A temporary uncontrollable twitching of a body part could be due to a seizure. A sudden, brief change in feeling or a strange sensation could be due to a seizure.

Most seizures are brief events that last from several seconds to a couple of minutes and normal brain function will return after the seizure ends. Recovery time following a seizure will vary. Sometimes recovery is immediate as soon as the seizure is over. Other types of seizures are associated with an initial period of confusion afterwards. Following some types of seizures there may be a more prolonged period of fatigue and/or mood changes.

References:

[PPM 161: Supporting Children and Students with Prevalent Medical Conditions](#)

[\(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy\) in Schools](#)

[Healthy Schools, Ministry of Education](#)

[Epilepsy Canada website resources](#)

[Epilepsy Ontario website resources](#)