

POLICY DEVELOPMENT COMMITTEE MEETING

JUNE 4, 2024

Large Boardroom at 6:30 p.m.

IF YOU ARE UNABLE TO ATTEND IN PERSON, [CLICK HERE TO JOIN VIA VIDEO CONFERENCE](#)

Chairperson: Loretta Durst

Trustees/Members who are unable to attend the meeting
are asked to please notify Sarah Baker,
Administrative Assistant at sbarker@pvnccdsb.on.ca .

A. Call to Order

1. Opening Prayer Trustee Leahy
2. Land Acknowledgement Board Chairperson MacKenzie
3. Approval of Agenda
4. Declarations of Conflict of Interest
5. Approval of the Minutes of the Meeting on Tuesday, April 30, 2024 Page 3
6. Business Arising from the Minutes

B. Recommended Actions/Presentations

1. R.A.: Revised Directional Policy - DP # 900 - Safe and Accepting Schools
B.1.a) R.A. Page 10
B.1.b) Report Page 11
B.1.c) D.P. Page 12
Jonathan Di Ianni, Superintendent

C. Information Items

1. Administrative Procedures: C.1.a) R.A. Page 19
 - C. 1. a) Administrative Procedure #210 - Naming of Catholic Schools
Board Facilities
 - C. 1. b) Administrative Procedure #504 - Employee Attendance Support
Program
 - C. 1. c) Administrative Procedure #507 - Disability Management

- C. 1. d) Administrative Procedure #508 - Workplace Harassment Prevention
- C. 1. e) Administrative Procedure #509 - Workplace Violence Prevention
- C. 1. f) Administrative Procedure #609 - Investment Surplus Funds
- C. 1. g) Administrative Procedure #616 - Honoraria for Trustees
- C. 1. h) Administrative Procedure #809 - Occupational Health and Safety
- C. 1. i) Administrative Procedure #1202 - Protection of Privacy
- C. 1. j) Administrative Procedure #1207 - Freedom of Information

2. Policy/Program Memorandum 128 Administrative Procedures Discussion

Sean Heuchert, Superintendent

D. Next Meeting

1. Policy Development Committee meetings for 2024-2025:
 - Tuesday, October 15, 2024, 6:30 p.m.
 - Tuesday, January 21, 2025, 6:30 p.m.
 - Tuesday, April 8, 2025, 6:30 p.m.
 - Tuesday, June 17, 2025, 6:30 p.m.

E. Conclusion

1. Closing Prayer Trustee Tanguay
2. Adjournment

The Minutes of the Policy Development Committee meeting held on Tuesday, April 30, 2024 at 6:30 p.m. in the Large Boardroom and by Google meet (*)

PRESENT

Trustees: Trustee Durst (Committee Chairperson), Board Chairperson MacKenzie(*), Trustee Martin (*), Trustee Tanguay, Trustee Connolly, Trustee Gaskell (Senior Student Trustee)(*).

Absent/Regrets: Trustee Leahy, Trustee Heitzner (Junior Student Trustee), Superintendent Kahler.

Administration: Director O'Sullivan, Superintendent Armstrong, Superintendent Di Ianni , Superintendent Heuchert, Superintendent Selby(*), Superintendent Piggott.

Guests:

Recorder: Mrs. Sarah Barker.

A. Call to Order

Trustee Durst called the meeting to order at 6:30 pm.

1. Opening Prayer

Trustee Tanguay led the Policy Development Committee in Opening Prayer.

2. Land Acknowledgment

Trustee Connolly provided a land acknowledgement that respectfully acknowledges that the land on which we gather and learn daily is the traditional and treaty territory of the Mississauga Anishinaabe and that we make this acknowledgement to honor our relationship with the Williams Treaty First Nations of Alderville, Curve Lake, Hiawatha and Scugog Island.

3. Approval of Agenda

Motion: Moved by Trustee Tanguay, seconded by Trustee Connolly, that the Policy Development Committee excuse Trustee Jenny Leahy from the April 30, 2024, Policy Development Committee meeting.

Carried.

Motion: Moved by Trustee Connolly, seconded by Trustee Tanguay, that the Policy Development Committee remove item C.1.d), Administrative Procedure #313, Student Acceptable Use of Technology, from the Agenda.

Carried.

Motion: Moved by Board Chairperson MacKenzie, seconded by Trustee Tanguay, that the Policy Development Committee postpone item C.1.d), Administrative Procedure #313, Student Acceptable Use of Technology, to the June 4th, 2024 meeting.

Carried.

Motion: Moved by Trustee Tanguay, seconded by Trustee Martin, that the Policy Development Committee accept the Agenda with the amendment of removing item C.1.d), Administrative Procedure #313, Student Acceptable Use of Technology.

Carried.

4. Declarations of Conflicts of Interest

There were no conflicts of interest declared.

5. Approval of the Minutes of the Policy Development Committee on Tuesday, February 6, 2024.

Motion: Moved by Trustee Connolly, seconded by Trustee Martin, that the Policy Development Committee minutes from Tuesday, February 6, 2024 be accepted.

Carried.

6. Business Arising from the Minutes

There was no business arising from the minutes.

B. Recommended Actions/Presentations:

1. R.A.: Revised Directional Policy - DP # 900 - Safe and Accepting Schools.

Superintendent Jonathan Di Ianni presented his Directional Policy Report to the committee by presenting a slide deck. The presentation included an overview of all the Administrative Procedures that fall under Directional Policy #900. This was to give the committee context of how broad this Policy is, to accommodate the many elements of school life it represents. The report was updated to align with the Multi Year Strategic Plan (2021-2025) language. Some of the responsibilities language was refined, the links and resources sections was updated, while ensuring equity to create shared understanding and systematic approach to safe and accepting schools procedures and protocols. Adding the word family to the title of Parent and Guardian was discussed. All titles need to be represented in order to meet all the demographics and dynamics of the PVNC Catholic students.

There were discussions regarding all PVNC Catholic Directional Policies and Administrative Procedures language promoting positive student behaviour when outside of school, specifically when using online or social media.

Motion: Moved by Trustee Connolly, seconded by Trustee Tanguay, that the Policy Development Committee recommend to the Board that the revised draft Directional Policy #900, Safe and Accepting Schools, be received and sent to the Engage PVNC Catholic platform for further consultation.

Carried.

2. R.A. Revised Directional Policy - DP # 100 - Governance, Vision and Strategic Priorities.

Director Stephen O'Sullivan advised the committee that Directional Policy #100 was previously presented to the Policy Development Committee on February 6, 2024. It has since been posted on the Engage PVNC Platform between February 28, 2024 to March 17, 2024 for public consultation. This Directional Policy was also shared with other media platforms, and sent directly to staff, students, parent council chairs and families.

The Engage PVNC Platform received positive comments and suggestions regarding the policy, and suggestions to board operations unrelated to this policy. Some of the suggestions were implemented, this included grammatical and language updates. Some links were updated, information about the student census was added, and there were some updates to the responsibility sections for greater clarity.

Motion: Moved by Board Chairperson MacKenzie, seconded by Trustee Martin, that the Policy Development Committee recommend to the Board that the revised Directional Policy #100, Governance, Vision and Strategic Priorities, be received and posted under the Policy and Procedures for PVNCCDSB.

Carried.

3. R.A. Revised Directional Policy - DP # 1000 - Parent and Community Relations.

Director Stephen O'Sullivan advised the committee that Directional Policy #1000 was previously presented to the Policy Development Committee on February 6, 2024. It has since been posted on the Engage PVNC Platform between February 28, 2024 to March 17, 2024 for public consultation. This Directional Policy was also shared with other media platforms, and sent directly to staff, students, parent council chairs and families.

This policy received 106 visitors to the Engage PVNC Platform, and 7 responses. There were questions regarding who responded to the platform, and the effectiveness of how it reaches the PVNC Catholic community. It was noted this is a positive step in asking for the communities feedback with creating policies and procedures.

The Director advised there were updates to some of the language, the students census was added to the progress indicators, and some of the resources were updated.

Motion: Moved by Trustee Connolly, seconded by Trustee Tanguay, that the Policy Development Committee recommend to the Board that the revised Directional Policy #1000, Parent and Community Relations, be received and posted under the Policy and Procedures for PVNCCDSB.

Carried.

C. Information Items

C. 1 a) Administrative Procedure #105, Student Trustees

That Administrative Procedure #105, Student Trustees, be received and posted as revised under Directional Policy #100, Governance, Vision, and Strategic Priorities.

C. 1 b) Administrative Procedure #106, Delegations to Board and/or Committee Meetings

That Administrative Procedure #106, Delegations to Board and/or Committee Meetings, be received and posted as revised under Directional Policy #100, Governance, Vision, and Strategic Priorities.

C. 1 c) Administrative Procedure #304, Supervised Alternative Learning and Other Excusals from Attendance at School

That Administrative Procedure #304, Supervised Alternative Learning and Other Excusals from Attendance at School, be received and posted as revised under Directional Policy #300, Student Achievement and Well-Being.

C. 1 e) Administrative Procedure #703, First Nation, Métis, and Inuit Voluntary Self-Identification

That Administrative Procedure #703, First Nation, Métis, and Inuit Voluntary Self-Identification, be received and posted as revised under Directional Policy #700, Equity and Inclusive Education.

C. 1 f) Administrative Procedure #705, Indigenous Education

That Administrative Procedure #705, Indigenous Education, be received and posted as revised under Directional Policy #700, Equity and Inclusive Education.

Trustee Loretta Durst read all of the Administrative Procedures, excluding Administrative Procedure #313, Student Acceptable Use of Technology.

It was discussed that Administrative Procedure #705 was a new procedure, and not revised. Superintendent Julie Selby gave a brief presentation regarding the process and conversations in creating this new procedure.

Motion: Moved by Trustee Tanguay, seconded by Trustee Connolly, that the Policy Development Committee recommend that the following Administrative Procedures be received and posted as presented.

Carried.

C. 1 a) Administrative Procedure #105, Student Trustees

That Administrative Procedure #105, Student Trustees, be received and posted as revised under Directional Policy #100, Governance, Vision, and Strategic Priorities.

C. 1 b) Administrative Procedure #106, Delegations to Board and/or Committee Meetings

That Administrative Procedure #106, Delegations to Board and/or Committee Meetings, be received and posted as revised under Directional Policy #100, Governance, Vision, and Strategic Priorities.

C. 1 c) Administrative Procedure #304, Supervised Alternative Learning and Other Excusals from Attendance at School

That Administrative Procedure #304, Supervised Alternative Learning and Other Excusals from Attendance at School, be received and posted as revised under Directional Policy #300, Student Achievement and Well-Being.

C. 1 e) Administrative Procedure #703, First Nation, Métis, and Inuit Voluntary Self-Identification

That Administrative Procedure #703, First Nation, Métis, and Inuit Voluntary Self-Identification, be received and posited as revised under Directional Policy #700, Equity and Inclusive Education.

C. 1 f) Administrative Procedure #705, Indigenous Education

That Administrative Procedure #705, Indigenous Education, be received and posted as revised under Directional Policy #700, Equity and Inclusive Education.

D. Next Meeting:

1. Policy Development Committee meetings for 2023-2024:

- Tuesday, June 4, 2024, 6:30 p.m.

E. Conclusion

1. Closing Prayer

Trustee Durst led the committee in prayer on behalf of Board Chairperson MacKenzie.

2. Adjournment

Motion: Moved by Board Chairperson MacKenzie, seconded by Trustee Martin, that the Policy Development Committee meeting be adjourned at 7:23 p.m.

Carried.

Loretta Durst
Committee Chairperson
/sb

Sean Heuchert
Superintendent of Business
and Finance



B.1.a)

*Creating a culture of
faith, hope and love
to ensure equity
and well-being.*

Policy Development Committee:

Recommended Action:

That the Policy Development Committee recommend to the Board that the revised Directional Policy #900, Safe and Accepting Schools, be received and posted under the Policy and Procedures for PVNCCDSB.

Directional Policy Report to the Policy Development Committee

Meeting Date: April 30, 2024

Presented by: Jonathan Di Ianni

Subject: Directional Policy 900 - Safe and Accepting Schools

Background:

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

The purpose of the Safe and Accepting Schools Directional Policy is to create a shared understanding and systematic approach to the implementation of Safe and Accepting School procedures and protocols. The Safe and Accepting Schools Directional Policy responds to legislative requirements for school boards in the areas of equity and inclusive education; bullying prevention and intervention; progressive discipline and promoting positive student behaviour; codes of conduct; suspension/expulsion; anti-sex trafficking; emergency preparedness; safe arrivals; and visitors to schools.

Summary of Draft Directional Policy:

The key changes to this Directional Policy include:

- Overall updates to align with the new Directional Policy format
- Language to align with 2021-2025 Multi-Year Strategic Plan
- Responsibilities updated and refined where applicable
- References updated to current links

Attachments:

- [Draft Directional Policy for consideration.](#)
- [Link to previous version of the Directional Policy.](#)

B.1.c)



BOARD DIRECTIONAL POLICY	
DIRECTIONAL POLICY TITLE	DIRECTIONAL POLICY NUMBER
Safe and Accepting Schools	900

Title of Directional Policy:

Safe and Accepting Schools

Date Approved:

April 30, 2024

Projected Review Date:

2029

Policy:

The Peterborough Victoria Northumberland and Clarington Catholic District School Board believes that all students need to feel safe, secure and able to express when they feel at risk to benefit from the advantages of being part of a Catholic education community. To that end, every school shall strive to be a welcoming, safe, respectful, equitable, inclusive and accepting learning and teaching environment, rooted in the Gospel values.

Purpose:

The purpose of the Safe and Accepting Schools Directional Policy is to create a shared understanding and systematic approach to the implementation of Safe and Accepting School procedures and protocols. The Safe and Accepting Schools Directional Policy responds to legislative requirements for school boards in the areas of equity and inclusive education; bullying prevention and intervention; progressive discipline and promoting positive student behaviour; codes of conduct; suspension/expulsion; anti-sex trafficking; emergency preparedness; safe arrivals; and visitors to schools.

The Board recognizes that creating safe and accepting school environments requires the collective effort and engagement of the entire system: trustees, staff, students, parents/guardians, parishes, and the community. As a result, system and school level safe and accepting school strategies will focus on the process of ongoing development and continuous assessment of effectiveness of current practices - implementing practices and strategies to ensure a positive school climate, free from discrimination and harassment, where all members of the community feel safe, included and accepted.

PVNC Catholic Administrative Procedures that specify system-wide practices for Safe and Accepting Schools, operationalize this directional policy.

Alignment with Multi-Year Strategic Plan:

The Safe and Accepting Schools Directional Policy supports the vision and mission to accompany our students as we strive for excellence in Catholic education under the [2021-2025 Strategic Plan, Vision and Mission: Building a Community that Accompanies](#). In particular, this policy informs and supports the following priorities of Valuing Relationships, Providing Excellence in Teaching and Learning, Nurturing Mental Health & Well-Being and Ensuring Equity.

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 learning community supported by the Multi-Year Strategic Plan;
- reviewing, and considering for approval, the Safe and Accepting Schools Directional Policy recommended for consideration by the Policy Development Committee;
- understanding, and communicating with members of the community, the content of the Safe and Accepting Schools Directional Policy;
- assigning responsibility to the Director of Education for operationalizing and managing the Safe and Accepting Schools Directional Policy;
- monitoring and holding the Director of Education accountable respecting the implementation and operational details of the Safe and Accepting Schools Directional Policy.

The Director of Education is responsible for:

- providing leadership regarding implementation and operational details in the Safe and Accepting Schools Directional Policy;

- providing direction to staff in the development of administrative procedures and practices to ensure implementation of the Safe and Accepting Schools Directional Policy.

Superintendents of Schools and System Portfolios are responsible for:

- collaboratively leading the development of administrative procedures and practices aligned with the Safe and Accepting Schools Directional Policy;
- managing and providing leadership in developing the supports and resources to ensure the implementation of the Safe and Accepting Schools Directional Policy;
- providing leadership and working collaboratively with the Director and Superintendents, Managers, Supervisors, Principals and Vice-Principals, Federations, Unions, and non-union groups, to build capacity of all staff in their knowledge and understanding and implementation of the Safe and Accepting Schools Directional Policy;
- developing strategies for supporting parents/guardians at the system level in their knowledge and understanding of the Safe and Accepting Schools Directional Policy;
- working collaboratively with central staff to develop administrative procedures that align with the Safe and Accepting Schools Directional Policy;
- providing updates to the Board on the implementation and impact of the Safe and Accepting Directional Policy.

Managers/Supervisors are responsible for:

- providing leadership, management and support for the members of their departments in the knowledge, understanding, and the implementation of the Safe and Accepting Schools Directional Policy;
- working collaboratively with Senior Administration to develop administrative procedures that align with the Safe and Accepting Schools Directional Policy.

Communications Services is responsible for:

- working collaboratively with the Senior Administration to develop a system-wide communications plan focused on building knowledge and understanding with PVNC Catholic school communities and partners of the Safe and Accepting Schools Directional Policy, to support its effective implementation.

Principals and Vice Principals are responsible for:

- providing leadership, management, and support for the members of their school communities in the knowledge, understanding, and the implementation of the Safe and Accepting Schools Directional Policy;
- developing strategies to engage students, staff, parents/guardians and wider school community their knowledge and understanding of the Safe and Accepting Schools Directional Policy;
- implementing practices and strategies to ensure a positive school climate, free from discrimination and harassment, where all members of the community feel safe, included and accepted.

Teachers and Staff are responsible for:

- working collaboratively with all members of the school community to successfully implement the Safe and Accepting Schools Directional Policy;
- adhering to the administrative procedures that support the Safe and Accepting Schools Directional Policy;
- being proactive and self-directed in building their knowledge and understanding of the Safe and Accepting Schools Directional Policy, by engaging in professional learning opportunities provided both within the school and centrally;
- implementing practices and strategies to ensure a positive school climate, free from discrimination and harassment, where all members of the community feel safe, included and accepted.

Parent(s)/Guardian(s) are responsible for:

- contributing to a positive school climate through healthy relationships, and positive interactions with all members of the school community;
- collaborating with and supporting the efforts school staff in maintaining a safe, inclusive and accepting learning environment;
- supporting their child in developing healthy relationships and interactions with others to foster a positive school climate;
- providing parent/guardian voice bi-annually through school climate surveys.

Students are responsible for:

- contributing to a positive school climate through healthy relationships, and

positive interactions with all members of the school community;

- participating and engaging in programs and activities which promote a safe, inclusive and accepting school environment;
- providing student voice bi-annually through school climate surveys.

Progress Indicators:

- All employees are aware of, and implement, their roles in the Safe and Accepting Schools Directional Policy and in the related administrative procedures; including the participation of staff in professional development to support the Safe and Accepting Schools Directional Policy.
- Bi-annual School Climate Survey indicates that students feel safe and welcome in their school environments.
- Review and development of Administrative Procedures for Safe and Accepting Schools, responding to system and legislative needs.
- Review of serious student incidents as they relate to and/or impact Board Administrative Procedures.

Definitions:

Discrimination: unfair or prejudicial treatment of individuals or groups on the basis of grounds set out in the Ontario Human Rights Code (e.g., race, sexual orientation, disability) or on the basis of other factors. Discrimination, whether intentional or unintentional, has the effect of preventing or limiting access to opportunities, benefits, or advantages that are available to other members of society. Discrimination may be evident in organizational and institutional structures, policies, procedures, and programs, as well as in the attitudes and behaviours of individuals.

Harassment: engaging in a course of vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome. Harassment is a form of discrimination that may include unwelcome attention and remarks, jokes, threats, name-calling, touching, or other behaviour (including the display of pictures) that insults, offends, or demeans someone because of their identity. Harassment involves conduct or comments that are known to be, or should reasonably be known to be, offensive, inappropriate, intimidating, and hostile

Positive school climate: the school climate may be defined as the learning environment and relationships found within a school and school community. A positive school climate exists when all members of the school community feel safe, included, and accepted, and actively promote positive behaviours and interactions. Principles of equity and inclusive education are embedded in the learning environment to support a positive school climate and a culture of mutual respect.

References:

- [Education Act, R.S.O. 1990, c. E.2](#)
- [Human Rights Code, R.S.O. 1990, c. H.19](#)
- [Policy/Program Memorandum 9](#), Reporting of Children in Need of Protection - 2019
- [Policy/Program Memorandum 119](#), “Developing and Implementing Equity and Inclusive Education Policies In Ontario Schools” - 2013
- [Policy/Program Memorandum 120](#), “Reporting Violent Incidents to the Ministry of Education” - 2011
- [Policy/Program Memorandum 123](#), “Safe Arrivals” - 1999
- [Policy/Program Memorandum 128](#), “The Provincial Code of Conduct and School Board Codes of Conduct” - 2019
- [Policy/Program Memorandum 141](#), “School Board Programs for Students on Long-Term Suspension” - 2012
- [Policy/Program Memorandum 142](#), “School Board Programs For Expelled Students” - 2012
- [Policy/Program Memorandum 144](#), “Bullying Prevention and Intervention” - 2021
- [Policy/Program Memorandum 145](#), “Progressive Discipline and Promoting Positive Student Behaviour” - 2018
- [Police Record Checks: Ontario Regulation 521/01, Collection of Personal information](#)
- [Equity and Inclusive Education in Ontario’s Schools, Guidelines for Policy Development and Implementation, 2014](#)
- [Police/School Board Protocol - 2016](#)

Related Administrative Procedures:

- [PVNC Administrative Procedure 901: Safe Arrivals](#)
- [PVNC Administrative Procedure 902: Visitors to Schools](#)
- [PVNC Administrative Procedure 903: Police School Board Protocol](#)
- [PVNC Administrative Procedure 904: Lockdown Procedures](#)
- [PVNC Administrative Procedure 905: Bomb Threat Procedures](#)
- [PVNC Administrative Procedure 906: Bullying Prevention and Intervention](#)

- [PVNC Administrative Procedure 907: Anti-Sex Trafficking Protocol](#)
- [PVNC Administrative Procedure 908: Progressive Discipline and Promoting Positive Student Behaviour](#)
- [PVNC Administrative Procedure 909 : Code of Conduct](#)
- [PVNC Administrative Procedure 910: Suspension, Expulsion, and Appeal](#)
- [PVNC Administrative Procedure 911: Mandated Alternate Educational Settings](#)
- [PVNC Administrative Procedure 912: Supporting Positive Student Behaviour: Safety for All](#)
- [PVNC Administrative Procedure 913: Delegation of Authority](#)
- [PVNC Directional Policy 700: Equity and Inclusive Education](#)

DRAFT

Policy Development Committee:

Administrative Procedures:

Recommended Action:

That the Policy Development Committee recommend to the Board that items C.1 a) through C.1 j) be received and posted as presented:

C. 1. a) Administrative Procedure #210 - Naming of Catholic Schools Board Facilities

That Administrative Procedure #210, Naming of Catholic Schools Board Facilities, be received and posted as revised under Directional Policy #200, Catholic Education.

C. 1 b) Administrative Procedure #504 - Employee Attendance Support Program

That Administrative Procedure #504, Employee Attendance Support Program, be received and posted as revised under Directional Policy #500, Employee Relations.

C. 1 c) Administrative Procedure #507 - Disability Management

That Administrative Procedure #507, Disability Management, be received and posted as revised under Directional Policy #500, Employee Relations.

C. 1 d) Administrative Procedure #508 - Workplace Harassment Prevention.

That Administrative Procedure #508, Workplace Harassment Prevention, be received and posted as revised under Directional Policy #500, Employee Relations.

C. 1 e) Administrative Procedure #509 - Workplace Violence Prevention



*Creating a culture of
faith, hope and love
to ensure equity
and well-being.*

That Administrative Procedure #509, Workplace Violence Prevention, be received and posited as revised under Directional Policy #500, Employee Relations.

C. 1 f) Administrative Procedure #609 - Investment Surplus Funds

That Administrative Procedure #609, Investment Surplus Funds, be received and posted as revised under Directional Policy #600, Stewardship Resources.

C. 1. g) Administrative Procedure #616 - Honoraria for Trustees

That Administrative Procedure #616, Honoraria for Trustees, be received and posted as revised under Directional Policy #600, Stewardship Resources.

C. 1. h) Administrative Procedure #809 - Occupational Health and Safety

That Administrative Procedure #809, Occupational Health and Safety, be received and posted as revised under Directional Policy #800, Healthy Schools and Workplaces.

C. 1. i) Administrative Procedure #1202 - Protection of Privacy

That Administrative Procedure #1202, Protection of Privacy, be received and posted as revised under Directional Policy #1200, Records and Information.

C. 1. j) Administrative Procedure #1207 - Freedom of Information

That Administrative Procedure #1207, Freedom of Information, be received and posted as revised under Directional Policy #1200, Records and Information.

Administrative Procedure Report to the Policy Development Committee

Meeting Date: Tuesday, June 4, 2024

Presented by: Stephen O'Sullivan, Director of Education

Subject: AP 210 - Naming of Catholic Schools/Board Facilities

Background:

AP 210 - Naming of Catholic Schools/Board Facilities is being brought forth due to changes required ahead of the scheduled review date.

Summary of Draft Administrative Procedure:

The key changes to this Administrative Procedure include:

1. Under 'Process for Naming a New School/Board Facility', paragraph 1 has been updated to clarify the responsibility of forming the committee. Paragraph 2 has been updated to include representation from the First Nation, Métis, and Inuit Education Advisory Committee on the ad hoc naming committee.
2. Under 'Process for Renaming a New School/Board Facility', paragraph 2 has been updated to clarify the responsibility of forming the committee. Paragraph 3 has been updated to include representation from the First Nation, Métis, and Inuit Education Advisory Committee on the ad hoc naming committee.

Attachments:

- [Draft Administrative Procedure for consideration.](#)
- [Link to previous version of the Administrative Procedure.](#)



BOARD ADMINISTRATIVE PROCEDURE	
Administrative Procedure Naming of Catholic Schools/Board Facilities	Administrative Procedure Number 210
Directional Policy 200 - Catholic Education	

Title of Administrative Procedure:

Naming of Catholic Schools/Board Facilities

Date Approved:

June 4, 2024

Projected Review Date:

2029

Directional Policy Alignment:

The Naming of Catholic Schools/Board Facilities Administrative Procedure aligns with Directional Policy 200 – Catholic Education by outlining the transparent community consultation process by which our Catholic schools and board facilities are named or renamed.

Alignment with Multi-Year Strategic Plan:

The Naming of Catholic Schools/Board Facilities Administrative Procedure supports the Board's Multi-Year Strategic Plan to inspire faith, value relationships and maximize resources.

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

Action Required:

The Board recognizes that the naming of a new Catholic school, the renaming of an existing Catholic school, or the naming of a consolidated Catholic school, is a significant step in the process of establishing a new Catholic school community and serves to express the Catholic heritage both locally and universally. The name and its symbolic significance provide a focus for the school and kindle a unique identity and spiritual bond for students, staff and community members for generations to come.

The final choice of a Catholic school/Board facility name shall be approved by Trustees during a public Board meeting. This decision shall be informed by the recommendations of an ad-hoc School/Board Facility Naming/Renaming Committee, which will bring back recommended names following the public consultation process outlined in this administrative procedure.

1. Any consideration of the name of a school/Board facility shall respect the Catholic identity.
2. When final approval of the building proposal has been received from the Ministry of Education for a new school/Board facility or for a name change to an existing building, or a consolidation of schools, an ad-hoc School/Board Facility Naming/Renaming Committee shall be formed.
3. Prior to naming/renaming schools/Board facilities, the Board shall follow a consultative process to seek suggestions from parents, staff, students, clergy, and ratepayer representatives of the area within which the school/Board facility is located.
4. Schools/Board facilities shall be named in honour of the Divinity, or in honour of a person or group that has been officially recognized by the Church through beatification or canonization, or an outstanding Catholic national, or international figure. The name of a person to be honoured shall not be considered until after the first anniversary of their death.
5. The word "Catholic" shall be an integral part of the school/Board facility name.
E.g., St. John Catholic Elementary School
6. The word "Elementary" or "Secondary" shall be an integral part of a school name.
E.g., St. Stephen Catholic Secondary School
7. The duplication of names within the Board should be avoided.
8. The duplication of names within coterminous Catholic Boards should be avoided.
9. The possessive form shall not be used in the name and all schools shall follow the same naming convention.

10. Names of closed schools/Board facilities shall be considered for Chapels, wings, libraries, etc., in the receiving or consolidated school.

Process for Naming a New School/Board Facility

1. The Director of Education will form a School/Board Facility Naming Committee as soon as final approval of the building project is received from the Ministry of Education to study and formulate recommendations for the name of the school/Board facility.
2. Members of the School/Board Facility Naming Committee will include the local trustee(s) from the area, Director of Education (or designate), Superintendent of Schools for the area, Manager of Communications, appropriate board-level staff assigned by the Director of Education and the new school principal (and/or principal(s) from a feeder school). The committee will also invite representation to join the Naming Committee from the Faith and Equity Committee, the First Nation, Métis, and Inuit Education Advisory Committee, local clergy, Catholic School Council Chairpersons from the catchment area feeder schools, parents/guardians and students from the new school community, and any other representation deemed necessary by the Naming Committee.
3. Local trustee(s) will serve as chairperson(s) for the School/Board Facility Naming Committee.
4. The School/Board Facility Naming Committee will review the Naming of Schools/Board Facilities Administrative Procedure at the first meeting of the Committee.
5. The School/Board Facility Naming Committee will seek input and engage in consultation on possible school names with parents, staff, students, ratepayers, and the parish community from the area in which the school is located, as deemed appropriate.
6. Communication Services will create a communications plan to support the committee's work and to promote engagement in the naming process within the community.
7. The School/Board Facility Naming Committee will review all submissions and present a maximum of three proposed names (in order of preference) and a rationale for each to the Bishop of the Diocese for review and feedback.
8. The Chairperson(s) of the School/Board Facility Naming Committee will provide a summary report to the Board of Trustees outlining the process, consultation input, feedback from the Bishop and recommendations.
9. The School/Board Facility Naming Committee will present to the Board of Trustees a maximum of three proposed names (in order of preference), a

rationale for each, and a recommendation from the Committee for review and final approval.

10. If the Board of Trustees does not approve any of the name recommendations provided by the School/Board Facility Naming Committee, the processes outlined in this administrative procedure shall be repeated.
11. Upon approval of a new name, Communication Services will design and produce a suitable plaque outlining the significance of the school/Board facility name to be located in a prominent location at the school/Board facility.
12. The name of each school/Board facility will be clearly displayed at the front entrance of the school/Board facility.
13. The corporate Board logo, name, and cross will be affixed adjacent to the name of the school and displayed in a prominent location at the front of the school/Board facility.
14. Communication Services will design the official school logo with the new name.

Process for Renaming a New School/Board Facility

1. When a school or community group wishes to rename a school/Board facility, a proposal shall be provided to the Board of Trustees, which will vote on whether to engage the renaming process.
2. If the Board approves a school/Board facility renaming, the Director of Education will form a School/Board Facility Naming Committee.
3. Members of the School/Board Facility Renaming Committee will include the local trustee(s) from the area, Director of Education (or designate), Superintendent of Schools for the area, Manager of Communications, appropriate board-level staff assigned by the Director of Education and the school principal (and/or principal(s) from a feeder school). The committee will also invite representation to join the Naming Committee from the Faith and Equity Committee, the First Nation, Métis, and Inuit Education Advisory Committee, local clergy, Catholic School Council Chairpersons, parents/guardians and students from the school community and any other representation deemed necessary by the Renaming Committee.
4. Local trustee(s) will serve as chairperson(s) for the School/Board Facility Renaming Committee.
5. The School/Board Facility Renaming Committee will review the Naming of Schools/Board Facilities Administrative Procedure at the first meeting of the Committee.
6. The School/Board Facility Renaming Committee will seek input and engage in consultation on possible new school names with parents, staff, students,

ratepayers, and the parish community from the area in which the school is located, as deemed appropriate.

7. Communication Services will create a communications plan to support the committee's work and to promote engagement in the renaming process within the community.
8. The School/Board Facility Renaming Committee will review all submissions and present a maximum of three proposed names (in order of preference) and a rationale for each to the Bishop of the Diocese for review and feedback.
9. The Chairperson(s) of the School/Board Facility Renaming Committee will provide a summary report to the Board of Trustees outlining the process, consultation input, feedback from the Bishop and recommendations.
10. The School/Board Facility Renaming Committee will present to the Board of Trustees a maximum of three proposed names (in order of preference), a rationale for each, and a recommendation from the Committee for review and final approval.
11. If the Board of Trustees does not approve any of the name recommendations provided by the School/Board Facility Renaming Committee, the processes outlined in this administrative procedure shall be repeated.
12. Following final Board approval of the name change, an official renaming ceremony will be held at the local school/Board facility.
13. Upon approval of a new name, Communication Services will design and produce a suitable plaque outlining the significance of the school/Board facility name to be located in a prominent location at the school.
14. Communication Services will design the official school logo with the new name.
15. The former logo and name will be archived in the Records Retention Centre at the Catholic Education Centre.

Responsibilities:

The Board of Trustees is responsible for:

- Ensuring alignment of this administrative procedure with the Catholic Education Directional Policy
- Reviewing the Naming of Schools Administrative Procedure as part of its regular policy and procedure review cycle
- Approving the naming and renaming of Catholic schools/board facilities

Local Trustees are responsible for:

- Chairing the naming or renaming committee as outlined in this administrative procedure

The Director of Education is responsible for:

- Initiating the formulation of the ad hoc School/Board Facility Renaming Committee
- Designating resources for ensuring the implementation of and compliance with this administrative procedure
- Participating as a member of the naming or renaming committee or designating staff as outlined in this administrative procedure

Superintendents of Schools and System Portfolios are responsible for:

- Participating as a member of the naming or renaming committee as outlined in this administrative procedure

Principals are responsible for:

- Participating as a member of the naming or renaming committee as outlined in this administrative procedure

Manager of Communications is responsible for:

- Providing communications support to the naming or renaming committee as outlined in this administrative procedure

Progress Indicators:

- Meaningful community engagement in the naming or renaming of a school community.



Report to the Policy Development Committee

Meeting Date: June 4, 2024

Presented by: Darren Kahler, Superintendent

Subject: AP504 – Employee Attendance Support Program

Background:

This Administrative Procedure is up for review on the regular review cycle.

Recommended Changes:

- Updated alignment with Multi-Year Strategic Plan.
- Added reference to a medically supported disability being supported by the disability management process or accommodation process.
- Threshold for entry into the EASP changed to fifteen (15) days.
- Removed occurrences from threshold.
- Updated attendees at early-stage meetings from HR Officer to HR representative.
- Removed reference to Employment Viability Review and replaced with specific information about what will occur when an employee progresses beyond Step 4.

Attachments:

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



BOARD ADMINISTRATIVE PROCEDURE	
Administrative Procedure Employee Attendance Support Program	Administrative Procedure Number 504
Directional Policy 500 - Employee Relations	

Title of Administrative Procedure:

Employee Attendance Support Program

Date Approved:

June 4, 2024

Projected Review Date:

2029

Directional Policy Alignment:

This Administrative Procedure aligns with the purpose of the [Employee Relations Directional Policy - 500](#) by ensuring there is a shared understanding of the Board's expectations as it relates to regular attendance at work.

Alignment with Multi-Year Strategic Plan:

The Employee Attendance Support Program Administrative Procedure is aligned with the PVNCCDSB Board Vision, Mission and Strategic Priorities of the multi-year strategic plan, Building a Community that Accompanies, most notably through the Being Well pillar and the priorities of Nurturing Mental Health & Well-being and Maximizing Resources.

Action Required:

1.0 Background

The Board recognizes the contributions of all Employees and their importance in realizing the Board's Vision of creating a culture of faith, hope and love to ensure equity and well-being. All Employees will be treated with fairness, consistency, respect and compassion.

The Employee Attendance Support Program (EASP) is aimed at positively supporting Employees in achieving regular attendance at work. Regular attendance is a condition of employment and the EASP supports that goal. The types of support that can be offered include but are not limited to the Employee and Family Assistance Program, workplace accommodations, and support within the workplace.

The focus of the EASP is on non-culpable absences. These absences are not dealt with through a progressive discipline model; instead the Employee is supported through the EASP.

The EASP is a non-disciplinary process with the goal being to assist Employees in maintaining regular attendance. Employees who exceed the Board's established absence threshold will advance through the EASP. When an Employee advances through to the final step of the EASP, the Board will make a determination as to whether the Employee is likely to maintain regular attendance in the future. If the Board determines that the Employee is not likely to maintain regular attendance in the future, the Board may conclude that the employment relationship has been frustrated and end the relationship.

Should a medically supported disability be identified that requires support or accommodation at any time during the process, the Board will support the Employee's transition into the disability management program by following [AP 507 – Disability Management](#) and/or [AP 503 – Workplace Accommodation](#). Sporadic absences may continue to be considered within the EASP.

Culpable absences are subject to progressive discipline, in accordance with their respective Collective Agreements or Terms and Conditions. These absences are not dealt with through the EASP.

The Board will apply the EASP in a manner consistent with the *Human Rights Code*, the *Workplace Safety and Insurance Act*, and other applicable legislation in place to accommodate the individual needs of Employees and assist them in the performance of their duties.

2.0 Employee Attendance Support Program - Procedure

The following steps outline the process by which the Board will engage in non-disciplinary discussion with those Employees whose non-culpable absenteeism (including illness and medical appointments) usage is above the predetermined threshold. The threshold for entry into the program shall be fifteen (15) I would suggest 20 as this is the number of days per year that was covered in the old system. We need to keep in mind that school settings are filled with germy little people who cough and sneeze without covering their faces and who wipe snot on sleeves and shirts. Graphic but true. I can't tell you how many hands I've held

that were oh so sticky for unknown reasons.days in the previous school year. The threshold will be prorated for employees who work part-time, started midway during the school year, or worked in a long-term occasional assignment which was not a full year.

At each of the four levels of the Employee Attendance Support Program the Board shall assess whether any of the absences in question were related to:

- a disability;
- a requirement for accommodation under the *Human Rights Code*; or
- extenuating circumstances (i.e. single event or a one-time sickness) which would indicate that it would not be appropriate for the Employee to enter into the EASP.

Absences where the Employee is on:

- an *Employment Standards Act* leave,
- a leave of absence related to a workplace injury covered by the *Workplace Safety and Insurance Act*, or
- a Long Term Disability leave of absence

shall not be taken into account in determining the absence threshold.

2.1 Entry into the EASP

- 2.1.1 An Employee may enter the EASP when his/her absences are over the threshold (or prorated threshold) in a twelve (12) month period.
- 2.1.2 The threshold is fifteen (15) days. The threshold is reviewed annually. The Board will advise all Employees when the threshold is revised.
- 2.1.3 The Board will review Employee non-culpable absenteeism usage for the purpose of entry into, progression to the next level, or exit out of the EASP three times each year (every four (4) months).
- 2.1.4 An Employee who enters the program will remain in the program until such time that his/her attendance comes under the threshold and stays there for two (2) consecutive review periods. Should an Employee be under the threshold for two (2) consecutive review periods, they will exit the EASP.

2.2 Notification of Entry into the EASP

- 2.2.1 An Employee who enters the EASP will be notified by letter during one of the review periods outlined in 2.1.3. The Employee's direct supervisor and union representative, if applicable, will be copied on this letter.

2.2.2 The letter will outline the requirement to attend a meeting during the next review period outlined in 2.1.3.

2.3 Preliminary Meeting

2.3.1 In the review period following entry into the EASP, the Employee will meet with their supervisor, union representative (if applicable), and Human Resource Services.

2.3.2 At this meeting, the Board will share information related to the Employee's non-culpable absenteeism, explain the concerns the Board has, and offer resources and/or accommodation if appropriate. The Employee will not provide any information related to a diagnosis, however, they will be provided with the opportunity to provide an explanation for the high level of non-culpable absenteeism.

2.3.3 Following the preliminary meeting the Employee may:

- be placed in Level 1 of the EASP; or
- remain at the preliminary step; or
- exit the program

2.3.4 The Board will issue a letter following the meeting which confirms next steps (i.e. whether the employee is progressing to the next level of the EASP), the date, attendees and other relevant details of the meeting.

2.4 Level 1

2.4.1 Following the preliminary meeting, an Employee who remains in the EASP will attend a Level 1 meeting to review the preceding rolling 12 months (or prorated) non-culpable absenteeism. Level 1 consists of a meeting that includes the Employee, Principal/Supervisor/Manager, a Human Resources representative, and a union representative (if applicable).

2.4.2 During the Level 1 meeting the discussion will focus on sharing information related to the Employee's non-culpable absenteeism, explaining the concerns the Board has, and offering resources and/or accommodation if the Employee has a need. The Employee will not be required to provide any information related to a diagnosis, however, they will be provided with the opportunity to provide an explanation for the high use of non-culpable absenteeism.

- 2.4.3 The supports that can be offered include, but are not limited to, the Employee and Family Assistance Program, workplace accommodations, and support within the workplace.
- 2.4.4 If the Employee's attendance has improved and the Employee is now under the Board's threshold for entry into the EASP, the Employee will remain in Level 1 of the program until they are under the threshold for two (2) consecutive review periods.
- 2.4.5 If the Employee's attendance has not improved and the Employee's average remains above the Board's threshold for entry into the EASP, the Employee will proceed to Level 2 of the program.
- 2.4.6 The Board will issue a letter following the Level 1 meeting which confirms the date, attendees and other relevant details of the meeting.

2.5 Level 2

- 2.5.1 Following the Level 1 Meeting, an Employee who remains in the EASP will attend a Level 2 meeting to review the preceding rolling 12 months (or prorated) non-culpable absenteeism usage. Level 2 consists of a meeting that includes the Employee, Principal/Supervisor/Manager, a Human Resources representative, and a union representative (if applicable).
- 2.5.2 During the Level 2 meeting the discussion will focus on sharing information related to the Employee's non-culpable absenteeism, explaining the concerns the Board has, and offering resources and/or accommodation if the Employee has a need. The Employee will not be asked to provide any information related to a diagnosis, however, they will be provided with the opportunity to provide an explanation for the high use of non-culpable absenteeism.
- 2.5.3 The supports that can be offered include but are not limited to the Employee and Family Assistance Program, workplace accommodations, and support within the workplace.
- 2.5.4 If the Employee's attendance has improved and the Employee is now under the Board's threshold for entry into the EASP, the Employee will remain in Level 2 of the program until he/she is under the threshold for two consecutive review periods.
- 2.5.5 If the Employee's attendance has not improved and the Employee's average remains above the Board's threshold for entry into the EASP, the Employee will proceed to Level 3 of the program.

2.6 Level 3

- 2.6.1 Following the Level 2 Meeting, an Employee who remains in the EASP will attend a Level 3 meeting to review the preceding rolling 12 months (or prorated) non-culpable absenteeism usage. Level 3 consists of a meeting that includes the Employee, Principal/Supervisor/Manager, Manager of Human Resource Services, and a union representative (if applicable).
- 2.6.2 During the Level 3 meeting the discussion will focus on sharing information related to the Employee's non-culpable absenteeism, explaining the concerns the Board has, and offering resources and/or accommodation if the Employee has a need. The Employee will not be asked to provide any information related to a diagnosis, however, they will be provided with the opportunity to provide an explanation for the high use of non-culpable absenteeism.
- 2.6.3 The supports that can be offered include but are not limited to the Employee and Family Assistance Program, workplace accommodations, and support within the workplace.
- 2.6.4 If the Employee's attendance has improved and the Employee is now under the Board's threshold for entry into the EASP, the Employee will remain in Level 3 of the program and will remain there until they are under the threshold for two consecutive review periods.
- 2.6.5 If the Employee's attendance has not improved after this and the Employee's average remains above the Board's threshold for entry into the EASP, the Employee will proceed to Level 4 of the program.

2.7 Level 4

- 2.7.1 Following the Level 3 Meeting, an Employee who remains in the EASP will attend a Level 4 meeting to review the preceding rolling 12 months (or prorated) non-culpable absenteeism usage. Level 4 consists of a meeting that includes the Employee, Superintendent, Manager of Human Resource Services, and a union representative (if applicable).
- 2.7.2 During the Level 4 meeting the discussion will focus on sharing information related to the Employee's non-culpable absenteeism, explaining the concerns the Board has, and offering resources and/or accommodation if the Employee has a need. The Employee will not be asked to provide any information related to a diagnosis,

however, they will be provided with the opportunity to provide an explanation for the high use of non-culpable absenteeism.

- 2.7.3 The supports that can be offered include but are not limited to the Employee and Family Assistance Program, workplace accommodations, and support within the workplace.
- 2.7.4 If the Employee's attendance has improved and the Employee is now under the Board's threshold for entry into the EASP, the Employee will remain in Level 4 of the program and will remain there until he/she is under the threshold for two consecutive review periods.
- 2.7.5 If the Employee's attendance has not improved and the Employee's average remains above the Board's threshold for entry into the EASP, the Board will commence a review of the viability of continuing the employment relationship.

2.8 Where the Employee progresses beyond Level 4 and

- (a) the Board determines that it has fulfilled its obligations under the applicable Collective Agreement, terms, and conditions and/or policies and procedures, the Workplace Safety and Insurance Act, the Human Rights Code and any other applicable legislation and the
- (b) Employee's non-culpable absenteeism remains excessive and there is no reasonable likelihood that the Employee will be able to attend work regularly in the reasonably foreseeable future the Employee may be advised that their employment is being terminated on a non-disciplinary basis.

Responsibilities:

The Board of Trustees is responsible for:

- Ensuring alignment with the Employee Relations Directional Policy.
- Reviewing the Employment Attendance Support Program Administrative Procedure as part of its regular policy and procedures review cycle.

The Director of Education is responsible for:

- Ensuring the implementation of and compliance with this Administrative Procedure, including the designation of required resources.

Superintendent of Human Resource Services is responsible for:

- Providing support and acting as a resource to all aspects of the attendance support process.
- Promoting safety, wellness, and commitment to the program
- Following the completion of the first three levels, attending the level 4 meeting.
- Assisting in determining the viability of ongoing employability in conjunction with Human Resources representatives, Principals, and Supervisors and Managers.

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

- Communicating attendance expectations to all Employees through an annual review of the Employee Attendance Support Program.
- Reviewing absence reports for staff and ensure accuracy
- Identifying absenteeism trends or patterns which may lead to an absence being considered culpable.
- Addressing all absenteeism issues using discretion and seeking support from Human Resource Services.
- Supporting Employees and act as a resource and advising Employees of available resources (i.e. EFAP).
- Participating in all meetings as outlined in the Employee Attendance Support Program

Human Resource Services staff are responsible for:

- Supporting Principals/Supervisors/Managers in addressing absenteeism issues.
- Identifying Employees who exceed the threshold level of absences.
- Advising Employees of resources available to them;
- Facilitating attendance support meetings.
- Providing a written outcome of each level meeting with copies to the Employee, Principal/Supervisor/Manager and Employee's union representative, if applicable.
- Manage accommodation and medical requirements.

Staff are responsible for:

- Maintaining regular and on-time attendance.
- Giving the notice of absence required by Board procedures.
- Participating actively in all levels of the attendance support process.
- Contacting his/her union representative if the Employee wishes them to be involved.

Progress Indicators:

PVNCCDSB Employees will achieve and maintain regular attendance with an absenteeism rate which does not exceed the Board's established absence threshold.

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 Employee's functional abilities and that respects the *Ontario Human Rights Code*.

Culpable Absence - Blameworthy, or culpable, absenteeism occurs when an Employee fails to attend work without a reasonable explanation. For example, an Employee who sleeps through his/her alarm clock, or takes a sick day when he/she is not sick, is engaged in culpable absenteeism. Failure to attend work without notifying the Employer, lateness for work or leaving early, and abuse of leave are examples of culpable absences.

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 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

Non-Culpable Absence - absenteeism that is not within the Employee's control. Illness and injury are the most common examples of this kind of absenteeism. 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 at least three considerations in assessing whether an accommodation could cause undue hardship: cost, outside sources of funding, and health and safety considerations.

REFERENCES:

[PVNC Catholic District School Board 2021-2025 Strategic Plan, Vision and Mission](#)
[Employee Relations Directional Policy - 500](#)
[AP 503 – Workplace Accommodation](#)
[AP 506 - Reporting Absences](#)
[AP 507 – Disability Management](#)
[Employment Standards Act](#)
[Ontario Human Rights Code](#)
[Workplace Safety and Insurance Act](#)

Report to the Policy Development Committee

Meeting Date: Tuesday, June 4, 2024

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.
- Clarified process for disability management process when there is a planned absence (i.e. surgery). Advise supervisor who will notify Wellness Coordinator.
- Clarified process for disability management process when there is an ongoing absence from work. Employee to contact Wellness Coordinator directly to discuss requirements.
- Added reference to what will occur if an employee is not able to make contact on the fifth day because of the nature of their absence.
- Provided specific timelines on when medical certificate should be submitted to the Board's Wellness Coordinator and what will occur if not received in that timeline.
- Provided specific steps that will be taken when an employee is able to return to work.
- Follow-up medical requests – to be reasonable given the circumstances.

Attachments:

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



BOARD ADMINISTRATIVE PROCEDURE	
Administrative Procedure Disability Management	Administrative Procedure Number 507
Directional Policy 500 - Employee Relations	

Title of Administrative Procedure:

Disability Management

Date Approved:

June 4, 2024

Projected Review Date:

2029

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, as outlined in the relevant collective agreement.

2.0 Purpose of the Program

The Disability Management Administrative Procedure is in place to provide 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 by engaging with 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.

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 such as diagnosis or 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.

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 notify their direct supervisor to advise them of the first date of absence and anticipated duration. The supervisor will notify the Board's Wellness Coordinator.
- 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 in a reasonable time frame to the Board's Wellness Coordinator. Should the medical documentation not be submitted within fifteen (15) working days, the employee will advise the Board's Wellness Coordinator when the medical documentation will be submitted.
- 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. Such requirement will be reasonable given the individual

circumstances and where possible aligned with the employee's next medical appointment. 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 may 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 the supervisor will advise the Board's Wellness Coordinator to discuss what, if any medical documentation may be required. The Wellness Coordinator will make the employee aware of what medical documentation, if any, is required.
- 2) If medical documentation is required, 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 in a reasonable time frame to the Board's Wellness Coordinator. Should the medical documentation not be submitted within fifteen (15) working days, the employee will advise the Board's Wellness Coordinator when the medical documentation will be submitted.
- 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. Such requirement will be reasonable given the individual circumstances and where possible aligned with the employee's next medical appointment. 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 will occur as appropriate. The frequency of communication with the employee will be reasonable 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. This request will be in accordance with the collective agreement if the employee is a member of a union.

- 7) Where an employee does not meet the requirements outlined above, access to sick leave/STLDP may 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 the employee is a member of a union), 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 is 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 a timely and safe return to work.
- Notifying their supervisor to advise of a planned absence from which is five (5) consecutive days or greater.
- Having regular and ongoing communication with the Board's Wellness Coordinator as appropriate.
- 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.
- Identifying the role of the Wellness Coordinator when communicating with employees.
- 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.
- Arranging for reimbursement of eligible expenses incurred by the employee for requested medical documentation.

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: Tuesday, June 4, 2024

Presented by: Darren Kahler
Superintendent of Human Resource Services

Subject: AP 508 – Workplace Harassment Prevention

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:

- Updated the duties of the Superintendent of Human Resource Services with timeline reviews and compliance with Ontario legislation.
- Clarified grammar and language (e.g. Balance of Probabilities).
- Appendix A (complaint process) clarify that Human Resources will be involved in investigations.

Attachments:

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



BOARD ADMINISTRATIVE PROCEDURE	
Administrative Procedure Workplace Harassment Prevention	Administrative Procedure Number 508
Directional Policy 500 - Employee Relations	

Title of Administrative Procedure:

Workplace Harassment Prevention

Date Approved:

June 4, 2024

Projected Review Date:

2025

Directional Policy Alignment:

This Administrative Procedure aligns with the Employee Relations Directional Policy. The PVNC Catholic District School Board will ensure that all employees act, and are seen to be acting, in the best interest of the students they serve as they conduct themselves and perform their duties with integrity and professionalism in light of our Catholic faith.

Alignment with Multi-Year Strategic Plan:

The Workplace Harassment Prevention Administrative Procedure supports the Board's Multi-Year Strategic Plan to inspire faith, value relationships, nurture mental health & well-being, ensuring equity and maximizing resources.

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

Action Required:

1.0 How to Deal with an Issue in the Workplace

If you are experiencing issues with the conduct or behaviour of one of your co-workers, there are some things that may be done in advance of filing a harassment complaint.

a. Speak to the Person

If you feel able to do so, advise the person the behaviour is unwelcome verbally or in written communication to stop the behaviour. In many cases, when the offender is aware their conduct is unwelcome and will not be tolerated the behaviour will stop. Harassment and discrimination negatively affects everyone. Bystanders are also encouraged to speak up and ask an offender to stop.

Some of the things an employee may say to another employee that might stop the behaviour include:

- I don't want you to do/say that
- Please stop doing or saying that
- It makes me uncomfortable when you do/say that
- I don't find it funny when you do/say that

b. Document the Conduct

Take notes of the offensive conduct by writing down what happened, the time and date(s) when it happened and the names of those who were present. Write down what was said by all parties.

c. Involve a Union / Association Representative

If an employee is part of a union or association, a union or association representative may be a good person to get advice from and/or intervene on your behalf. This could involve use of the Joint Protocol for Enhancing Positive Relationships in the Workplace.

2.0 Confidentiality:

2.1 Procedural fairness requires that the respondent to a complaint be apprised of the nature of the complaint and by whom it has been made so that they have an opportunity to respond to the allegations. A copy of the Workplace Harassment Formal Complaint Form will be shared with employee respondents to a complaint. The disclosure of witness names and statements to the parties may also be necessary.

2.2 All correspondence and other documents generated under these Procedures must, subject to the Municipal Freedom of Information and Protection of Privacy Act, be marked "PRIVATE AND CONFIDENTIAL" and be stored in a locked and secure file in Human Resource Services.

2.3 The Board may be required to provide information obtained during an investigation to an outside agency such as, but not limited to, police services, court or tribunal that has the right to require information otherwise protected by the Municipal Freedom of Information and Protection of Privacy Act.

3.0 Misuse of Complaint Process and Reprisals:

3.1 If there is a determination on a balance of probabilities that a complaint has been filed in bad faith, the complaint process will discontinue and disciplinary action will occur.

3.2 Reprisals against individuals because they have reported a complaint are strictly forbidden. Alleged reprisals will be investigated as formal complaints and, if substantiated, are subject to the same consequences as complaints of harassment.

4.0 Rights of Complainants, Respondents and Witnesses:

4.1 Nothing in this Procedure denies or limits access to other avenues of redress available under the law or through the filing of a grievance or through progressive discipline. Where there is such an occurrence, this process will cease until the parties and their respective representatives have met with the Superintendent of Schools/Human Resource Services to determine whether a formal investigation must proceed or whether the complainant wishes to proceed under another process. Multiple processes will not be permitted to proceed concurrently.

4.2 Prior to initiating any complaint and throughout the complaint process, complainants have a right to assistance and support in the form of a union or association representative, if applicable.

4.3 Each employee has the right and is encouraged to contact his or her union/association for assistance and advice throughout this process.

4.4 The complainant is free to commence the complaint procedure at the formal stage outlined herein (see Appendix A). The complainant is also free to discontinue a complaint at any time. The Board, however, may deem the circumstances worthy of further investigation and initiate its own action.

Responsibilities:

The Board of Trustees is responsible for:

- Reviewing this Administrative Procedure to ensure its alignment with the Employee Relations Directional Policy.

- Reviewing the Workplace Harassment Prevention 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.
- Reviewing the Administrative Procedure with respect to workplace harassment as often as necessary, but at least annually.

Superintendents are responsible for:

- Collecting all pertinent information relating to the behaviours and the reported circumstances.

Human Resource Services is responsible for:

- Ensuring that employees are informed of this Administrative Procedure and how it can be accessed.
- Reviewing this Administrative Procedure at orientations for all employees.

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

- Notifying Human Resource Services of workplace harassment incident complaints.
- Posting this Administrative Procedure at a conspicuous place in the workplace.
- Addressing and attempting to resolve disputes in a timely fashion.
- Maintaining confidentiality in the complaint process.
- Informing witnesses while obtaining a statement, such statements will be maintained in strict confidence, subject to their ability to conduct a full and thorough investigation.

Board employees are responsible for:

- Initiating complaints if the employee believes he/she is the target of harassment or has witnessed harassment directly, have received reports of harassment incidents, or have reasonable grounds to suspect that harassment is occurring.
- Ensuring all matters are confidential, whether the employee is complainant, respondent, or any other way involved with the complaint, unless legally required to report.
- Giving consideration to use of the [Joint Protocol for Enhancing Positive Relationships in the Workplace](#) in an effort to resolve the matter before a formal complaint.
- Submitting workplace harassment complaint forms and supporting documents (if required) to Human Resource Services.

PROGRESS INDICATORS:

- PVNCCDSB will continue to provide a work environment in which all workers are treated with respect and dignity.
- Workplace harassment complaints will be addressed and resolved in a timely fashion.

Definitions:

Balance of probabilities - is a standard of proof which requires that the evidence shows that it is more probable than not (i.e., more than 50% likely) that something is true.

Reprisal - any act of retaliation, either direct or indirect.

Supervisory and Managerial Personnel - include principals, vice-principals, managers, supervisors, superintendents, and directors.

Time Limits - set out in the Board's Administrative Procedure; can be extended if, upon the determination of the Board and/or Superintendent of Human Resource Services, or designate, there is an appropriate reason for doing so, or if both parties agree. The Board adopts the one year time frame prescribed by the Human Rights Code and the Board may, at its discretion, decide not to deal with the complaint when the facts upon which the complaint is based occurred more than one (1) year before the complaint was filed.

Workplace - any place where employees perform work or work-related duties or functions. Schools and school-related activities, such as extra-curricular activities and excursions, comprise the workplace, as do Board offices and facilities. Conferences and training sessions fall within the ambit of this Administrative Procedure.

Workplace Harassment - engaging in a course of vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome. Workplace harassment also includes workplace sexual harassment.

Workplace Sexual Harassment -

- a) engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or
- b) making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome;

Related Documents:

APPENDIX A – Formal Resolution Process

APPENDIX B – Workplace Harassment Formal Complaint Form

APPENDIX C – Workplace Harassment Complaint Process Flow Chart

[PVNCCDSB Joint Protocol for Enhancing Positive Relationships in the Workplace](#)

References:

[Canadian Charter of Rights and Freedoms](#)

[Ontario Human Rights Code, R.S.O. 1990, c.H.19](#)

[Ontario Occupational Health and Safety Act, R.S.O. 1990, c.O.1](#)

[Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56](#)

[Teaching Profession Act, R.S.O. 1990, c.T.2](#)

[Ontario College of Teachers Act, S.O. 1996, c.12](#)

[The Early Childhood Educators Act, S.O. 2007, c.7, Schedule 8](#)

[Code of Ethics for Catholic School Trustees](#)

[Social Work and Social Service Work Act, S.O. 1998, c.31](#)

[Psychology Act, S.O. 1991, c.38](#)

[PVNCCDSB Joint Protocol for Enhancing Positive Relationships in the Workplace](#)

[Bill 132, Sexual Violence and Harassment Action Plan Act \(Supporting Survivors and Challenging Sexual Violence and Harassment\), 2016](#)

[PVNC Catholic District School Board Vision and Strategic Priorities 2017-2020](#)

[Education Act, RSO 1990, c. E.2](#)

COMPLAINT PROCESS

To file a Workplace Harassment complaint, the form (Appendix B) shall either be placed in a sealed envelope marked private and confidential, and forwarded to the Superintendent of Schools/Human Resources Services or sent to the Superintendent of Human Resource Services directly. The Superintendent of Schools/Human Resource Services will have the discretion to refer a complaint to the appropriate supervisor and the parties.

a) Respondents to a Claim

Individuals who are named as respondents in a complaint have a right to know in a timely manner that they are the subject of a complaint, who the complainant is, what the allegations are, and what approach to a resolution is being considered. In particular, a respondent has a right to know the specifics of an allegation, including times, dates, and alleged conduct. Respondents will be given a copy of the complaint and given time to prepare a full and complete response to the allegation

Is there anything anywhere else about respondents not contacting the complainant regarding the claim?

Teachers are also advised to refer to the statutory requirements when making a report in accordance with Section 18.1 (b) of the Teaching Profession Act.

b) Threshold Assessments

All reports filed under the Workplace Harassment Prevention Policy will be subject to an immediate threshold assessment to determine whether the alleged conduct would, if proven, meet the definition of workplace harassment.

If the Board, following this threshold assessment, determines that the report filed:

- would not, if true, meet the definition of workplace harassment;
- does not provide sufficient details of the alleged harassment, provided the complainant is given notice that insufficient details have been provided and given reasonable time to provide sufficient details; or
- is vexatious, frivolous or trivial, has not been made in good faith or would, if investigated, constitute an abuse of the Workplace Harassment Prevention Policy,

the complainant and respondent will be advised and no further action will be taken under the Workplace Harassment Prevention Policy.

Where allegations relate to discrimination on the basis of a ground prohibited by the Ontario Human Rights Code, they will be addressed using the appropriate Board policy.

c) Investigation & Resolution

Complaints require an investigation of the complainant's allegations. Investigators will most often be the supervisory staff of the complainant and/or respondent. Where the complainant and the respondent have different reporting structures, supervisory and managerial personnel involved will determine who the appropriate person is to take responsibility for the investigation.

Supervisory or managerial personnel who conduct the investigation will ensure that the following steps are taken as soon as possible:

- take appropriate measures to ensure the safety of the complainant;
- notify the complainant(s), the respondent(s), and witness(es) that they are entitled to support and assistance throughout the process;
- notify the complainant(s) and respondent(s) that a mediated resolution can be explored at any time during the process;
- interview the complainant(s) and/or the third party reporting the complaint;
- inform the respondent(s) of the allegations, ensure that the respondent has a copy of the complaint and provide an opportunity for response ;
- interview the respondent(s);
- interview witness(es);
- come to conclusions about whether a specific incident did or did not occur based on a balance of probabilities (The question of whether behaviour is objectionable will be assessed using objective standards.);
- provide a written summary of the findings and conclusions to the complainant and to the respondent and give them an opportunity to respond to same; and
- take appropriate action(s) to resolve the situation.

If the respondent declines to participate in the investigative process, the investigation will still proceed. The respondent should be encouraged to participate in the interest of a balanced and fair process.

- d) The standard of proof to be applied is the balance of probabilities.
- e) In the event a complaint is not substantiated, no further action will be taken, subject to the section on maintaining records. In cases where the complaint is found to be trivial, vexatious, or an abuse of the process, in which case the complainant may be subject to disciplinary action as outlined in section 1.13 (h) below. However, if there is a need to restore a positive learning or working environment or if the complainant and/or respondent require counselling, appropriate steps will be taken to meet such needs.

Follow-up possibilities:

- counselling for the parties;
- application of strategies to restore a positive learning/working environment;
- mediation;

- specific training for the complainant or respondent;
- workshops for the staff and/or others in the school/workplace regarding their rights and responsibilities;
- permanent separation of respondent and complainant from each other; and/or
- restorative measures.

f) Disciplinary Actions

Employee Respondents - The appropriate supervisor or manager may impose discipline as appropriate and consistent with the circumstances. The principles of progressive discipline will be applied in dealing with disciplinary actions under this Policy. These would include the following possibilities:

- verbal warning;
- written reprimand;
- suspension with pay;
- suspension without pay; or
- dismissal from employment with the Board.

Other User Respondents - Actions must be determined as appropriate for the individual situation and may include such responses as a letter of disapproval and caution or warning, a revoking of permits or contracts, an issuing of a trespass warning, or other remedies as provided by the common law and/or the appropriate legislation. The involvement of the Superintendent of Schools/Human Resource Services is recommended in these cases.

g) Mediated Resolution

Mediation involves an unbiased third party acting as a facilitator in direct communication between the parties who voluntarily agree to enter into this process. It is an opportunity to resolve disputes in a respectful manner. It provides the opportunity to generate a variety of options for resolution and contributes to restoring the working relationship between the parties.

Where there is already a complaint being investigated under these Procedures, at any time during the investigation the parties may agree to hold the investigation in abeyance and attempt to achieve a mediated resolution.

Mediation is appropriate when all parties agree that a mutually agreeable solution is achievable and desirable. The investigator will request approval to mediate and if both the respondent and complainant are agreeable, Human Resource Services will arrange for a suitable mediator.

Meetings required for mediation sessions will be scheduled as soon as possible and, where practical, in a time and place convenient for the complainant, the respondent, and the mediator.

When matters are resolved through mediation, the complainant and the respondent will sign a memorandum of agreement outlining the terms to which they have agreed. Supervisory and managerial personnel will ensure that the terms that the parties have agreed to have been met.

Mediation is voluntary and the complainant or the respondent may choose to withdraw at any time.

h) Review

In the event a complainant or respondent to a complaint has one or both of the specific concerns listed below, a request may be made to the Director of Education to convene a review within ten working days of the final decision. A reviewer will be appointed by the Director of Education.

The grounds for review are:

- the investigators did not comply with the procedures; or
- new evidence has become known after the final decision but before the expiry of the ten working days limitation period for requesting a review.

No review of the final decision will be undertaken with regard to the claim that the conclusions drawn by the investigator(s) based on findings of fact were incorrect. The reviewer will report his or her findings to the Director of Education who will affirm or amend a final decision or require that a new investigation be undertaken.



Peterborough Victoria
Northumberland and Clarington
Catholic District School Board

HR #30

WORKPLACE HARASSMENT COMPLAINT FORM

COMPLAINANT INFORMATION

Discrimination and/or harassment was directed towards

Name of Complainant:

Title/Position: Worksite:

Additional Information:

Supervisor/Manager's Name:

Supervisor Title/Position: Supervisor Work Phone:

RESPONDENT INFORMATION

Discrimination and/or harassment was directed by

Name of Respondent:

Title/Position: Worksite:

INITIATOR INFORMATION

Complete this section only if the employee who initially identified the offensive behaviour is different from the complainant

Name of Person Making the Report (if different from above):

Title/Position:

Worksite:

PRE-STEP

Was the respondent advised that the behaviour was unwelcome?

Yes

No

Date Complainant advised Respondent that the behaviour was unwelcome:

COMPLAINT

Describe the alleged discrimination/harassment. Set out all facts, in chronological order, on which the complaint is based. Include dates, times, locations, the identity of witnesses, and a description of the steps already taken to resolve the matter. Attach additional pages if necessary.

RESOLUTION REQUESTED

Explain the resolution you believe would resolve this matter.

I acknowledge having read the Workplace Harassment Prevention Administrative Procedure. I hereby certify that to the best of my knowledge the above-mentioned information is true, accurate and complete. I understand that making false or frivolous allegations is in violation of this policy and is subject to disciplinary sanctions.

Initiator/Complainant Signature: _____ Date: _____

**INSTRUCTIONS FOR SUBMITTING THIS FORM:
PLACE THIS FORM IN A SEALED ENVELOPE MARKED "PRIVATE AND CONFIDENTIAL" AND FORWARD TO THE SUPERINTENDENT OF SCHOOLS/HUMAN RESOURCE SERVICES**

INFORMATION COLLECTION AUTHORIZATION:

The personal information contained on this form has been collected under the authority of the Occupational Health and Safety Act, the Municipal Freedom of Information and Protection of Privacy Act, and the Personal Health Information Privacy Act, and will be used to investigate incidents of workplace violence. This form will be used by the Supervisor of the department, Legal Counsel and the Ministry of Labour staff. The form will be handled with the strictest confidence, stored in a locked and secure file cabinet in Human Resources Services and retained for a three-year period. Questions pertaining to the collection of this information should be directed to the Superintendent of Human Resources.

COPIES:

- 1. Superintendent of Human Resource Services
- 2. Employee's Supervisor
- 3. Complainant
- 4. Respondent
- 5. Initiator


Workplace Harassment Complaint Process Flow-chart

This flow-chart provides an overview of major steps in the workplace harassment complaint process. Persons seeking further information regarding the complaint process are advised to refer to Workplace Harassment Prevention Administrative Procedure.

THE COMPLAINANT IS FREE TO DISCONTINUE A COMPLAINT AT ANY TIME.

INCIDENT ↓	<ul style="list-style-type: none"> • A person engages in a course of vexatious comment or conduct against a worker in their workplace that is known or ought reasonably to be known to be unwelcome.
PRE-STEP SPEAK UP *This step is optional ↓	<ul style="list-style-type: none"> • Bring the matter to the attention of the alleged harasser. Inform them that the behavior is unwelcome and must stop immediately. Document the event details and the communication. Consult with union/association representation. Consider utilizing the Joint Protocol for Enhancing Positive Relationships in the Workplace.
COMPLAINT DOCUMENTATION AND NOTIFICATION ↓	<ul style="list-style-type: none"> • File a written complaint outlining the particulars of the allegation and the initial attempted resolutions. • The complaint is recorded on the Workplace Harassment Complaint Form and is submitted to the Superintendent of Schools/Human Resource Services. • The Superintendent of Schools/Human Resource Services may refer a complaint to the appropriate supervisor and the parties. • The Superintendent of Schools/Human Resource Services will provide copies to the complainant, respondent, and their supervisory officer(s).
THRESHOLD ASSESSMENT ↓	<ul style="list-style-type: none"> • The Superintendent of Schools/Human Resource Services or designate will conduct a Threshold Assessment to ensure that the alleged conduct, if proven, would meet the definition of workplace harassment.
INVESTIGATION ↓	<ul style="list-style-type: none"> • An investigator(s) will be assigned. An investigation of the complainant's allegations will be completed. • The respondent will be given an opportunity to respond to the allegations. • Interviews will be conducted and conclusions will be drawn based on the balance of probabilities.
REPORT AND CONCLUSION ↓	<ul style="list-style-type: none"> • A written summary of the findings and conclusions will be provided to the complainant and the respondent. They will be given an opportunity to respond. • Appropriate actions will be taken to resolve the issue.

APPENDIX C
Workplace Harassment AP 508

REVIEW 	<p>If within ten working days of the final decision a complainant or respondent to a complaint has grounds for review, a reviewer will be appointed by the Director of Education.</p> <ul style="list-style-type: none">• The findings of the review will be reported to the Director of Education who will affirm or amend the final decision or require that a new investigation be undertaken.
MEDIATED RESOLUTION	<ul style="list-style-type: none">• At any time during the complaint investigation, and at the agreement of both the complainant and respondent, the Board will provide a suitable mediator to attempt to resolve the concerns.• Any investigation into the allegations will be held in abeyance while mediation is ongoing. Mediation is voluntary and the complainant or respondent may choose to withdraw at any time.



Report to the Policy Development Committee

Meeting Date: June 4, 2024

Presented by: Darren Kahler
Superintendent of Human Resource Services

Subject: AP 509 – Workplace Violence Prevention

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:

- Added consultant with Joint Health & Safety Committee as part of Superintendent of Human Resource Services responsibilities.
- Updated AP to reflect that Notification of Potential Risk forms (HR32) are to be stored in school office, not Principal's office.

Attachments:

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



BOARD ADMINISTRATIVE PROCEDURE	
Administrative Procedure Workplace Violence Prevention	Administrative Procedure Number 509
Directional Policy 500 - Employee Relations	

Title of Administrative Procedure:

Workplace Violence Prevention

Date Approved:

June 4, 2024

Projected Review Date:

2025

Directional Policy Alignment:

This Administrative Procedure aligns with the Employee Relations Directional Policy by identifying the expectations and requirements that employees will follow in relation to matters of workplace violence. The PVNC Catholic District School Board will ensure that all employees engage with students appropriately and perform training to support this requirement.

Alignment with Multi-Year Strategic Plan:

One of the pillars of the PVNC Catholic District School Board's 2021-2025 Strategic Plan is *Being Well*. This Administrative Procedure aligns with this pillar in its intention to build supportive, inclusive and effective learning and working environments through supportive relationships among all members of the learning community in order to ensure physical and emotional safety of self and spirit.

The Board is committed to the prevention of workplace violence and is ultimately responsible for worker health and safety. The Board will take whatever steps are reasonable to protect workers from workplace violence.

The Occupational Health & Safety Act defines workplace violence as the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker; an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker; and/or a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker

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

Action Required:

1. What to do if you Experience Workplace Violence

Summon Immediate Assistance - If an employee is involved in a violent incident the immediate steps they should take to reduce risk of injury are:

- a. Where possible, remove oneself and others under your care (i.e. students) from the situation;
- b. Summon assistance from a supervisor, principal or designate, or a nearby staff member;
- c. If needed, call 911 or request that a colleague call 911 when faced with imminent danger; and
- d. Report the incident to the supervisor, principal or designate at the earliest possible opportunity.

Refer to *Section 3 Reporting and Investigating Incidents of Workplace Violence* for further detail.

2. Domestic Violence Awareness and Response

- a. Employees are encouraged to inform their Principal/Supervisor if they are experiencing domestic violence outside of the workplace or become aware of domestic violence that may create a risk to themselves or others in the workplace (whether the notifying employee is the victim or not).
- b. When a Principal/Supervisor is informed of an employee experiencing domestic violence, the Principal/Supervisor will gauge the nature and extent of the threat

and take actions (as deemed appropriate) to protect employees and students, under the advice of their Superintendent and Human Resource Services, regardless of whether the threat of domestic violence is from a co-worker or from someone outside of the workplace. Actions may include, but are not limited to:

- i. A [Notification of Potential Risk form \(HR32\)](#) to appropriate employees
 - ii. Informing Police
 - iii. Requesting restraining orders / trespass orders
 - iv. Provision/ development of an employee safety plan
- c. When possible, Principals/Supervisors are to make available to all employees information about supports available for victims of domestic violence (i.e. Employee and Family Assistance Plan, community counseling, support groups, shelters, and the Police). When possible, Principals/Supervisors will remind potential victims of domestic violence in the workplace of these resources. See Appendix B for a list of resources.
- d. In all circumstances, a Principal/Supervisor must tell the victim that if they feel at risk of physical harm, whether inside or outside the workplace or at home, the employee should contact the Police.
- e. Additionally, the Principal/Supervisor shall ensure that the workplace violence program is reviewed with the employee when the Principal/Supervisor becomes aware of the risk of domestic violence.

3. Reporting and Investigating Incidents of Workplace Violence

- a. By an Employee against another Employee of the Board:
 - i. All incidents of workplace violence by an employee against another employee must be immediately reported to the employee's Principal/Supervisor.
 - ii. The Principal/Supervisor will determine if immediate action is necessary and shall consult with their Superintendent or the Superintendent of Human Resource Services. This may include removing the employee from the presence of the alleged aggressor if it is safe to do so.
 - iii. The employee reporting the matter will be required to complete an [HR5 - Accident/Incident form](#).
 - iv. Upon receipt of the HR5, the Principal/Supervisor will investigate the allegations in consultation with Human Resource Services. Such investigation may include interviewing and/or obtaining statements from

individuals with knowledge of the events in question and reviewing any other relevant supporting materials. The employee being accused of workplace violence will be made aware of, and provided the opportunity to respond to, the allegations against them during the course of the investigation.

- v. If the employee has concerns with respect to their Principal/Supervisor subjecting them to workplace violence, the employee will contact the Superintendent of Human Resource Services to report the incident. Could/should there also be a mention of contacting union reps to assist in this process if desired? In the event that the employee has concerns with respect to their Principal/Supervisor, alternative arrangements with respect to the investigation process outlined above will be undertaken.
 - vi. An employee Union representation
- b. By a Student against an Employee of the Board:
- i. All incidents of workplace violence by a student against an employee must be immediately reported to the employee's Principal/Supervisor.
 - ii. The employee will be required to complete an [HR5 - Accident/Incident form](#) to report the matter. The employee may also be required to complete a Safe Schools Form 20.
 - iii. The Principal/Supervisor will investigate the specifics of the reported incident and respond to the HR5 with any steps taken to prevent a recurrence. This may include the creation/amendment of a student safety plan, use of personal protective equipment, creation/communication of a [Notification of Potential Risk form \(HR32\)](#), debriefing with the employee, or other action as deemed necessary by the Principal/Supervisor or other appropriate action outlined in Board [AP 912 Supporting Positive Student Behaviour - Safety for All](#).
 - iv. It is recognized that enhanced measures what would be some examples of this? Also, what happens when the safety plan has been amended as much as possible but violent incidents continue? may be required for students identified with special needs presenting symptomatic behaviours where there is a risk of injury for employees. When a violent incident occurs, the staff may be involved with reviewing and altering the Safety Plan as per Board [AP 912 Supporting Positive Student Behaviour - Safety for All](#).
- c. By a Third Party (e.g. parent, visitor, contractor, etc.) against an Employee of the Board:

- i. All incidents of workplace violence by a third party against an employee must be immediately reported to the employee's Principal/Supervisor.
- ii. The Principal/Supervisor will determine if immediate action is necessary and shall consult with their Superintendent or the Superintendent of Human Resource Services.
- iii. The employee will be required to complete an [HR5 - Accident/Incident form](#) to report the matter.
- iv. When a threat of workplace violence exists, the Principal/Supervisor or designate will convene a meeting with appropriate stakeholders to ensure the safety of an employee from workplace violence. Actions to mitigate the risks posed to the employee could include the creation of a [Notification of Potential Risk form \(HR32\)](#), contacting police, limiting access to the workplace, establishing a work alone plan, etc.

4. Notification of Potential Risk from a person with a History of Violent Behaviour

The Principal/Supervisor will ensure that employees have been provided with sufficient information, which may include personal information related to a risk of workplace violence, if:

- a. The worker can be expected to encounter that person in the course of their work; and
- b. The risk of workplace violence is likely to expose the worker to physical injury.

The Principal/Supervisor will use [Notification of Potential Risk form \(HR32\)](#), attached as Appendix A, to ensure appropriate disclosure to affected employee(s) of persons with a history of violence posing a potential threat to employee safety.

A record of [Notification of Potential Risk form \(HR32\)](#) is to be completed and stored in a confidential manner in the Principal/Supervisor's office. Each employee meeting the criteria set out in the paragraph above must review the form annually and sign off that they are aware of the information identified on the form. This includes occasional and supply staff as well as support services staff who may be expected to encounter the person while on school premises. It will be the Principal/Supervisor's responsibility to ensure this disclosure is made to each affected employee.

5. Workplace Violence Risk Assessments

a. Risk Assessments:

The Board will ensure each work location completes a risk assessment respecting the potential for violent incidents at that work location and during work activities within the Board's jurisdiction during employment-related events and activities.

During this process, an assessment will be made of the risks of workplace violence that may arise from:

- the nature of the workplace
- the type of work
- the conditions of work

The assessment will consider circumstances common to other school boards and circumstances specific to the PVNC Catholic District School Board.

The results of risk assessments and risk reassessments will be shared with the members of the PVNCCDSB's Multi Site Joint Health and Safety Committee.

b. Risk reassessments:

A reassessment of the risks of workplace violence will be undertaken as often as is necessary to ensure that the workplace violence policy and program continues to protect workers from workplace violence. Changes or events within the Board that may warrant a reassessment may include: an increase in the number, frequency or severity of workplace violence incidents for that specific workplace; a change in the physical environment of the workplace; a change in the student population of a school or a change in curriculum or scheduling, to determine if such change could impact the potential for workplace violence.

Risk reassessments will be completed a minimum of once every three (3) years. Consideration should be given to a risk reassessment being completed when a new Principal/Supervisor is appointed to the school/department.

Completed risk assessments will identify workplace violence risks as well as measures and procedures taken to control the identified risks within the workplace.

The results of risk assessments and risk reassessments will be shared with the members of the PVNCCDSB's Multi Site Joint Health and Safety Committee.

c. Controlling the Risk of Workplace Violence -

Measures and procedures to control the risks of workplace violence could include (but are not limited to):

- Identifying a means to summon immediate assistance, if required. Measures and procedures to summon immediate assistance should be appropriate given the specific circumstances.
- Video Surveillance in accordance with Administrative Procedure AP 1208
- Violence Threat Risk Assessment Process (Police School Board Protocol)
- Maintaining community policing relationships
- Work Alone Procedures
- HR 32 Notification of Potential Risk of Injury from a Person with a History of Violence
- Workplace Violence Risk Assessments and Reassessments
- Adherence to Safe and Accepting Schools Administrative Procedures and other applicable school board policies, regulations or programs
- Employee training in Workplace Violence Prevention (including domestic violence)
- Establishing and maintaining controlled access to school buildings
- Provision of communication systems such as phones, walkie-talkies and public address systems
- Regular maintenance and repairs of facilities
- Consideration to barriers and other measures

6. Work Refusals

The *Occupational Health and Safety Act* (the “OHS”) allows workers the right to refuse work where the worker has reason to believe that workplace violence is likely to endanger himself or herself. Should a situation of work refusal arise, the requirements of the OHS (process outlined in the [PVNCCDSB Work Refusal Process](#)) will apply.

Please note- Regulation 857- Teachers, made under the *OHS* states that Part V of the *OHS* (Work Refusals) does not apply to teachers, as defined in the *Education Act*, where the circumstances are such that the life, health or safety of a student is in imminent jeopardy.

7. Support for Employees

The Board recognizes the trauma that may come from a violent incident in the workplace. The Board is committed to the health and well being of our employees. Principals and Supervisors will ensure debriefs happen as soon as possible and

employees are provided information so they can access necessary support. See [Appendix B](#) for a list of resources available.

Responsibilities:

The Board of Trustees is responsible for:

- Ensuring this Administrative Procedure aligns with the Employee Relations Directional Policy.
- Reviewing the Workplace Violence Prevention 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.
- Ensuring annual review of this Administrative Procedure to ensure compliance with the provisions of the Occupational Health and Safety Act

Superintendent of Human Resource Services is responsible for:

- Consulting with Principals/Supervisor when evaluating workplace violence incidents.
- Ensuring the Joint Health & Safety Committee is informed if a person is killed, critically injured, disabled from performing their usual work, or requires medical attention due to workplace violence.
- Ensuring the Joint Health and Safety Committee is advised of the results on any workplace violence assessment/ reassessment and provided a copy if it is in writing

Superintendents are responsible for:

- Ensuring that the relevant employees under their direction have been provided with sufficient information, which may include personal information related to a risk of workplace violence, if:
 - the employee can be expected to encounter that person in the course of his or her work; and
 - the risk of workplace violence is likely to expose the employee to physical injury. This is accomplished by ensuring [HR Form 32 Notification of Potential Risk](#) (Appendix A) is completed and disclosed to affected employees.

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

- Identifying and providing the means by which employees may summon immediate assistance.
- Determining if immediate action is necessary to address a workplace violence report through consultation with their Superintendent or Human Resource Services. This may include removing the employee from the presence of the alleged aggressor if it is safe to do so.
- Liaising with the Superintendent of Human Resource Services with respect to workplace violent incident reports.
- Posting this Administrative Procedure at a conspicuous place in the workplace.

- Addressing and attempting to resolve disputes in a timely fashion.
- Maintaining confidentiality in the investigation process.
- Imposing discipline as appropriate and consistent with the circumstances.
- Ensuring that the relevant employees under their direction have been provided with sufficient information, which may include personal information related to a risk of workplace violence, if:
 - the employee can be expected to encounter that person in the course of his or her work; and
 - the risk of workplace violence is likely to expose the employee to physical injury.

This is accomplished by ensuring [HR Form 32 Notification of Potential Risk](#) (Appendix A) is completed and disclosed to affected employees.

- Reviewing [HR Form 32 Notification of Potential Risk](#) (Appendix A) annually with affected employees.
- Reassessing the risk of workplace violence as required by this Administrative Procedure

Joint Health and Safety Committee is responsible for:

- Reviewing this Administrative Procedure on an annual basis.
- Receiving and reviewing the results of an assessment of workplace violence risks or the results of a reassessment.

All Board employees are responsible for:

- Ensuring they advise their Principal/Supervisor if they are victims of workplace violence.
- Completing assigned training on Workplace Violence Prevention (including domestic violence)
- Adhering to the Employee Relations directional policy and conducting themselves and performing their duties with integrity and professionalism by refraining from any act of workplace violence
- Completing a Safe Schools Form 20 where applicable.

Progress Indicators:

- Workplace violence reports will be addressed and resolved in a timely fashion.
- Employees will complete assigned training in workplace violence prevention.
- Workplace violence risk assessments and reassessments will be completed at required frequencies and shared with the Joint Health and Safety Committee
- Employees will have a means to summon immediate assistance for workplace violence incidents

Definitions:

Conditions of the Work - The conditions of work refer to other aspects such as the time of work, whether workers move from location to location, work alone, or work in isolated or remote workplaces.

Nature of the Workplace - The nature of the workplace refers to the physical aspects of the workplace and may include but is not limited to schools, school yards, school board offices, field trip locations, non-traditional classrooms, and third-party spaces, and any other place that a worker performs work for the school board.

Type of Work - The type of work refers to the activities workers perform and the type of people with whom workers interact such as students, co-workers, agencies, parents, volunteers, and other members of the community, either individually or in groups. Activities could include, but are not limited to, classroom teaching, assisting students outside the classroom, non-academic work, recess, lunch support and field trips. These are a few examples of the different settings where work is performed and school boards must assess all types of work for the risk of workplace violence.

Workplace - any place where employees perform work or work-related duties or functions. Schools and school-related activities, such as extra-curricular activities and excursions, comprise the workplace, as do Board offices and facilities. Conferences and training sessions fall within the ambit of this Administrative Procedure.

Workplace Violence - is the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker; an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker; and/or a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

Related Documents:

[Appendix A - HR Form #32 – Notification of Potential Risk of Injury](#)
[Appendix B- List of Resources for Victims of Workplace/ Domestic Violence](#)
PVNCCDSB Work Refusal Process
[AP 912 Supporting Positive Student Behaviour - Safety for All.](#)

References:

[Ontario Human Rights Code, R.S.O. 1990, c.H.19](#)
[Ontario Occupational Health and Safety Act, R.S.O. 1990, c.O.1](#)
[Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56](#)
[PVNCCDSB Joint Protocol for Enhancing Positive Relationships in the Workplace](#)
[Workplace Violence in School Boards, A Guide to the Law](#)



NOTIFICATION OF POTENTIAL RISK OF INJURY

IDENTIFYING INFORMATION

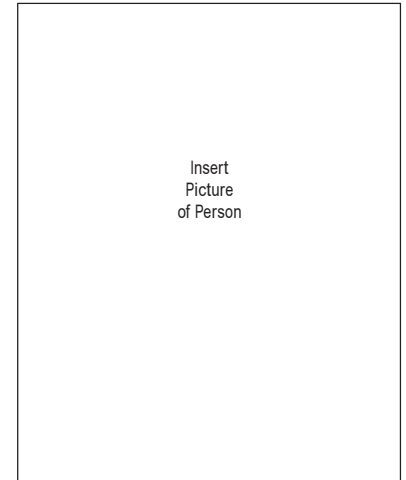
Name: _____

Classroom: _____

Location: _____

School: _____

Location: _____



BRIEF DESCRIPTION OF BEHAVIOUR THAT PRESENTS A RISK

SAFETY STRATEGIES AND TRIGGERS

DO	DO NOT
• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____

EMERGENCY AND INTERVENTION STRATEGIES

Community Resources for Victims of Violence

Board Employee & Family Assistance Program

<https://humanacare.com/>

1 800-661-8193

Federal

[Stop Family Violence](#)

<https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence.html>

Provincial

Distress & Crisis Ontario

<https://www.dcontario.org/>

Getting Help if you are experiencing Violence

<https://www.ontario.ca/page/get-help-if-you-are-experiencing-violence#section-0>

Workplace Violence/Harassment - Ministry of Labour, Training & Skills Development

<https://www.labour.gov.on.ca/english/hs/topics/workplaceviolence.php>

Local

Peterborough and County

Four County Crisis Response, Community Mental Health Program

<https://cmhahkpr.ca/programs-services/four-county-crisis/>

City of Kawartha Lakes

Kawartha Haliburton Victim Services

<https://victim-services.org/>

Northumberland

Victim Services Peterborough, Northumberland

<http://victimservicespn.ca/>

Durham Region/Clarington

[Durham Region - Domestic Violence Resources](#)



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Administrative Procedure Report to the Policy Development Committee

Meeting Date: Tuesday, June 4, 2024
Presented by: Sean Heuchert, Superintendent
Subject: AP 609 Investment of Board Funds

Background:

This AP is being brought forth as part of the customary review cycle.

Summary of Draft Administrative Procedure:

The key changes to this Administrative Procedure include:

1. The original document provided no projected review date, the revised document has a review date of 2029.
2. The Alignment with the Multi-Year Strategic Plan has been updated to now state "Maximizing Resources" priority of the Strategic Plan, from the "Vision for Achieving Excellence in Catholic Education: Learn Lead Serve"
3. The investment goals section is now updated to reflect, "adhering to statutory requirements, preserving capital, ensuring liquidity, minimizing administration, and ensuring a competitive rate of return", in place of stating, "a maximum rate of return and ensuring maximum security of funds".
4. The responsibilities section has now added the Director of Education's designate, and the Superintendent of Business and Finance, in place of just mentioning the Treasurer of the Board.
5. Revised progress indicators are now aimed at achieving compliance with the Education Act of Ontario and Ontario Regulation 41/10, Part IV, replacing the Education Act of Ontario and Ontario Regulation 471/97.



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6. Additional responsibilities have been added for the Superintendent of Business and Finance, such as conducting periodic reviews of eligible investments and arranging banking arrangements for surplus balances.
7. The updates provide more detailed and expanded responsibilities, aligns with a different strategic priority, and references a different regulation for compliance.
8. Definitions have been formatted to reflect the Board standard.

Attachments:

- [Draft Administrative Procedure for consideration.](#)
- [Link to previous version of the Administrative Procedure.](#)



BOARD ADMINISTRATIVE PROCEDURE	
Administrative Procedure	Administrative Procedure Number
Investment of Board Funds	609
Directional Policy	
600 - Stewardship of Resources	

Title of Administrative Procedure:

Investment of Board Funds

Date Approved:

June 4, 2024

Projected Review Date:

2029

Directional Policy Alignment:

This Administrative Procedure aligns with the purpose of the Stewardship of Resources Directional Policy – 600 by ensuring appropriate strategies are in place to manage the Board’s funds in an efficient and cost effective manner.

Alignment with Multi-Year Strategic Plan:

This Administrative Procedure supports the “Maximizing Resources” priority by ensuring the Board has processes in place to effectively manage its cash resources within statutory limitations.

Action Required:

- 1.0 In order to ensure that the Board continues to operate in an efficient and cost-effective manner, maintaining a cash management strategy is appropriate.

- 2.0** The Board may invest funds in only those securities that are expressly permitted under the Education Act of Ontario, and Ontario Regulation 41/10, Part IV Eligible Investments, as amended from time to time.
- 3.0** The investment goals of the Board shall be to:
- (a) Adhere to statutory requirements;
 - (b) Preserve capital/principal through minimization of risk;
 - (c) Ensure availability of cash to meet disbursements and other obligations;
 - (d) Maintain an appropriate level of liquidity;
 - (e) Minimize administration where practical; and,
 - (f) Ensure a competitive rate of return on investments commensurate with items (a) to (e).
- 4.0** The Treasurer of the Board, or designate, will maintain a cash management program which will make the following determination in accordance with this procedure:
- (a) Identification of surplus funds available for investment purposes. (This requires a review of the merits of self-financing, where practical, to reduce the costs of borrowing);
 - (b) Term of proposed investments of Board funds, not to exceed one year;
 - (c) Compliance with investment goals;
 - (d) The need for a diversified portfolio of investments within the limits of provincial regulations;
 - (e) The need for financial and/or legal advice with respect to proposed investments.
- 5.0** All investments will be approved by the Treasurer of the Board or designate.
- 6.0** Where there have been investments during a fiscal year, the Treasurer of the Board, or designate, will prepare and present an investment report annually to the Board. This report will be prepared in accordance with Ontario Regulation 41/10, Part IV Eligible Investments.

Responsibilities:

The Board of Trustees is responsible for:

- Ensuring alignment with the Stewardship of Resources Directional Policy

- Reviewing the Investment of Board Funds Administrative Procedure as part of its regular policy and procedure cycle.

The Director of Education is responsible for:

- Ensuring the implementation of and compliance with the administrative procedure including the designation of resources.

The Director of Education, or designate, is responsible for:

- Maintaining a cash management program in accordance with the investment goals of the Board
- Approving all investments
- Presenting a report to the Board in accordance with Ontario Regulation 471/97, on an annual basis where appropriate, when investments have been made in a fiscal period.

The Superintendent of Business and Finance, or designate, is responsible for:

- Conducting a periodic review to assess the viability of eligible investments as permitted by the Education Act and Ontario Regulation 41/10, such as GICs, treasury bills and banker's acceptances.
- Arranging with the Board's financial institution(s) a banking arrangement that includes competitive rates for surplus balances through a dedicated high interest bearing account.
- Reviewing available cash balances and available investment options on a regular basis to meet the investment goals of the Board.

Progress Indicators:

- PVNCCDSB will achieve compliance with the Education Act of Ontario and Ontario Regulation 41/10, Part IV Eligible Investments.

Definitions:

Invest - to expend money with the expectation of achieving a profit or material result by putting it into a financial instrument.

Securities - financing or investment instrument(s) bought and sold in financial markets. Includes financial agreements, investments, and evidence of indebtedness.

References:

- [Education Act, Section 241](#)
- [Ontario Regulation 41/10, Part IV Eligible Investments](#)

DRAFT



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Administrative Procedure Report to the Policy Development Committee

Meeting Date: Tuesday, June 4, 2024
Presented by: Sean Heuchert, Superintendent
Subject: AP 616 Honoraria for Trustees

Background:

This AP is being brought forth as part of the customary review cycle.

Summary of Draft Administrative Procedure:

The key changes to this Administrative Procedure include:

1. The previous document Aligns with the vision for Achieving Excellence in Catholic Education: Learn-Lead-Serve. The revised document Aligns with the Board's Multi-year strategic plan, particularly focusing on Maximizing Resources and Valuing Relationships. It emphasizes recognizing trustees' valuable contributions to Catholic Education.
2. The components of honorarium section has added clarification on the term of office, which is stated to be four years beginning on November 15th of the election year.
3. The responsibilities section has additional responsibility for the Director of Education to review and publish the list of committees eligible for the attendance amount.
4. Under the progress indicators, the previous document focuses on achieving compliance with specific sections of the Education Act and Ontario Regulation 357/06. The revised document adds reference to Ontario Regulation 412/00 regarding Elections to and Representation on District School Boards.



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5. While both documents provide definitions for key terms such as base amount, enrollment, enrollment amount, attendance amount, and distance amount, there are slight differences in wording and additional clarifications in the second document, such as specifying that enrollment should match Schedule 13 of the Board's financial report to the Ministry of Education. Definition formatting has been updated to align with other AP's.
6. Both documents address similar topics and procedures but provide slightly different perspectives and additional clarifications on certain aspects, particularly regarding the alignment with the strategic plan, term of office, responsibilities, and definitions.

Attachments:

- [Draft Administrative Procedure for consideration.](#)
- [Link to previous version of the Administrative Procedure.](#)



BOARD ADMINISTRATIVE PROCEDURE	
Administrative Procedure Honoraria for Trustees	Administrative Procedure Number 616
Directional Policy 600 - Stewardship of Resources	

Title of Administrative Procedure:

Honoraria for Trustees

Date Approved:

June 4, 2024

Projected Review Date:

2029

Directional Policy Alignment:

This Administrative Procedure aligns with the purpose of the Stewardship of Resources Direction Policy - 600 by ensuring there are clear and transparent actions being undertaken by the Board of Trustees in determining their honoraria for their term of office.

Alignment with Multi-Year Strategic Plan:

The Honoraria for Trustees Administrative Procedure aligns with the Board's Multi-year strategic plan, particularly our strategic priorities of Maximizing Resources and Valuing Relationships. The Administrative Procedure outlines a clear link with legislation and funding to ensure Honoraria are compensated in accordance with applicable regulations and guidelines. It is also important that Trustees are recognized for their valuable contribution to Catholic Education.

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

Action Required:

1.0 Background

The trustee annual honoraria provides compensation for all activities required of trustees including attendance at regularly scheduled meetings of the Board and committees of the Board, Board hosted functions, meetings of other organizations or Boards on behalf of the Board, and area related activities. In addition, the Board may reimburse a trustee for out-of-pocket expenses reasonably incurred for specific business of the Board and in carrying out the responsibilities of a trustee.

The Peterborough Victoria Northumberland and Clarington Catholic District School Board is committed to operating in an open and transparent manner. This procedure outlines the method for calculating limits on honoraria, in accordance with Section 191 of the Education Act and other applicable legislation as may be amended from time to time. This administrative procedure does not apply to student trustees.

2.0 Components of honorarium

For a term of office, the honoraria for trustees of the Board, in respect of any year of their term of office, shall consist of the following components as the Board determines;

- 2.1. The base amount for the year
- 2.2. The enrolment amount for the year
- 2.3. The attendance amounts payable to a trustee for the year
- 2.4. The distance amounts payable to a trustee for the year

A Board members' term of office is four years in length, beginning on November 15th of the election year and ending November 14th of the next election year, as described in the Education Act.

3.0 Decisions regarding components of honoraria

The Board may, at any time, by a Board resolution, change the determination of its honoraria such that a component is not paid for a year, the amount of a component to be paid is lowered for a year, or the percentage of the enrolment amount limit to be paid is lowered for a year.

The Board may restore the honoraria to its previous amount at any time.

Responsibilities:

The Board of Trustees is responsible for:

- Ensuring alignment with the Stewardship of Resources Directional Policy,
- Reviewing the Honoraria for Trustees Administrative Procedure as part of its regular policy and procedure cycle,
- Establishing by Board motion, on or before October 15 of the calendar year in which the term of office begins,
 - (a) which components it will be paid during the term of office;
 - (b) for the base amount, the attendance amount and the distance amount, if the component will be paid, the amount of the component to be paid;
 - (c) for the enrolment amount, if the component will be paid, the percentage to be applied in calculating the enrolment amount limit for the member for each year of the term of office.
- Approving the honoraria on an annual basis for each year of a term of office, and reconfirming the components of the honoraria.

The Director of Education is responsible for:

- Ensuring the implementation and compliance of this administrative procedure, including the designation of resources.
- Ensuring a report is brought in each succeeding year of the term of office outlining the proposed calculations for honoraria for Board consideration.
- Reviewing and publishing the list of committees eligible for the attendance amount if it is to be paid.

Progress Indicators:

- Compliance with the Education Act, Section 191, and Ontario Regulation 357/06.

Definitions:

Base Amount - The Base Amount for a trustee for a year of office is an amount that does not exceed the base amount limit, as determined by Regulation. In addition to the Base Amount, the Chairperson and the Vice-Chairperson will receive additional responsibility remuneration, as determined by Regulation.

Attendance Amount - A trustee may be paid an attendance amount (as determined by Regulation) for attending any meeting of a committee of the board that is required to be established by an Act or a Regulation made under an Act.

Distance Amount - By way of Board motion, a distance amount, as determined by Regulation, may be paid to a trustee if all the following criteria are met:

- Jurisdiction is greater than 9,000 square kilometres;
- Dispersal factor per Ontario Regulation 412/00 is greater than 25; and,
- A trustee travels more than 200 kilometres from their residence to attend in person a meeting of the Board or a committee of the Board that is required to be established by an Act or a Regulation made under an Act.

Enrolment - For the purposes of this Administrative Procedure enrolment is considered to be the board's day school average daily enrolment for the school board fiscal year that ends in the calendar year in which the Enrolment Amount is calculated; and, shall match Schedule 13 of the Board's financial report to the Ministry of Education as required by regulation.

Enrolment Amount - The Enrolment Amount limit for the year is determined by multiplying the enrolment of the Board by a dollar amount, as determined by Regulation. The enrolment amount shall be calculated anew in each year of a trustee's term of office. The Enrolment Amount limit is divided by the number of trustees. An additional Enrolment Amount for the Chairperson and Vice-Chairperson is added by multiplying the enrolment of the Board by a dollar limit, as determined by Regulation.

References:

- [Education Act, Section 191](#)
- [Ontario Regulation 357/076, "Honoraria for Board Members"](#)
- [Ontario Regulation 412/00, "Elections to and Representation on District School Boards"](#)



Report to the Policy Development Committee

Meeting Date: June 4, 2024

Presented by: Darren Kahler
Superintendent of Human Resource Services

Subject: AP 809 – Occupational Health & Safety

Background:

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

Summary of Draft Administrative Procedure/Directional Policy:

- There are no recommendations changes to this Administrative Procedure.

Attachments:

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



BOARD ADMINISTRATIVE PROCEDURE	
Administrative Procedure Occupational Health and Safety	Administrative Procedure Number 809
Directional Policy 800 - Healthy Schools and Workplaces	

Title of Administrative Procedure:

Occupational Health and Safety

Date Approved:

June 4, 2024

Projected Review Date:

2025

Directional Policy Alignment:

This Administrative Procedure aligns with the Healthy Schools and Workplaces Directional Policy. The Board recognizes that the health and well-being of our 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 staff safe.

Alignment with Multi-Year Strategic Plan:

The Board is committed to providing a safe and healthy working environment for all employees and shall comply with the responsibilities placed upon employers by the Occupational Health and Safety Act.

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

Action Required:

The Board will take every precaution reasonable to protect the health and safety of employees. This shall be accomplished by ensuring the development of health and safety policies, procedures and programs to support this objective.

As workplace health and safety is a joint responsibility, the Peterborough Victoria Northumberland and Clarington Catholic District School Board (PVNC Catholic) and all of its employees are to act in compliance with the requirements of the Occupational Health and Safety Act.

The Board recognizes and endorses the Internal Responsibility System philosophy, whereby all workplace parties share the responsibility for health and safety. The Occupational Health and Safety Act defines responsibilities for the employer, the supervisor, employees, and the Multi-workplace Joint Health and Safety Committee.

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 the Occupational Health and Safety Administrative Procedure as part of its regular policy and procedures review cycle.

The Director of Education is responsible for:

- Designating resources for the implementation of and compliance with this Administrative Procedure;
- Reviewing this Administrative Procedure annually;
- Providing a semi-annual report on health and safety issues at a regular meeting of the Board.

Superintendent of Human Resource Services is responsible for:

- Implementing and operationalizing this Administrative Procedure;
- Ensuring the appointment of 'competent persons' as principals, managers and supervisors as defined under the Occupational Health and Safety Act and required within Section 25 (2)(c) of the same;
- Ensuring the provision of health and safety orientation sessions for all new hires or those transferring to new roles;

- Maintaining and supporting the Multi-Workplace Joint Health and Safety Committee (hereinafter referred to as the JHSC);
- Ensuring the JHSC establishes a Terms of Reference and maintains Ministry of Labour, Training and Skills Development approval of such.

Superintendents, Principals, Managers and Supervisors are responsible for:

- Ensuring compliance with health and safety training, legislation, policy, procedures and programs;
- Receiving health and safety concerns, investigating the concerns, and responding with appropriate corrective actions;
- Advising staff of potential hazards in their place of employment;
- Investigating accidents and taking steps to prevent recurrence.

Workers are responsible for:

- Protecting personal health and safety by working in compliance with legislation and with safe work practices and procedures established by the board;
- Immediately reporting to their supervisor any safety hazards of which they become aware.

Joint Health and Safety Committee is responsible for:

- Adhering to the responsibilities delegated under the Occupational Health and Safety Act and contained within the Multi-Site JHSC Terms of Reference approved by the Ministry of Labour, Training and Skills Development.

Progress Indicators:

- Ensuring the JHSC reports periodically to Director as defined in the Terms of Reference;
- Addressing and resolving Occupational Health and Safety concerns in a timely fashion.

Definitions:

Competent Person - as defined in the Occupational Health and Safety Act, a Competent person means a person who,

- a) is qualified because of knowledge, training and experience to organize the work and its performance,
- b) is familiar with the (Occupational Health and Safety) Act and the regulations that apply to the work, and
- c) has knowledge of any potential or actual danger to health or safety in the workplace.

Worker - as defined under the Occupational Health and Safety Act

References:

[Ontario Occupational Health and Safety Act, R.S.O. 1990, c.O.1](#)

Terms of Reference – Joint Health and Safety Committee

DRAFT



Report to the Policy Development Committee

Meeting Date: June 4, 2024

Presented by: Galen Eagle, Communications Manager

Subject: AP 1202 – Protection of Privacy

Background:

This Administrative Procedure is on its regular review cycle.

Recommended Changes:

- Updated Directional Policy Alignment and alignment with Multi-Year Strategic Plan
- Added “online form” as an authorized means of collecting parental consent
- Minor grammatical changes

Attachments:

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



BOARD ADMINISTRATIVE PROCEDURE	
Administrative Procedure	Administrative Procedure Number
Protection of Privacy	1202
Directional Policy	
1200 - Records and Information Management	

Title of Administrative Procedure:

Protection of Privacy

Date Approved:

June 4, 2024

Projected Review Date:

2029

Directional Policy Alignment:

The Protection of Privacy Administrative Procedure aligns with Directional Policy 1200 – Records and Information Management, by articulating the Board’s legislative obligations and operational commitment to the protection of personal and confidential information held by the Board.

Alignment with Multi-Year Strategic Plan:

The Protection of Privacy Administrative Procedure supports our Board’s Multi-Year Strategic Plan by fostering a culture of privacy that respects the personal, confidential, and sensitive information within the Board’s care and control.

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

Action Required:

The Peterborough Victoria Northumberland and Clarington (PVNC) Catholic District School Board shall comply with the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* and the *Personal Health Information Protection Act (PHIPA)*.

PVNC Catholic is committed to the protection of privacy and recognizes that all employees are responsible for the protection of personal, confidential, and sensitive information entrusted to them.

The collection, use, disclosure, retention, and destruction of personal information shall comply with the provisions of relevant legislation including *MFIPPA*, *PHIPA* and the *Education Act*.

The Board acknowledges that an individual has the right to personal privacy with respect to records in the custody and/or control of the Board.

The Board will establish and maintain a privacy breach protocol.

Collection and Use of Personal Information:

- The Board may collect personal information while fulfilling its mandate.
- The Board will only collect personal information related to the Board's mandate.
- The Board will collect personal information directly from the individual to whom the information relates, except where an exemption under *MFIPPA* may apply.
- At the time of collection individuals shall be given notice of the legal authority for collection, the purpose(s) of its intended use and the title and contact information of an individual who may respond to specific questions regarding the collection. Individuals will be informed should the purpose for their personal information change.

Disclosure of Personal Information:

MFIPPA sets out when the Board may disclose personal information in its custody and control.

a) Consistent Purpose

Information may be disclosed for the purpose for which it was obtained or compiled or for a consistent purpose provided that the individual about whom the information relates might reasonably have expected such a use or disclosure of the information.

b) With Consent

If the person to whom the information relates has identified that information and consented to its disclosure, that information may be disclosed. When dealing with minors, it is a best practice to have consent in writing with a signature from the parent/guardian or an electronic sign-off such as an online consent form.

- c) Legal Authority
Personal information may be disclosed for the purpose of complying with an Act of the Legislature or an Act of Parliament, an agreement or arrangement under such an Act.
- d) Law Enforcement
Personal information may be disclosed to an institution or a law enforcement agency in Canada to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result.
- e) Health and Safety
Personal information may be disclosed in compelling circumstances affecting the health or safety of an individual. When disclosing information under this section the imminence and reasonableness of the risk to health and safety must be considered and balanced with the invasion of privacy.
- f) Performance of Duties
Personal information may be disclosed to an employee, officer, consultant, or agent who needs the record in the performance of their duties and if the disclosure is necessary and proper in the discharge of the institution's functions.

Third Party Contractors and Sharing of Personal Information:

- a) The Board enters into agreements with various service providers and contractors for both administrative and educational programs and services. Depending on the nature of the services provided by the contractor, it may be necessary for the contractor to have access to personal information in the Board's custody.
- b) Personal information will be shared with a contractor where reasonably required to perform the services for which the contractor has been retained. Personal information will only be used and disclosed in this way where the purpose for the use is the same or reasonably consistent with the purpose for which it was collected.
- c) Where a contractor will have access to personal information in the Board's custody, the Board will ensure that it has agreements in place with the contractor requiring the contractor to take all reasonable precautions to protect the personal information to which it has access from unauthorized access, use or disclosure.

Third Party Requests for Information:

- a) Information will not be disclosed to individual third parties upon request, including legal counsel, without the written consent of the individual to whom the

information pertains.

- b) Staff must take reasonable care to authenticate the request, which may include contacting the individual to whom the information pertains or requesting identification or credentials.

Privacy Breaches:

- a) A privacy breach occurs when personal information is lost, stolen, or subject to unauthorized access or disclosure, contrary to the *Education Act* or *MFIPPA*. This includes the loss of files, computers, personal devices or media that contain personal information.
- b) The Board's Privacy Breach Protocol will come into effect upon the awareness of a perceived or actual breach.

Practices for Protecting Personal Information

These practices reflect the Board's commitment to protecting personal information. Employees are expected to follow these practices in the course of their duties.

- a) Restrict access to personal information to those employees that require the records and information in the performance of their assigned duties.
- b) Ensure that sensitive and confidential information is not visible to the public.
- c) Encourage a clean desk policy to reduce the risk of exposing confidential information to others.
- d) Lock doors and filing equipment when one's office is not in use.
- e) Label filing cabinets, drawers, boxes and other storage containers in a manner that maintains the anonymity of items in storage.
- f) Keep open filing equipment or mail boxes behind a counter or other physical barriers to the public.
- g) Locate FAX machines and printers in a secure area, and retrieve sensitive documents immediately.
- h) Ensure that secure confidentiality is maintained when transporting confidential information (e.g. student assignments or exams home for marking).

- i) Ensure records that are the property of the Board, in particular student assignments and exams, are not removed from Board control when an employment contract is terminated.
- j) Consult the Board's Records and Classification Retention Schedule or the Records and Information Management Coordinator to determine how long to retain personal information.
- k) Ensure confidential destruction of paper records by placing the records in one of the locked shredding boxes for pick up by the shred vendor.
- l) Shut down programs or use password protection on computers when leaving work areas.
- m) Position computer screens to prevent unauthorized viewing.
- n) Notify the appropriate Board personnel when there is a change in an employee's employment status that would affect their access to information.
- o) Do not disclose passwords to others.
- p) Report any lost or stolen records to your immediate supervisor.

Responsibilities:

The Board of Trustees is responsible for:

- Ensuring alignment of this administrative procedure with the Records and Information Management Directional Policy.
- Reviewing this administrative procedure as part of its regular policy and procedure review cycle.

The Director of Education is responsible for:

- Providing leadership and designating resources to ensure the implementation of and compliance with this administrative procedure.
- Ensuring review of this administrative procedure at regular intervals.
- Authorizing decisions with respect to privacy breach responses.

The Communications Manager is responsible for:

In the role of Freedom of Information and Privacy Officer:

- Overseeing Board compliance with privacy legislation.
- Managing and investigating privacy complaints.
- Establishing, maintaining, and executing a Board Privacy Breach Protocol.

Superintendents, Principals and Managers are responsible for:

- Supporting employees for whom they have supervisory responsibility with the implementation of and compliance with the procedures and requirements under this administrative procedure.
- Implementing reasonable security measures and safeguards to protect personal information.
- Ensuring that agreements with service providers contain privacy protection provisions regarding the protection, collection, use, retention and disclosure of personal information.

Health Information Custodians are responsible for:

- Ensuring confidential management of personal health information in their custody and control as outlined in the *Personal Health Information Protection Act*.

Staff are responsible for:

- Ensuring they are knowledgeable about the requirements and parameters outlined in this administrative procedure.
- Complying with legislation, professional standards, Board administrative policies and procedures, when using personal information.
- Protecting personal information by following proper procedures and practices as outlined in this administrative procedure and as directed by their supervisor.
- Reporting any suspected privacy or security breaches of which they are aware to their supervisor.
- Taking reasonable steps to ensure the personal information within their custody and control is secured and protected.
- Participating in training regarding their duties and obligations to protect personal information.

Progress Indicators:

- Yearly completion of the Board's annual report to the Information and Privacy Commissioner of Ontario.
- Annual mandatory privacy training module for all Board employees.

Definitions:

Health Information Custodian: Under *PHIPA*, A health information custodian is an individual who has custody or control of personal health information. i.e. board psychologist.

References:

- [MFIPPA](#)
- [PHIPA](#)
- [AP 1209 – Privacy Breach Response](#)

DRAFT



Report to the Policy Development Committee

Meeting Date: June 4, 2024

Presented by: Galen Eagle, Communications Manager

Subject: AP 1207 – Freedom of Information

Background:

This Administrative Procedure is on its regular review cycle.

Recommended Changes:

- Updated Directional Policy Alignment and alignment with Multi-Year Strategic Plan
- Added reference to the *Personal Health Information Protection Act (PHIPA)* in the Action Required Section
- Minor grammatical changes throughout document

Attachments:

[Old AP](#)

[New DRAFT AP](#)



BOARD ADMINISTRATIVE PROCEDURE	
Administrative Procedure Freedom of Information	Administrative Procedure Number 1207
Directional Policy 1200 - Records and Information Management	

Title of Administrative Procedure:

Freedom of Information

Date Approved:

June 4, 2024

Projected Review Date:

2029

Directional Policy Alignment:

The *Freedom of Information Administrative Procedure* aligns with Directional Policy 1200 – *Records and Information Management* by articulating the Board’s legislative obligations and operational commitment to upholding transparent records and information management.

Alignment with Multi-Year Strategic Plan:

The *Freedom of Information Administrative Procedure* supports our Board’s Multi-Year Strategic Plan by supporting the Board in its commitment to maintaining public confidence by being open, transparent, and accountable with respect to the records and information it manages.

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

Action Required:

The Board understands that the public has a right of access to board records with limited exemptions and that the public retains a right to appeal any denial of access to information to the Information and Privacy Commissioner of Ontario.

The Board shall comply with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* and the *Personal Health Information Protection Act (PHIPA)*.

The Director of Education shall be considered the Head of the Board for the purposes of *MFIPPA*.

The Communications Manager shall be designated Freedom of Information and Privacy Officer and formal requests made under MFIPPA for information held by the Board shall be made to the Communications Manager.

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

- Ensuring alignment of this administrative procedure with the Records and Information Directional Policy.
- Reviewing the *Freedom of Information Administrative Procedure* as part of its regular policy and procedure review cycle.

Trustees are responsible for:

- Providing the Freedom of Information and Privacy Officer records and information responsive to a formal access request.

The Director of Education is responsible for:

- Authorizing decisions with respect to the release of information under MFIPPA.
- Providing leadership and designating resources to ensure implementation and compliance with this administrative procedure.
- Providing the Freedom of Information and Privacy Officer with records and information responsive to a formal access request.

The Communications Manager is responsible for:

In the role of Freedom of Information and Privacy Officer:

- Receiving and processing all requests for information under *MFIPPA* including appeals.
- Reporting annually to the Information and Privacy Commission of Ontario.

- Providing consultation and support regarding access to information for staff and members of the public.

Superintendents of Schools and System Portfolios, managers and principals are responsible for:

- Providing the Freedom of Information and Privacy Officer with records and information responsive to a formal access request.
- Directing staff to assist in the preparation of records responsive to a formal access request.

Staff are responsible for:

- Providing the Freedom of Information and Privacy Officer with records and information responsive to a formal access request.

Members of the public are responsible for:

- Understanding that any costs related to information access shall be recovered in accordance with the fees outlined in *MFIPPA*.
- Understanding that they have a right to appeal Board decisions with respect to access requests under *MFIPPA* to the Information and Privacy Commissioner of Ontario.

Progress Indicators:

- Yearly completion of the Board's annual report to the Information and Privacy Commissioner of Ontario.

References:

- [MFIPPA](#)
- [PHIPA](#)