



BRANT HALDIMAND NORFOLK Catholic District School Board

Agenda

Catholic Education Centre
322 Fairview Drive
Brantford, ON N3T 5M8

Policy Committee Meeting Tuesday September 16, 2025 ♦ 3:00 p.m. Boardroom

Trustees:

Dan Dignard (Chair), Dennis Blake, Bill Chopp, Carol Luciani, Mark Watson
Rick Petrella (on leave)

Senior Administration:

Mike McDonald (Director of Education & Secretary), Rajini Nelson (Superintendent of Business & Treasurer)
John Della Fortuna, Kevin Greco, Michael Lawlor, Phil Wilson (Superintendents of Education)

1. Opening Business

- 1.1 Opening Prayer
- 1.2 Attendance
- 1.3 Approval of the Agenda
- 1.4 Approval of Minutes from the Policy Committee Meeting – June 10, 2025 Pages 3-5
- 1.5 Approval of Minutes from the Policy Committee Meeting – June 16, 2025 Pages 6-8
- 1.6 Business Arising from the Minutes

2. Committee and Staff Reports

- 2.1 Students with Prevalent Medical Conditions #200.05 Pages 9-106
Presenter: Phil Wilson, Superintendent of Education
- 2.2 Administration of Oral Medication #200.19 Pages 107-130
Presenter: Phil Wilson, Superintendent of Education
- 2.3 Electronic Participation at Meetings #100.09 Pages 131-135
Presenter: Mike McDonald, Director of Education & Secretary
- 2.4 Emergency Preparedness and Response #400.04 Pages 136-139
Presenter: Kevin Greco, Superintendent of Education
- 2.5 Threat to School Safety: Bomb Threat #400.23 Pages 140-146
Presenter: Kevin Greco, Superintendent of Education
- 2.6 Threat to School Safety: Evacuation #400.27 Pages 147-151
Presenter: Kevin Greco, Superintendent of Education
- 2.7 Threat to School Safety: Hold and Secure #400.32 Pages 152-157
Presenter: Kevin Greco, Superintendent of Education
- 2.8 Threat to School Safety: Shelter in Place #400.33 Pages 158-163
Presenter: Kevin Greco, Superintendent of Education
- 2.9 Threat to School Safety: Lockdown #400.34 Pages 164-176
Presenter: Kevin Greco, Superintendent of Education
- 2.10 Employee and Family Assistance Program #300.13 Pages 177-181
Presenter: Kevin Greco, Superintendent of Education



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|-------------|---|---------------|
| 2.11 | Health and Safety #300.16
Presenter: Kevin Greco, Superintendent of Education | Pages 182-185 |
| 2.12 | Work Refusal #300.21
Presenter: Kevin Greco, Superintendent of Education | Pages 186-190 |
| 2.13 | Transfers Related to School Safety #200.52
Presenter: Kevin Greco, Superintendent of Education | Pages 191-197 |

3. Adjournment

Next meeting: October 21, 2025 at 3:00pm



BRANT HALDIMAND NORFOLK Catholic District School Board

Minutes

Catholic Education Centre
322 Fairview Drive
Brantford, ON N3T 5M8

Policy Committee Meeting Tuesday June 10, 2025 ♦ 3:30 p.m. Boardroom

Trustees:

Dan Dignard (Chair), Dennis Blake, Carol Luciani, Mark Watson, Bill Chopp

Regrets: Rick Petrella (on leave)

Senior Administration:

Mike McDonald (Director of Education & Secretary), Rajini Nelson (Superintendent of Business & Treasurer), John Della Fortuna, Kevin Greco, Michael Lawlor, Phil Wilson (Superintendents of Education)

1. Opening Business

1.1 Opening Prayer

The meeting was opened with prayer led by Chair Dignard.

1.2 Attendance

Attendance was noted as above.

1.3 Approval of the Agenda

Moved by: Carol Luciani

Seconded by: Dennis Blake

THAT the Policy Committee of the Brant Haldimand Norfolk Catholic District School Board approves the agenda of the June 10, 2025, meeting.

Carried

1.4 Approval of Minutes from the Policy Committee Meeting – May 13, 2025

Moved by: Carol Luciani

Seconded by: Dennis Blake

THAT the Policy Committee of the Brant Haldimand Norfolk Catholic District School Board approves the minutes of the May 13, 2025, meeting.

Carried

2. Committee and Staff Reports

2.1 Workplace Violence Prevention #300.20

Superintendent Greco presented the workplace violence prevention policy. Updates include definitions from the Occupational Health and Safety Act (OHSA) for: worker, critical Injury and resource person. The Responsibilities section now includes the duty of trustees to approve and support the implementation of this policy and for the Director of Education and Senior Administration to ensure compliance with the OHSA and the Education Act and that all employees must complete Workplace Violence Prevention Training annually. Discussion regarding the correlation between the Workplace Harassment and Workplace Violence Prevention policies was had along with the Trustee Code of Conduct that Trustees fall under and the committee members on the joint health and safety committee.



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Moved by: Dennis Blake

Seconded: Carol Luciani

THAT the Policy Committee recommends that the Committee of the Whole refers the Workplace Violence Prevention policy #300.20 to the Brant Haldimand Norfolk Catholic District School Board for approval.

Carried

2.2 Workplace Harassment #300.02

Superintendent Greco presented the Workplace Harassment Policy. Updates include definitions from the Ontario *Human Rights Code and the Occupational Health and Safety Act* for: prohibited grounds, discrimination, and supervisor. Measures for all employees to be educated on harassment in the workplace and the Board's responsibilities related to harassment, identified in terms of awareness, prevention and response were updated, as well as a more clearly defined three step procedural response to harassment complaints and more accurately defines the appeal process as a review of the procedural steps of the investigation. Discussion regarding next steps in terms of follow-up was had including up to and including termination.

Moved by: Bill Chopp

Seconded: Mark Watson

THAT the Policy Committee recommends that the Committee of the Whole refers the Workplace Harassment Policy #300.02 to the Brant Haldimand Norfolk Catholic District School Board for approval.

Carried

2.3 Duty to Report #300.23

Superintendent Greco presented the Duty to Report policy. This is a new Board Policy and Administrative Procedure. It articulates that all staff play an important role in safeguarding the physical and mental health and well-being of children and youth by recognizing, preventing, and responding to children who may be in need of protection. This Policy and Administrative procedure point to detailed staff responsibilities, legal requirements, procedures, child protection protocols, referrals and investigations that are outlined in the Board's *Joint Child Protection Protocol*. To comply with Erin's Law (Child, Sexual Abuse Prevention and Reporting) this Policy and Administrative Procedure also states that the Board will ensure that important information regarding child sexual abuse prevention and reporting, counselling and resources are available for students, staff, parents and that the Board will ensure that students are annually learning about topics of child sexual abuse prevention and reporting. Discussion regarding the forms that accompany the policy, and procedure was had along with record keeping.

Moved by: Mark Watson

Seconded by: Carol Luciani

THAT the Policy Committee recommends that the Committee of the Whole refers the Duty to Report policy #300.23 to the Brant Haldimand Norfolk Catholic District School Board for approval.

Carried



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2.4 Use of Service Animals in School Facilities #200.40

Superintendent Wilson presented the Use of Service Animals in School Facilities policy. This policy was last reviewed in 2011. The revised policy reflects a comprehensive update to align with current legal frameworks including the Ontario Human Rights Code, the Accessibility for Ontarians with Disabilities Act (AODA), and PPM 163. Some of the updates include three Educational Assistants trained and certified as dog handlers, tracking the effectiveness of the service dog, exclusion criteria that consider health, safety, and competing rights (e.g., allergies, phobias), a detailed process for admitting a Service Dog, including documentation, transition planning, and communication strategies and the introduction of case conference protocols, training requirements for staff and handlers, and templates for communication with school and transportation communities. Discussion regarding the name and scope of the policy including the addition of other service animals was discussed. If there are requests for additional animals, the policy will be brought to the board for further discussion. Discussion regarding allergies and phobias of dogs was discussed. The next steps for communicating with the community, transportation, and staff was had regarding the addition of a service dog in the school.

Moved by: Mark Watson

Seconded by: Carol Luciani

THAT the Policy Committee recommends that the Committee of the Whole refers the Use of Service Animals in School Facilities policy #200.40 to the Brant Haldimand Norfolk Catholic District School Board for approval.

Carried

2.5 Purchasing Cards #700.01

Superintendent Nelson presented the Purchasing Cards policy. In its continued efforts to strengthen accountability and ensure that the P-Card system is used properly, the Board has conducted a review of the existing P-Card policy. As a result of this review, the following additional measures are included: monthly spending reviews, compliance monitoring, and strengthened controls. Discussion regarding the timeliness of the reports was had along with the roles and responsibilities listed.

Moved by: Carol Luciani

Seconded by: Dennis Blake

THAT the Policy Committee recommends that the Committee of the Whole refers the Purchasing Cards policy #700.01 to the Brant Haldimand Norfolk Catholic District School Board for approval.

Carried

3.0 Adjournment

Moved by: Carol Luciani

Seconded by: Dennis Blake

THAT the Policy Committee of the Brant Haldimand Norfolk Catholic District School Board adjourns the June 10, 2025 Policy committee meeting.

Carried.

Next meeting: TBD – Boardroom



BRANT HALDIMAND NORFOLK Catholic District School Board

Minutes

Catholic Education Centre
322 Fairview Drive
Brantford, ON N3T 5M8

Policy Committee Meeting Monday June 16, 2025 ♦ 3:00 p.m. Haldimand Room/ Microsoft Teams

Trustees:

Dan Dignard (Chair), Dennis Blake, Carol Luciani, Mark Watson, Bill Chopp

Regrets: Rick Petrella (on leave)

Senior Administration:

Mike McDonald (Director of Education & Secretary)

Regrets: Rajini Nelson (Superintendent of Business & Treasurer), John Della Fortuna, Kevin Greco, Michael Lawlor, Phil Wilson (Superintendents of Education)

1. Opening Business

1.1 Opening Prayer

The meeting was opened with prayer led by Chair Dignard.

1.2 Attendance

Attendance was noted as above.

1.3 Approval of the Agenda

Moved by: Carol Luciani

Seconded by: Dennis Blake

THAT the Policy Committee of the Brant Haldimand Norfolk Catholic District School Board approves the agenda of the June 16, 2025, meeting.

Carried

1.4 Approval of Minutes from the Policy Committee Meeting – May 13, 2025

Moved by: Bill Chopp

Seconded by: Mark Watson

THAT the Policy Committee of the Brant Haldimand Norfolk Catholic District School Board approves the minutes of the May 13, 2025, meeting.

Carried

2. Committee and Staff Reports

2.1 Board By-Laws

Director McDonald presented the revised board by-laws for review and revision. In part due to the recommendations provided by the recent governance review and Ministerial directive, the BHNCD SB Executive Council undertook a review of the by-laws in consultation with legal which resulted in a number of recommended changes aimed at improving governance, transparency, and effectiveness. Each proposed change was reviewed by the policy committee, discussed, minor revisions were made, voted upon, and all proposed changes were carried.



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Moved by: Mark Watson

Seconded: Carol Luciani

THAT the Policy Committee recommends that the Committee of the Whole refers the By-law changes including the preamble and sections 4.1.1, 5.4.1(l), 5.4.1(m), 6.2.1.1, 6.2.2.1, 6.2.2.2, 6.4.14, 6.4.16, 6.4.16.1, 6.4.16.2, 6.4.16.3, 6.4.16.4, 6.4.16.5, 6.4.16.6, 6.5.2, 6.5.3, 6.5.4, 6.5.5, 6.7, 6.9.2, 6.9.2.4, 7.1, 8.0.(b), 8.0.(d), 8.0.(h), 8.2, 8.2.2, 8.2.3, 8.2.5, 8.2.6, 8.2.7, 9.2, 11.3, 15.0, 15.1, 16.0, 16.2, 16.3, 16.4, 16.5, 16.6, 16.7, 16.8, 17.0 to the Brant Haldimand Norfolk Catholic District School Board for approval.

Carried

2.2 Trustee Expenses #100.10

Director McDonald presented the Trustee Expenses policy for review and revision. In direct response to the governance review and subsequent Ministerial directives, and in consultation with legal, several changes have been made to this policy including alignment with the Broader Public Sector Accountability Act (BPSAA), incorporation of language conveying fiscal restraint and strengthening of governance and oversight mechanisms. Discussion was had regarding the claiming of expenses and the trustee expense approval process. After further dialogue, minor revisions were made to the draft policy.

Moved by: Dennis Blake

Seconded: Carol Luciani

THAT the Policy Committee recommends that the Committee of the Whole refers the Trustee Expenses Policy #100.10 to the Brant Haldimand Norfolk Catholic District School Board for approval.

Carried

2.3 Trustee Code of Conduct #100.04

Director McDonald presented the Trustee Code of Conduct Policy for review and revision. As part of the recent governance review and ministerial directive a significant portion of the recommendations that followed focused on strengthening and refining the Trustee Code of Conduct. Some of the key changes made in consultation with legal to the Trustee Code of Conduct include terminology consistency, integration of legislative requirements, realignment of attendance provisions and enhanced enforcement framework. These changes support procedural fairness, transparency, and consistency in the application of the Code of Conduct.

Moved by: Bill Chopp

Seconded by: Mark Watson

THAT the Policy Committee recommends that the Committee of the Whole refers the Trustee Code of Conduct Policy #100.04 to the Brant Haldimand Norfolk Catholic District School Board for approval.

Carried



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2.4 Rescinded Policies – Access to Legal Counsel #100.09

Director McDonald presented the report to rescind the Access to Legal Counsel policy. As part of the recent governance review, there were two specific directives related to the use of legal counsel by the Chair of the Board. The first recommendation called for the establishment of clearer protocols governing when and under what circumstances the Chair may consult independent legal counsel. The second emphasized the need to define a consultation process prior to such engagement, ensuring that all legal inquiries are initiated on behalf of the Board, aligning with proper governance procedures and shared accountability. It is recommended that the Access to Legal Policy #100.09 be formally rescinded, on the basis that its provisions will be superseded and more appropriately governed within the revised Board By-laws. This allows for a more integrated, contextual approach to legal access, housed within the broader governance framework.

Moved by: Dennis Blake

Seconded by: Mark Watson

THAT the Policy Committee recommends that the Committee of the Whole refers the Access to Legal Counsel Policy #100.09 to the Brant Haldimand Norfolk Catholic District School Board for rescinding.

Carried

3.0 Adjournment

Moved by: Carol Luciani

Seconded by: Dennis Blake

THAT the Policy Committee of the Brant Haldimand Norfolk Catholic District School Board adjourns the June 16, 2025, Policy committee meeting.

Carried.

Next meeting: TBD – Boardroom

REPORT TO THE BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD POLICY COMMITTEE

Prepared by: Phil Wilson, Superintendent of Education
Presented to: Policy Committee
Submitted on: September 16, 2025
Submitted by: Michael McDonald, Director of Education & Secretary

Students with Prevalent Medical Conditions Policy #200.05

Public Session

BACKGROUND INFORMATION:

The Brant Haldimand Norfolk Catholic District School Board (the “Board”) is committed to providing a safe, caring, inclusive, and healthy learning environment that enables each student to reach their full potential. As a Catholic school system, we recognize the inherent dignity and worth of every student, including those with prevalent medical conditions.

The Administrative Procedure and Policy #200.05, Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and Epilepsy), has been revised to reflect current medical practices, legal updates, Ministry of Education guidance (PPM 161), and best practices for supporting students in school settings.

DEVELOPMENTS:

The revised policy represents a comprehensive update, including:

- **Updated Policy Statement and Scope:** Refined to align with current legal statutes (Sabrina’s Law, Ryan’s Law, Bill 5), Catholic values, and inclusive educational practices.
- **Expanded Definitions:** Clearly defined terms to ensure consistency and understanding, including new terminology such as "Immunity," "Medical Emergency," and "Self-Management."
- **Detailed Administrative Procedures:**
 - Clarified the roles and responsibilities of the Superintendent, principals/designates, parents/guardians, staff, and students.
 - Strengthened requirements for Plan of Care documentation and emergency protocols.
- **Condition-Specific Protocols:**
 - **Anaphylaxis:** Enhanced emergency response procedures, including allowance for second-dose epinephrine administration and reaffirmation of a nut-free policy.
 - **Asthma:** Aligned with Ryan’s Law; clarified triggers, emergency responses, and use of reliever inhalers.
 - **Diabetes:** Incorporated updated prevalence data and provided guidance for glucagon use by trained volunteers.

- **Epilepsy:** Comprehensive inclusion of seizure types, triggers, safety planning, and emergency procedures.
- **Training and Communication:**
 - Mandated annual staff training and communication of the Plan of Care to all relevant parties.
 - Direction to provide information in handbooks, school agendas, and the board website.
- **Liability Protections:**
 - Cited applicable legislation offering legal protection to staff acting in good faith during emergencies (Good Samaritan Act, Sabrina's Law, Ryan's Law).
- **References and Source Acknowledgments:**
 - Replaced hyperlinks with named sources from Food Allergy Canada, OPHEA, Diabetes Canada, Epilepsy Ontario, and the Canadian Paediatric Society.

RECOMMENDATION:

THAT the Policy Committee recommends that the Committee of the Whole refers the Students with Prevalent Medical Conditions Policy #200.05 to the Brant Haldimand Norfolk Catholic District School Board for approval.



Students With Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy)

#200.05

Adopted:	August 30, 2018
Last Reviewed/Revised:	September 2025
Responsibility:	Superintendent of Education
Next Scheduled Review:	2028-2029

POLICY STATEMENT:

~~It is the policy of the Board to support students with prevalent medical/health conditions in all Brant Haldimand Norfolk Catholic District School Board schools and off-site programs.~~

~~The Board Shall:~~

- ~~• Ensure that students with prevalent medical conditions are enabled to participate in school life to their fullest potential as outlined in their individual Plan of Care;~~
- ~~• Ensure that daily routine management of activities are performed in such a way as to promote inclusion in a safe, accepting and healthy learning environment that supports well-being;~~
- ~~• Empower students to be confident and capable learners, to reach their full potential for self-management of their medical condition according to their individual Plan of Care; and~~
- ~~• Ensure that the designation of roles and responsibilities for prevalent medical/health conditions support services in school settings does not preclude, in an emergency, the provision of assistance by school board personnel. Staff who provide health support to students under their supervision shall have full coverage under the Brant Haldimand Norfolk Catholic District School Board's liability coverage.~~

The Brant Haldimand Norfolk Catholic District School Board is committed to fostering a safe, inclusive, and accepting learning environment that upholds the dignity and well-being of all students. In alignment with our Catholic values and the Ontario Human Rights Code, the Board recognizes the right of students with prevalent medical conditions to fully participate in school life and to be supported in managing their health needs with dignity, compassion, and care.

The Board shall:

- Support full participation of students with prevalent medical conditions (anaphylaxis, asthma, diabetes, and/or epilepsy) in all curricular and co-curricular school activities, as outlined in their individualized *Plan of Care*;
- Promote inclusive practices by ensuring that the routine management of medical conditions is embedded into daily school operations in a manner that fosters safety, acceptance, and student well-being;



- Empower students as confident and capable learners by supporting progressive independence in self-management, according to their developmental readiness and individualized *Plan of Care*;
- Define clear roles and responsibilities for staff and caregivers while affirming that, in an emergency situation, Board employees may act in good faith to provide assistance. Staff who provide health support under their supervision are covered by the Board's liability insurance in accordance with applicable legislation and Board policy.

APPLICATION AND SCOPE:

~~The Brant Haldimand Norfolk Catholic District School Board believes that all persons are created in God's image. Every individual has an inherent and immeasurable worth and dignity. Each human life is considered sacred. We are committed to providing students with full access to schools in a safe, caring, accepting and healthy learning environment that enables each student to reach his or her fullest potential. While the Board believes that parents/guardians and the medical profession are primarily responsible for children with prevalent medical conditions, the Board supports the individual needs of students diagnosed by a medical doctor or nurse practitioner with asthma, diabetes, epilepsy and/or are at risk for anaphylaxis in accordance with Ontario laws.~~

Rooted in our Catholic faith, the Brant Haldimand Norfolk Catholic District School Board affirms that all individuals are created in the image and likeness of God, possessing inherent dignity, infinite worth, and the sacredness of life. Guided by these principles, the Board is committed to fostering school communities that are safe, compassionate, inclusive, and responsive to the diverse needs of all learners.

The Board recognizes its responsibility to provide equitable access to education in an environment that supports student health, safety, well-being, and achievement. This includes accommodating and supporting students diagnosed by a medical doctor or nurse practitioner with prevalent medical conditions—specifically asthma, diabetes, epilepsy, and/or those at risk for anaphylaxis—so they may participate fully in all aspects of school life.

While primary responsibility for the diagnosis and medical management of these conditions rests with families and healthcare providers, the Board, in accordance with applicable Ontario legislation and Ministry directives (e.g., PPM 161, Sabrina's Law, Ryan's Law), will partner with families and community healthcare professionals to ensure each student's individual needs are met through collaborative development and implementation of a personalized *Plan of Care*.

REFERENCES:

Education Act and its Regulations

~~The Education Act Section 265 – Duties of Principals The Education Act Section 264 – Duties of Teachers Reg. 298, s11 Duties of Principals~~

~~Reg. 298, s20 Duties of Teachers~~

200.05– Students with Prevalent Medical



~~Ministry of Education's Policy/Program Memorandum No. 161: Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and Epilepsy)~~

~~Policy/Program Memoranda No. 149: Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professionals and Paraprofessionals~~

~~Policy/Program Memoranda No. 81: Provision of Health Support Services in School Settings Ryan's Law, 2015~~

~~Sabrina's Law 2005~~

~~Bill 5—An Act to Establish a Bill of Rights for Pupils with Diabetes Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) Admission of Students Policy and Administrative Procedure 200.14~~

~~Educational Field Trips and Excursions Policy and Administrative Procedure 500.01 Nutrition—~~

~~Creating a Healthy Environment Policy and Administrative Procedure 200.01 Transportation of Students Policy and Administrative Procedure 400.19~~

~~Volunteers Policy and Administrative Procedure 300.12~~

~~Education Act, R.S.O. 1990, and Regulations~~

~~Section 264 – Duties of Teachers~~

~~Section 265 – Duties of Principals~~

~~Ontario Regulation 298 – Operation of Schools~~

~~PPM No. 161 – *Supporting Children and Students with Prevalent Medical Conditions*~~

~~PPM No. 81 – *Provision of Health Support Services in School Settings*~~

~~PPM No. 149 – *Protocol for Partnerships with External Agencies*~~

~~Sabrina's Law (2005) – *Anaphylaxis Management in Schools*~~

~~Ryan's Law (2015) – *Asthma Management in Schools*~~

~~Bill 5 (2018) – *Diabetes Management Provisions in Education Act*~~

~~Ontario Human Rights Code~~

~~Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)~~

~~Ontario Student Record (OSR) Guideline~~

~~OPHEA Health & Physical Education Safety Guidelines~~

~~Board Policy & Administrative Procedure 200.14 – Admission of Students~~

~~Board Policy & Administrative Procedure 500.01 – Educational Field Trips and Excursions~~

~~Board Policy & Administrative Procedure 400.19 – Transportation of Students~~

~~Board Policy & Administrative Procedure 200.01 – Nutrition and Healthy Environment~~

~~Board Policy & Administrative Procedure 300.12 – Volunteers~~

DEFINITIONS:

~~**Allergen:** A substance capable of causing an allergic reaction (e.g. pollens, molds, animal dander, feathers, dust mites, foods, insect stings, medications etc.)~~

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

~~**Asthma:** Asthma is a respiratory condition marked by spasm in the bronchi of the lungs, causing difficulty with breathing. It usually results from an allergic reaction or other forms of hypersensitivity. Viruses can also act as a trigger.~~



Asthma Reliever Inhaler: Asthma reliever inhalers work to relieve asthma symptoms when they happen. When inhaled, they open up airways and relieve symptoms such as wheezing, coughing and shortness of breath.

Diabetes: Diabetes is a chronic disease, in which the body either cannot produce insulin or cannot properly use the insulin it produces.

Type 1 Diabetes: Type 1 Diabetes develops when the body's immune system destroys the insulin producing cells of the pancreas. Insulin is an essential body requirement and without it, carbohydrates (starch and sugars) in food cannot be converted into the energy (glucose) required to sustain life.

Type 2 Diabetes: Type 2 Diabetes is the most common form of diabetes. It usually develops in adulthood, although recently increasing numbers of children in high-risk populations are being diagnosed. It develops when the pancreas does not produce enough insulin or the insulin produced is not used effectively.

Epilepsy: Epilepsy is a neurological condition that affects the nervous system. Epilepsy is also known as a seizure disorder or by many people as convulsions.

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

Immunity: *The Act to Protect Pupils with Asthma* states, "No action or other proceedings for damages shall be commenced against an employee for an act of omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under the Act".

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

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

Prevalent Medical Condition: For the purpose of this document, Prevalent Medical Conditions include anaphylaxis, asthma, diabetes and epilepsy.

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

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



Allergen

A substance that can trigger an allergic reaction. Common allergens include pollens, molds, animal dander, feathers, dust mites, certain foods, insect stings, and medications.

Anaphylaxis

A sudden, severe, and potentially life-threatening allergic reaction that requires immediate medical attention and intervention, typically through the administration of epinephrine.

Asthma

A chronic respiratory condition characterized by inflammation and narrowing of the airways, leading to difficulty breathing. Common triggers include allergens, cold air, exercise, and viral infections.

Asthma Reliever Inhaler

A fast-acting medication used to relieve asthma symptoms such as wheezing, coughing, and shortness of breath. Also known as a bronchodilator, it works by relaxing the muscles around the airways.

Diabetes

A chronic metabolic condition in which the body is unable to produce or effectively use insulin, resulting in abnormal blood glucose (sugar) levels.

- **Type 1 Diabetes**

An autoimmune condition in which the body's immune system attacks and destroys insulin-producing cells in the pancreas. Individuals require insulin injections multiple times daily to manage their condition.

- **Type 2 Diabetes**

A condition often associated with insulin resistance, where the body does not use insulin effectively or does not produce enough. Increasingly seen in children and adolescents in high-risk populations.

Emergency Medical Services (EMS)

A public emergency service that provides urgent pre-hospital medical care and transportation to a hospital. EMS should be contacted during any medical emergency as outlined in a student's Plan of Care.

Epilepsy

A neurological disorder characterized by recurrent seizures, which are sudden surges of electrical activity in the brain. Seizures can present with a variety of physical, cognitive, and behavioural symptoms.

Epinephrine Auto-Injector

A medical device used to treat severe allergic reactions (anaphylaxis) by injecting a measured dose of epinephrine. Common brand names include EpiPen®, Allerject®, and Auvi-Q®.

Glucagon

A hormone administered via injection or nasal spray to treat severe hypoglycemia (low blood



sugar) in individuals with diabetes who are unconscious or unable to safely consume sugar orally.

Health Care Professional

A regulated practitioner registered with a college under Ontario's *Regulated Health Professions Act, 1991* (e.g., medical doctor, nurse practitioner, registered nurse, pharmacist).

Immunity (Legal Protection)

As outlined in applicable legislation such as *Ryan's Law* and *Sabrina's Law*, employees acting in good faith to provide emergency assistance related to prevalent medical conditions are protected from legal liability under the law.

Medical Emergency

A serious, acute health event that poses an immediate threat to a person's life or long-term well-being, requiring the intervention of trained personnel and activation of Emergency Medical Services (EMS).

Medical Incident

A health-related event requiring an immediate response and close monitoring, with the potential to escalate into a medical emergency.

Plan of Care (POC)

A written, individualized plan that outlines the required accommodations, emergency response procedures, and daily management strategies for a student with a prevalent medical condition. Co-developed by the parent/guardian and the school, and based on medical recommendations.

Prevalent Medical Condition

For the purposes of this Administrative Procedure, refers to the medical conditions most commonly seen in school settings that require ongoing care and individualized planning: anaphylaxis, asthma, diabetes, and epilepsy.

School Board Personnel

Employees of the school board, including principals, teachers, educational assistants, support staff, and other staff members who may have direct or indirect responsibility for student well-being during the school day or related activities.

Self-Management

A developmental continuum reflecting a student's ability to understand, monitor, and respond to their own medical needs, with support as required. Self-management varies by age, capacity, and confidence, and may evolve over time. Staff support must be responsive and respectful of this journey toward independence.

Training (Medical Conditions)

Annual instruction provided to school staff on the recognition, prevention, and response strategies for students with prevalent medical conditions. This includes the use of emergency medications such as epinephrine and glucagon, as well as response protocols aligned with Ontario legislation.



Trigger

Any substance, situation, or condition that may cause the onset or worsening of a medical condition such as asthma, anaphylaxis, epilepsy, or diabetes (e.g., dust, peanuts, physical exertion, missed insulin, flashing lights).

Universal Precautions

Infection control procedures that assume all human blood and body fluids are potentially infectious. These include the use of personal protective equipment and safe disposal practices to reduce the risk of disease transmission in the school setting.



Students With Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy)

#200.05

Adopted:	August 30, 2018
Last Reviewed/Revised:	September 2025
Responsibility:	Superintendent of Education
Next Scheduled Review:	2028 - 2029

POLICY STATEMENT:

~~It is the policy of the Board to support students with prevalent medical/health conditions in all Brant Haldimand Norfolk Catholic District School Board schools and off-site programs.~~

~~The Board Shall:~~

- ~~• Ensure that students with prevalent medical conditions are enabled to participate in school life to their fullest potential as outlined in their individual Plan of Care;~~
- ~~• Ensure that daily routine management of activities are performed in such a way as to promote inclusion in a safe, accepting and healthy learning environment that supports well-being;~~
- ~~• Empower students to be confident and capable learners, to reach their full potential for self-management of their medical condition according to their individual Plan of Care; and~~
- ~~• Ensure that the designation of roles and responsibilities for prevalent medical/health conditions support services in school settings does not preclude, in an emergency, the provision of assistance by school board personnel. Staff who provide health support to students under their supervision shall have full coverage under the Brant Haldimand Norfolk Catholic District School Board's liability coverage.~~

The Brant Haldimand Norfolk Catholic District School Board is committed to fostering a safe, inclusive, and accepting learning environment that upholds the dignity and well-being of all students. In alignment with our Catholic values and the Ontario Human Rights Code, the Board recognizes the right of students with prevalent medical conditions to fully participate in school life and to be supported in managing their health needs with dignity, compassion, and care.

The Board shall:

- Support full participation of students with prevalent medical conditions (anaphylaxis, asthma, diabetes, and/or epilepsy) in all curricular and co-curricular school activities, as outlined in their individualized *Plan of Care*;



- Promote inclusive practices by ensuring that the routine management of medical conditions is embedded into daily school operations in a manner that fosters safety, acceptance, and student well-being;
- Empower students as confident and capable learners by supporting progressive independence in self-management, according to their developmental readiness and individualized *Plan of Care*;
- Define clear roles and responsibilities for staff and caregivers while affirming that, in an emergency situation, Board employees may act in good faith to provide assistance. Staff who provide health support under their supervision are covered by the Board's liability insurance in accordance with applicable legislation and Board policy.

APPLICATION AND SCOPE:

~~The Brant Haldimand Norfolk Catholic District School Board believes that all persons are created in God's image. Every individual has an inherent and immeasurable worth and dignity. Each human life is considered sacred. We are committed to providing students with full access to schools in a safe, caring, accepting and healthy learning environment that enables each student to reach his or her fullest potential. While the Board believes that parents/guardians and the medical profession are primarily responsible for children with prevalent medical conditions, the Board supports the individual needs of students diagnosed by a medical doctor or nurse practitioner with asthma, diabetes, epilepsy and/or are at risk for anaphylaxis in accordance with Ontario laws.~~

Rooted in our Catholic faith, the Brant Haldimand Norfolk Catholic District School Board affirms that all individuals are created in the image and likeness of God, possessing inherent dignity, infinite worth, and the sacredness of life. Guided by these principles, the Board is committed to fostering school communities that are safe, compassionate, inclusive, and responsive to the diverse needs of all learners.

The Board recognizes its responsibility to provide equitable access to education in an environment that supports student health, safety, well-being, and achievement. This includes accommodating and supporting students diagnosed by a medical doctor or nurse practitioner with prevalent medical conditions—specifically asthma, diabetes, epilepsy, and/or those at risk for anaphylaxis—so they may participate fully in all aspects of school life.

While primary responsibility for the diagnosis and medical management of these conditions rests with families and healthcare providers, the Board, in accordance with applicable Ontario legislation and Ministry directives (e.g., PPM 161, Sabrina's Law, Ryan's Law), will partner with families and community healthcare professionals to ensure each student's individual needs are met through collaborative development and implementation of a personalized *Plan of Care*.



REFERENCES:

~~Education Act and its Regulations~~

~~The Education Act Section 265 – Duties of Principals The Education Act Section 264 – Duties of Teachers Reg. 298, s11 Duties of Principals~~

~~Reg. 298, s20 Duties of Teachers~~

~~Ministry of Education's Policy/Program Memorandum No. 161: Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and Epilepsy)~~

~~Policy/Program Memoranda No. 149: Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professionals and Paraprofessionals~~

~~Policy/Program Memoranda No. 81: Provision of Health Support Services in School Settings Ryan's Law, 2015~~

~~Sabrina's Law 2005~~

~~Bill 5 – An Act to Establish a Bill of Rights for Pupils with Diabetes Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) Admission of Students Policy and Administrative Procedure 200.14~~

~~Educational Field Trips and Excursions Policy and Administrative Procedure 500.01 Nutrition – Creating a Healthy Environment Policy and Administrative Procedure 200.01 Transportation of Students Policy and Administrative Procedure 400.19~~

~~Volunteers Policy and Administrative Procedure 300.12~~

~~Education Act, R.S.O. 1990, and Regulations~~

~~Section 264 – Duties of Teachers~~

~~Section 265 – Duties of Principals~~

~~Ontario Regulation 298 – Operation of Schools~~

~~PPM No. 161 – *Supporting Children and Students with Prevalent Medical Conditions*~~

~~PPM No. 81 – *Provision of Health Support Services in School Settings*~~

~~PPM No. 149 – *Protocol for Partnerships with External Agencies*~~

~~Sabrina's Law (2005) – *Anaphylaxis Management in Schools*~~

~~Ryan's Law (2015) – *Asthma Management in Schools*~~

~~Bill 5 (2018) – *Diabetes Management Provisions in Education Act*~~

~~Ontario Human Rights Code~~

~~Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)~~

~~Ontario Student Record (OSR) Guideline~~

~~OPHEA Health & Physical Education Safety Guidelines~~

~~Board Policy & Administrative Procedure 200.14 – Admission of Students~~

~~Board Policy & Administrative Procedure 500.01 – Educational Field Trips and Excursions~~

~~Board Policy & Administrative Procedure 400.19 – Transportation of Students~~

~~Board Policy & Administrative Procedure 200.01 – Nutrition and Healthy Environment~~

~~Board Policy & Administrative Procedure 300.12 – Volunteers~~

200.05– Students with Prevalent Medical Conditions



APPENDICES:

- Appendix A: Plan of Care - Sample Letter to Parents
- Appendix B: Plan of Care – Anaphylaxis
- Appendix C: Notification of Child in School with Anaphylaxis – Sample Letter to Parents
- Appendix D: School Allergy Alert
- Appendix E: Notification of an Anaphylactic Student in Child's Class – Sample Letter to Parents
- Appendix F: Notification of an Anaphylactic Student on Child's Bus – Sample Letter to Parents
- Appendix G: School Bus Allergy Alert
- Appendix H: Anaphylaxis Report
- Appendix I: Plan of Care – Asthma
- Appendix J: Notification of Child in School with Asthma – Sample Letter to Parents
- Appendix K: Plan of Care – Diabetes
- Appendix L: Glucagon Injection Training Log
- Appendix M: Request and Consent for the Administration of Diabetes Interventions
- Appendix N: Plan of Care – Epilepsy
- Appendix O: Student Log of Administered Prescribed Medication

DEFINITIONS:

Allergen: ~~A substance capable of causing an allergic reaction (e.g. pollens, molds, animal dander, feathers, dust mites, foods, insect stings, medications etc.)~~

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

Asthma: ~~Asthma is a respiratory condition marked by spasm in the bronchi of the lungs, causing difficulty with breathing. It usually results from an allergic reaction or other forms of hypersensitivity. Viruses can also act as a trigger.~~

Asthma Reliever Inhaler: ~~Asthma reliever inhalers work to relieve asthma symptoms when they happen. When inhaled, they open up airways and relieve symptoms such as wheezing, coughing and shortness of breath.~~

Diabetes: ~~Diabetes is a chronic disease, in which the body either cannot produce insulin or cannot properly use the insulin it produces.~~

Type 1 Diabetes: ~~Type 1 Diabetes develops when the body's immune system destroys the insulin producing cells of the pancreas. Insulin is an essential body requirement and without it, carbohydrates (starch and sugars) in food cannot be converted into the energy (glucose) required to~~



~~sustain life.~~

Type 2 Diabetes: Type 2 Diabetes is the most common form of diabetes. It usually develops in adulthood, although recently increasing numbers of children in high-risk populations are being diagnosed. It develops when the pancreas does not produce enough insulin or the insulin produced is not used effectively.

Epilepsy: Epilepsy is a neurological condition that affects the nervous system. Epilepsy is also known as a seizure disorder or by many people as convulsions.

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

Immunity: *The Act to Protect Pupils with Asthma* states, "No action or other proceedings for damages shall be commenced against an employee for an act of omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under the Act".

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

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

Prevalent Medical Condition: For the purpose of this document, Prevalent Medical Conditions include anaphylaxis, asthma, diabetes and epilepsy.

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

Allergen

A substance that can trigger an allergic reaction. Common allergens include pollens, molds, animal dander, feathers, dust mites, certain foods, insect stings, and medications.

Anaphylaxis

A sudden, severe, and potentially life-threatening allergic reaction that requires immediate medical attention and intervention, typically through the administration of epinephrine.

Asthma

A chronic respiratory condition characterized by inflammation and narrowing of the airways,



leading to difficulty breathing. Common triggers include allergens, cold air, exercise, and viral infections.

Asthma Reliever Inhaler

A fast-acting medication used to relieve asthma symptoms such as wheezing, coughing, and shortness of breath. Also known as a bronchodilator, it works by relaxing the muscles around the airways.

Diabetes

A chronic metabolic condition in which the body is unable to produce or effectively use insulin, resulting in abnormal blood glucose (sugar) levels.

- **Type 1 Diabetes**

An autoimmune condition in which the body's immune system attacks and destroys insulin-producing cells in the pancreas. Individuals require insulin injections multiple times daily to manage their condition.

- **Type 2 Diabetes**

A condition often associated with insulin resistance, where the body does not use insulin effectively or does not produce enough. Increasingly seen in children and adolescents in high-risk populations.

Emergency Medical Services (EMS)

A public emergency service that provides urgent pre-hospital medical care and transportation to a hospital. EMS should be contacted during any medical emergency as outlined in a student's Plan of Care.

Epilepsy

A neurological disorder characterized by recurrent seizures, which are sudden surges of electrical activity in the brain. Seizures can present with a variety of physical, cognitive, and behavioural symptoms.

Epinephrine Auto-Injector

A medical device used to treat severe allergic reactions (anaphylaxis) by injecting a measured dose of epinephrine. Common brand names include EpiPen®, Allerject®, and Auvi-Q®.

Glucagon

A hormone administered via injection or nasal spray to treat severe hypoglycemia (low blood sugar) in individuals with diabetes who are unconscious or unable to safely consume sugar orally.



Health Care Professional

A regulated practitioner registered with a college under Ontario's *Regulated Health Professions Act, 1991* (e.g., medical doctor, nurse practitioner, registered nurse, pharmacist).

Immunity (Legal Protection)

As outlined in applicable legislation such as *Ryan's Law* and *Sabrina's Law*, employees acting in good faith to provide emergency assistance related to prevalent medical conditions are protected from legal liability under the law.

Medical Emergency

A serious, acute health event that poses an immediate threat to a person's life or long-term well-being, requiring the intervention of trained personnel and activation of Emergency Medical Services (EMS).

Medical Incident

A health-related event requiring an immediate response and close monitoring, with the potential to escalate into a medical emergency.

Plan of Care (POC)

A written, individualized plan that outlines the required accommodations, emergency response procedures, and daily management strategies for a student with a prevalent medical condition. Co-developed by the parent/guardian and the school, and based on medical recommendations.

Prevalent Medical Condition

For the purposes of this Administrative Procedure, refers to the medical conditions most commonly seen in school settings that require ongoing care and individualized planning: anaphylaxis, asthma, diabetes, and epilepsy.

School Board Personnel

Employees of the school board, including principals, teachers, educational assistants, support staff, and other staff members who may have direct or indirect responsibility for student well-being during the school day or related activities.

Self-Management

A developmental continuum reflecting a student's ability to understand, monitor, and respond to their own medical needs, with support as required. Self-management varies by age, capacity, and confidence, and may evolve over time. Staff support must be responsive and respectful of this journey toward independence.

Training (Medical Conditions)

Annual instruction provided to school staff on the recognition, prevention, and response strategies for students with prevalent medical conditions. This includes the use of emergency medications such as epinephrine and glucagon, as well as response protocols aligned with



Ontario legislation.

Trigger

Any substance, situation, or condition that may cause the onset or worsening of a medical condition such as asthma, anaphylaxis, epilepsy, or diabetes (e.g., dust, peanuts, physical exertion, missed insulin, flashing lights).

Universal Precautions

Infection control procedures that assume all human blood and body fluids are potentially infectious. These include the use of personal protective equipment and safe disposal practices to reduce the risk of disease transmission in the school setting.

ADMINISTRATIVE PROCEDURES:

1.0 General Guidelines

~~It is recognized that in respect to students with prevalent medical conditions:~~

- ~~1.1 The parent/guardian has the primary responsibility to inform school authorities about their child's medical/health condition(s) and to communicate relevant information. School procedures must be cooperatively developed to address differentiated strategies for addressing the student's needs in a reasonable manner;~~
- ~~1.2 Following an initial review of a student's unique medical/health needs, the principal shall consult with the Special Education Coordinator and if necessary their Superintendent, to discuss options to address the student's needs;~~
- ~~1.3 Procedures related to health care needs of individual students will adhere to the physician's/nurse practitioner's prescribed care plans and relevant legislation and policies;~~
- ~~1.4 Whenever feasible and authorized, the student or the student's parent/guardian may accept the responsibility of performing the health care service, if required during school hours;~~
- ~~1.5 Where the student or student's parent/guardian can not perform required health services and where the parent/guardian so requests, the health care service is to be requested in accordance with the Provision of Health Support Services in School Setting (Ministry of Education Policy/Program Memorandum No. 81); and~~
- ~~1.6 In responding to such circumstances, the principal or other staff performing such health care services, on a voluntary or emergency basis (i.e. Glucagon injection) is acting according to the principle of "in loco parentis" and not as a health~~



~~professional.~~

The Brant Haldimand Norfolk Catholic District School Board recognizes the importance of supporting students with prevalent medical conditions through a collaborative and responsive approach. The safety, inclusion, dignity, and well-being of each student must guide all decisions and practices.

1.1 Primary Responsibility of Parents/Guardians

Parents and guardians hold the primary responsibility to inform the school of their child's diagnosed medical condition(s) and to share relevant medical information. Schools will work in partnership with families to develop appropriate and reasonable accommodations tailored to the individual needs of the student.

1.2 Collaborative Planning

Following the disclosure of a student's medical needs, the principal will consult with the Special Education Coordinator, and where necessary, the Superintendent of Education, to collaboratively identify supports and strategies that promote safety, independence, and well-being for the student.

1.3 Adherence to Medical Direction

All procedures related to medical care in the school setting will align with the physician's or nurse practitioner's direction, and comply with relevant legislation, Board policies, and Ministry memoranda (e.g., PPM 161, PPM 81).

1.4 Family and Student-Led Care Where Feasible

Whenever developmentally appropriate, and with proper authorization, students and/or their parent/guardian may assume responsibility for performing the necessary medical care or daily health tasks during school hours, in accordance with the student's *Plan of Care*.

1.5 Board-Facilitated Health Support Services

When neither the student nor the parent/guardian is able to provide required health services, and the parent/guardian has formally requested support, the Board will facilitate access to health services in accordance with *PPM 81: Provision of Health Support Services in School Settings*.

1.6 Voluntary/Emergency Care by School Staff

In emergency situations, or when trained staff members have voluntarily agreed to assist with health care (e.g., administering a glucagon injection), they are acting under the principle of *in loco parentis*—in the place of a caring parent—and not as regulated



health professionals. Staff acting in good faith in these circumstances are protected by Board liability coverage and relevant legislation.

2.0 Roles and Responsibilities

2.1 ~~Superintendent of Education~~

~~The School Board shall:~~

- ~~2.1.1 Ensure that pupil registration forms have a section that allows for listing of prevalent medical conditions;~~
- ~~2.1.2 Provide annual training and resources on prevalent medical conditions;~~
- ~~2.1.3 Ensure that training for Emergency First Aid, CPR and Automated External Defibrillator (AED) is made available to individuals who are involved in the education of students with prevalent medical conditions;~~
- ~~2.1.4 Develop expectations with schools in order to support safe storage of medication and medical supplies;~~
- ~~2.1.5 Develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;~~
- ~~2.1.6 Provide strategies to support the management of students with prevalent medical conditions;~~
- ~~2.1.7 Ensure that a protocol is developed with all transportation carriers to manage students with prevalent medical conditions who attend schools under the jurisdiction of the Brant Haldimand Norfolk Catholic District School Board;~~
- ~~2.1.8 Provide transportation and food service providers with copies of the Board's Students with Prevalent Medical Conditions policy and procedures; and~~
- ~~2.1.9 Ensure that information in the Students with Prevalent Medical Conditions policy and procedure is added to school agendas/handbooks/Board website.~~

2.1 Superintendent of Education

The Superintendent of Education is responsible for ensuring that system-level structures, training, and partnerships are in place to support the safe and effective management of prevalent medical conditions across all schools within the Brant Haldimand Norfolk Catholic District School Board.



The Superintendent shall:

- 2.1.1 Ensure that student registration and enrolment processes include a designated section to disclose prevalent medical conditions for early identification and planning;
- 2.1.2 Oversee the provision of annual training and access to resources for school staff regarding the prevention, recognition, and management of prevalent medical conditions, in alignment with *PPM 161* and other applicable legislation;
- 2.1.3 Ensure that Emergency First Aid, CPR, and Automated External Defibrillator (AED) training is available and accessible for school personnel who may support students with medical needs;
- 2.1.4 Develop and communicate expectations for the safe storage of emergency medication, supplies, and devices, including accessibility for authorized staff and security for student safety;
- 2.1.5 Support schools in implementing environmental strategies that minimize student exposure to medical triggers in classrooms, shared spaces, and during co-curricular activities;
- 2.1.6 Provide guidance and system-wide risk reduction strategies to promote well-being and support the individualized management needs of students with prevalent medical conditions;
- 2.1.7 Ensure that a transportation protocol is developed and maintained with all contracted student transportation providers to address the needs and emergency procedures for students with medical conditions;
- 2.1.8 Collaborate with transportation and food service providers to ensure they receive and adhere to the Board's *Students with Prevalent Medical Conditions* policy and procedures;
- 2.1.9 Ensure that current, accessible information related to the policy and procedure is included in school agendas, handbooks, newsletters, and the Board's website to promote awareness among staff, families, and the wider community.

2.2 Parent/Guardian



As primary caregivers, parents/guardians play a central role in supporting their child's health, safety, and well-being at school. The Brant Haldimand Norfolk Catholic District School Board values a collaborative partnership with families in managing medical conditions and creating a supportive learning environment.

Parents/guardians are expected to be active participants in the development and ongoing implementation of their child's *Plan of Care*. At a minimum, they shall:

- 2.2.1 Educate their child, in partnership with health care professionals as needed, about their medical condition and how to manage it in age-appropriate ways;
- 2.2.2 Review all relevant Board and school policies and procedures related to the prevention, recognition, and management of their child's medical condition;
- 2.2.3 Support and encourage their child's independence, self-advocacy, and self-management, recognizing that these abilities develop along a continuum;
- 2.2.4 Inform the school of their child's diagnosed medical condition and co-create the individualized *Plan of Care* with the principal or designate, ensuring it reflects current medical direction;
- 2.2.5 Communicate any changes to the medical condition or Plan of Care to the principal/designate in a timely manner and provide up-to-date emergency contact information (e.g., names, phone numbers);
- 2.2.6 Confirm the accuracy of the Plan of Care annually (at minimum), or sooner if changes occur;
- 2.2.7 Initiate or participate in meetings to review their child's medical needs and the Plan of Care when necessary;
- 2.2.8 Provide the school with medication and medical supplies in their original, clearly labelled containers as directed by a regulated health professional, and replace items as needed upon expiration;
- 2.2.9 Provide appropriate medical alert information, such as a medic alert bracelet, where applicable and based on family preference;
- 2.2.10 Share relevant medical documentation or instructions from their child's health care provider, as appropriate, to inform school planning and staff training;



2.2.11 Inform school staff of any incidents or medical emergencies that may have occurred outside of school hours that could impact the student's school-day experience or require adjustments to the Plan of Care.

~~As primary caregivers of their child, the parent/guardian is expected to be an active participant in supporting the management of their child's prevalent medical condition while the child is at school. At minimum:~~

- ~~2.2.1 Educate their child about the prevalent medical condition with support from their child's health professional, as needed;~~
- ~~2.2.2 Review all school and board policies related to the management of their child's medical condition;~~
- ~~2.2.3 Guide and encourage their child to reach their full potential for self-management and self-advocacy;~~
- ~~2.2.4 Inform the school of their child's prevalent medical condition and co-create the individual Plan of Care for their child with the principal/designate;~~
- ~~2.2.5 Communicate ongoing changes to the Plan of Care to the principal or designate and provide up-to-date emergency contact information (i.e. names, phone numbers);~~
- ~~2.2.6 Confirm annually (at minimum) to the principal or designate that the student's Plan of Care is unchanged;~~
- ~~2.2.7 Initiate and participate in meetings to review the student's medical/health condition and Plan of Care;~~
- ~~2.2.8 Supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled containers as directed by a health care professional and as outlined in the Plan of Care and replace supplies and medication upon expiration;~~
- ~~2.2.9 Provide medical alert information (e.g. medic alert bracelet which identifies specific allergens/medical condition) that the child and/or their parent/guardian deem appropriate;~~
- ~~2.2.10 Provide the school with copies of any medical reports or instructions from the student's health care provider as appropriate; and~~
- ~~2.2.11 If possible, inform the school staff if a medical incident or medical emergency occurs.~~

2.3 Principal/Designate



~~In addition to the responsibilities outlined above under “School Staff”, the principal/designate should:~~

In addition to the responsibilities outlined under **School Staff**, the principal or designate plays a leadership role in ensuring the successful implementation of the *Plan of Care* for students with prevalent medical conditions. This includes fostering a proactive, informed, and inclusive school environment.

The principal/designate shall:

~~2.3.1 Clearly communicate to the parent/guardian and appropriate staff the process for the parent/guardian to notify the school of their child’s prevalent medical condition as well as the expectation for the parent/guardian to co-create, review and update the Plan of Care with the principal/designate. This process should be communicated to the parent/guardian at a minimum:~~

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

Clearly communicate the notification and planning process to parents/guardians and appropriate staff, including the expectation to co-create, annually review, and update the *Plan of Care* with the school. This communication shall occur:

- At the time of registration;
- During the first week of each school year;
- When a student is newly diagnosed or returns to school following a diagnosis.

~~2.3.2 Co-create, review or update the Plan of Care for a student with prevalent medical conditions with the parent/guardian in consultation with the staff (as appropriate) and the student (as appropriate);~~

Collaboratively co-create, review, or revise the *Plan of Care* in partnership with the parent/guardian, and when appropriate, the student and relevant staff.

~~2.3.3 Maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition which includes up-to-date emergency contacts and telephone numbers;~~

Maintain a secure and confidential file that includes the current *Plan of Care*, up-to-date emergency contact information, and supporting



documentation for each student with a prevalent medical condition.

- 2.3.4 ~~Strongly encourage the parent/guardian to have the child wear a Medical Alert bracelet;~~

Encourage the use of medical alert identification, such as bracelets or tags, in consultation with parents/guardians.

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

Share relevant information from the *Plan of Care* with identified staff, volunteers, and third-party providers (e.g., food services, transportation), ensuring they are aware of and understand the necessary supports and emergency procedures.

- 2.3.6 ~~Communicate with parent/guardian on medical emergencies as outlined in the Plan of Care;~~

Maintain ongoing communication with parents/guardians regarding medical incidents or emergencies, in alignment with the student's *Plan of Care*.

- 2.3.7 ~~Encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions;~~

Identify and encourage staff members who are willing and able to support students in the routine or daily management of their medical condition(s).

- 2.3.8 ~~Maintain appropriate storage of medications or medical devices for a student with a prevalent medical condition. Medication should be stored in a safe and accessible location which is known to staff;~~

Ensure safe and accessible storage of prescribed medications and medical devices in a secure location known to designated staff, in accordance with Board policy.

- 2.3.9 ~~Permit a student to carry their emergency medication (e.g. asthma reliever inhaler) if the student has the parent/guardian permission to do so;~~

Permit students to carry their emergency medication (e.g., inhaler, epinephrine auto-injector) with written parent/guardian consent, as outlined in their *Plan of Care*.



- 2.3.10 ~~Ensure with consent, an updated photo with key emergency information is placed in a school location for all staff to see on a regular basis;~~

Display, with consent, an updated photo and key emergency information for each student with a medical condition in a location accessible to staff (e.g., staffroom or office), ensuring student dignity and privacy.

- 2.3.11 ~~Ensure that a plan is established to support students with prevalent medical conditions in the event of a school emergency (e.g. evacuation, fire, lockdown). This process must also include considerations for occasional staff;~~

Develop and implement a safety plan for students with prevalent medical conditions in the event of school-wide emergencies (e.g., evacuations, lockdowns), with explicit guidance for occasional staff.

- 2.3.12 ~~Ensure all staff have received annual training including training about prevention strategies, recognition of life-threatening medical situations, emergency protocols and the use of any emergency medical interventions. For example, the principal shall arrange to provide all staff with necessary training on the administration of epinephrine;~~

Coordinate annual staff training on prevalent medical conditions, including prevention strategies, recognition of symptoms, emergency protocols, and the administration of emergency interventions (e.g., epinephrine).

- 2.3.13 ~~Maintain a log of all staff who have received training;~~

Maintain a log of trained staff, documenting completion of required annual training.

- 2.3.14 ~~Maintain a log of administration of medication; and~~

Maintain a record of medication administration, in accordance with the student's *Plan of Care* and Board procedures.

- 2.3.15 ~~Consult with the physician or nurse practitioner with consent from the parent/guardian for review of the Plan of Care in the event that such a review is required.~~

Consult with a regulated health professional, with parent/guardian consent, when a review of the *Plan of Care* is medically required or recommended.



2.4 School Staff

All school staff have a shared responsibility to promote the safety, inclusion, dignity, and well-being of students with prevalent medical conditions. Staff must implement the student's *Plan of Care* with consistency, discretion, and compassion, and contribute to a responsive and supportive school environment.

The school staff ~~should~~ **shall**:

- 2.4.1 ~~Review the contents of the Plan of Care with any students with whom they have direct contact;~~

Review the contents of the student's *Plan of Care* for any students in their care and understand their responsibilities in implementing the plan;

- 2.4.2 ~~Participate in annual training on prevalent medical conditions as required;~~

Participate in annual training provided by the Board on the prevention, recognition, and management of prevalent medical conditions, including emergency response procedures;

- 2.4.3 ~~Share information of the student's signs and symptoms with other students, as outlined in the Plan of Care as authorized by the parent/guardian and principal;~~

Communicate relevant information regarding the student's medical signs and symptoms to other students only when outlined in the *Plan of Care* and explicitly authorized by the parent/guardian and principal/designate;

- 2.4.4 ~~Follow strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas and co-curricular activities in accordance with the student's Plan of Care;~~

Implement prevention strategies to minimize student exposure to known triggers or causative agents in all learning environments, including classrooms, common areas, co-curricular activities, and off-site events, as per the *Plan of Care*;

- 2.4.5 ~~Support a student's daily or routine management and respond to medical incidents and medical emergencies that occur during school and school related activities as outlined in the Students Plan of Care; and~~

Provide support for routine and emergency health needs, including daily health management and immediate response to medical incidents or emergencies, in accordance with the student's *Plan of Care*;

- 2.4.6 ~~Support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school~~



~~location (e.g. classroom) as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student.~~

Promote student independence and inclusion by enabling students to carry out daily or routine medical management in a safe and private manner, with due regard for confidentiality, dignity, and developmental appropriateness.

2.5 Students with Prevalent Medical Conditions

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

Students with prevalent medical conditions are important partners in the development and implementation of their *Plan of Care*. Depending on their cognitive, emotional, social, and physical stage of development—and their individual capacity for self-management—students are encouraged to actively contribute to decisions and strategies that support their health, safety, and well-being at school.

Students are expected to:

- 2.5.1 ~~Take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management;~~

Advocate for their personal safety and well-being, in ways that reflect their individual stage of development and readiness for self-management;

- 2.5.2 ~~Participate in the development of their Plan of Care where appropriate;~~

Participate in the creation and review of their *Plan of Care*, when appropriate, in collaboration with their parent/guardian, school staff, and healthcare providers;

- 2.5.3 ~~Participate in meetings to review their Plan of Care where appropriate;~~

Attend meetings related to their medical needs, as appropriate, to share their voice, experiences, and preferences;

- 2.5.4 ~~Carry out daily or routine self-management of their prevalent medical condition to their full potential as described in their Plan of Care (e.g. carry their medication);~~

Carry out daily or routine self-management tasks—such as carrying and using emergency medication—according to their *Plan*



of Care, to the extent that they are able;

- 2.5.5 ~~Set goals on an ongoing basis for self-management of their prevalent medical condition in conjunction with their parent/guardian and health care professional(s);~~

Set personal goals for self-management, in partnership with their parent/guardian and health care team, and work toward increasing independence as appropriate;

- 2.5.6 ~~Communicate with their parents/guardians and school staff if they are facing challenges related to their prevalent medical condition at school;~~

Communicate with parents/guardians and school staff if they are experiencing difficulties managing their medical condition during the school day;

- 2.5.7 ~~Wear medical alert information (e.g. medic alert bracelet which identifies specific allergens/medical condition) that they and/or their parent/guardian deem appropriate;~~

Wear medical alert identification (e.g., bracelet or tag) that identifies their condition(s), if appropriate and agreed upon with their parent/guardian;

- 2.5.8 ~~If possible, inform the school staff and/or their peers if a medical incident or medical emergency occurs; and~~

Inform school staff and/or peers immediately—if possible—if they experience or witness a medical incident or emergency;

- 2.5.9 ~~Students who are 18 years of age or older will take personal responsibility for their personal safety and well-being as well as meet the above student responsibilities.~~

Assume full responsibility for their health and well-being at school upon reaching the age of majority (18 years), including fulfilling the above responsibilities independently.

3.0 Plan of Care

The *Plan of Care* is a collaborative, individualized document developed by the parent/guardian and principal/designate (with input from the student and relevant school staff, where appropriate). It outlines essential supports for students diagnosed with a prevalent medical condition and ensures consistency in prevention, daily management, and emergency response.



3.1 The Plan of Care templates will ~~will~~ shall include the following elements:

- ~~3.1.1 Preventative strategies to be undertaken by the school to reduce the risk of a medical incident and exposure to triggers or causative agents in classrooms and common school areas~~

Preventative strategies to reduce the risk of exposure to known triggers or causative agents within classrooms, shared school spaces, transportation, and co-curricular settings;

- ~~3.1.2 Identification of school staff who have access to the Plan of Care~~

Identification of school staff who have access to and responsibilities related to implementing the *Plan of Care*;

- ~~3.1.3 Identification of routine or daily management activities that will be performed by the student, parent/guardian or staff volunteer(s) or by individual authorization by the parent/guardian~~

Description of daily or routine medical management tasks, and the person(s) responsible for performing them—whether the student, parent/guardian, or trained staff—based on mutual agreement and authorization;

- ~~3.1.4 A copy of notes and instructions from the student's health care professional, where applicable~~

Copies of instructions or notes from the student's healthcare provider, where applicable, to inform safe and effective care;

- ~~3.1.5 Information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g. field trips, overnight excursions, board sponsored sporting events)~~

Accommodations to support the student's full participation in school life, including classroom activities, field trips, overnight excursions, co-curricular programs, and Board-sponsored events;

- ~~3.1.6 Identification of symptoms (emergency and other) and response~~

Identification of symptoms—both routine and emergency—and the appropriate response procedures for each;

- ~~3.1.7 Current emergency contact information~~

Up-to-date emergency contact information, including names and phone numbers for the parent/guardian and alternate contacts;

- ~~3.1.8 Details related to storage and disposal of the student's prescribed~~



~~medication(s) and medical supplies such as:~~

- ~~• Parental permission for the student to carry the medication and/or supplies (e.g. asthma inhaler, epinephrine auto-injector);~~
- ~~• Location of spare medication and supplies stored in the school, where applicable;~~
- ~~• Information on the safe disposal of medication and medical supplies; and~~
- ~~• Ensuring that any medication that has reached its expiry date is returned to the parent/guardian/adult student and replaced with up-to-date medication.~~

Details related to medication and medical supply management, including:

- Written **parental/guardian permission** for the student to carry and/or self-administer medication (e.g., inhaler, epinephrine auto-injector);
- **Location of spare medication and supplies** stored at school, if applicable;
- **Instructions for the safe storage and disposal** of medication and medical equipment;
- A process to **return expired medication** to the parent/guardian or adult student and to ensure timely replacement;

3.1.9 ~~Requirements for communication between the parent/guardian and principal/designate and/or school staff as appropriate including format and frequency~~

Communication requirements, outlining how and when information is shared between the parent/guardian and school staff, including the format (e.g., email, phone, in-person) and frequency of updates;

3.1.10 ~~Parental consent to share information on signs and symptoms with other students~~

Parental consent to share information, if appropriate, regarding the student's signs, symptoms, or condition with peers or other students, in the interest of safety and inclusion.

4.0 Administration of Medication

The Brant Haldimand Norfolk Catholic District School Board is committed to supporting students who require medication during the school day, including during emergencies. All medication administration must align with current medical guidance, legal requirements, and the student's *Plan of Care*.

4.1 ~~When the school has current up-to-date treatment information and the consent of~~



~~the parent/guardian or adult student, any employee may be preauthorized to administer medication or supervise a student while he/she takes medication in response to a medical condition.~~

Where current and up-to-date medical direction is on file, and written consent has been provided by the parent/guardian or adult student, a designated school employee may be pre-authorized to administer medication or supervise the student's self-administration as outlined in the *Plan of Care*.

- 4.2 ~~When the school has current up-to-date treatment information and the consent of the parent/guardian or adult student, the principal shall designate a staff member to supervise or administer the required medication in an emergency.~~

In emergency situations, and with valid medical direction and parent/guardian (or adult student) consent on file, the principal shall designate a staff member to administer or supervise the administration of the required medication.

- 4.3 ~~If a staff member has reason to believe that a pupil may be experiencing a medical emergency, the staff member may administer medication prescribed to the student for the treatment of anaphylactic reaction even if there is no preauthorization to do so.~~

If a staff member has reasonable grounds to believe that a student is experiencing a medical emergency (e.g., anaphylactic reaction), the staff member may administer emergency medication (such as epinephrine) prescribed for the student, even if preauthorization is not in place, in accordance with applicable legislation (e.g., *Sabrina's Law*, *Ryan's Law*).

- 4.4 ~~No action or damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to a medical emergency.~~

No action for damages shall be instituted against any employee who, in good faith, administers or withholds medication in response to a medical emergency, as protected under the *Good Samaritan Act*, *Sabrina's Law*, and *Ryan's Law*.

5.0 Transportation

Safe and reliable transportation is essential for students with prevalent medical conditions. The Board, in collaboration with Student Transportation Services and transportation providers, ensures that all necessary procedures and supports are in place to protect students during transit to and from school.



- 5.1 ~~When a student with a prevalent medical condition takes student transportation, Student Transportation Services shall ensure that the current Plan of Care received from the school principal is available:~~

- ~~• On file;~~
- ~~• At the dispatch office; and~~
- ~~• In the assigned vehicle(s).~~

When a student with a prevalent medical condition requires student transportation, **Student Transportation Services shall ensure that the current *Plan of Care*, as provided by the school principal, is accessible and securely stored:**

- In the dispatch office;
- On file with the transportation provider; and
- In the assigned vehicle(s), in accordance with privacy protocols.

- 5.1.1 ~~Ensure there has been adequate in-servicing of all drivers and substitute drivers in response to students with prevalent medical conditions. This in-servicing for responding to students with prevalent medical conditions (e.g. administration of epinephrine auto-injector) shall be provided by Student Transportation Services on an annual basis or “as needed” basis.~~

Provide in-service training for all drivers and substitute drivers on the identification and management of prevalent medical conditions. This training shall include emergency response procedures (e.g., use of an epinephrine auto-injector) and shall be delivered:

- Annually, and
- On an as-needed basis, including when a new student with medical needs is assigned to a vehicle.

- 5.1.2 ~~Ensure that the student Plan of Care provided by the school principal is followed by the service provider. The current standard plan is that the driver radios dispatch for an ambulance and waits for the EMS to arrive, or if close to a hospital, drives there directly.~~

Ensure adherence to the *Plan of Care* by all transportation service providers. Standard emergency procedure requires drivers to:

- Contact dispatch immediately and request an ambulance if a medical emergency occurs; or
- If in close proximity to a hospital, proceed directly to the hospital with dispatch support, as per established protocols.



- 5.1.3 ~~Assign a specific seat to the student, if required; and~~

Assign a specific seat to the student, if required, to support quick access by the driver in the event of a medical incident.

- 5.1.4 ~~Be aware that the student will be carrying required emergency medication, if indicated on the Plan of Care.~~

Be informed that the student may carry their emergency medication (e.g., inhaler, epinephrine auto-injector), if this is indicated in their *Plan of Care*.

6.0 Food Service/Food Service Providers

Schools must work in partnership with food service providers to create a safe environment for students with food-related medical conditions—particularly those at risk for anaphylaxis. All staff involved in food preparation or distribution must follow practices that prevent allergen exposure and support the student's *Plan of Care*.

6.1 Food Service/Food Service Providers shall:

- 6.1.1 ~~Ensure that their personnel are trained to reduce the risk of cross-contamination through purchasing, handling, preparation and serving of food.~~

Ensure all personnel are trained in strategies to minimize the risk of cross-contamination during the purchasing, handling, preparation, and serving of food. This includes awareness of hidden ingredients and shared food surfaces.

- 6.1.2 ~~Participate in the school's anaphylaxis training, which includes the identification of students at risk and how to administer an epinephrine auto-injector in the event of an anaphylactic reaction.~~

Participate in anaphylaxis training offered by the school or Board, which includes:

- Identification of students at risk of anaphylaxis;
- Prevention and response protocols; and
- Proper administration of epinephrine auto-injectors in the event of a severe allergic reaction.



7.0 Liability

School staff and volunteers who act in good faith to support students during medical emergencies are protected under various pieces of legislation. These protections are intended to encourage timely, compassionate, and responsible action without fear of legal consequence when responding to urgent medical needs.

~~7.1 The Good Samaritan Act, passed in 2011, protects individuals from liability with respect to voluntary emergency medical or first aid services. Subsections 2(1) and (2) of this Act state the following with regard to individuals:~~

~~7.1.1 Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.~~

~~7.1.2 Subsection (1) applies to: (b) an individual... who provides emergency first aid to a person who is ill, injured or unconscious as a result of an accident or other emergency if the individual provides the assistance at the immediate scene of the accident or emergency.~~

Under Ontario's **Good Samaritan Act (2001)**, individuals who voluntarily provide emergency first aid or medical assistance are protected from liability if they act in good faith and without expectation of compensation.

7.1.1 The Act states that individuals are **not liable for damages resulting from negligence** in providing emergency assistance unless it is proven that the assistance was given with **gross negligence**.

7.1.2 This applies to individuals providing aid at the immediate scene of an accident or emergency involving illness, injury, or unconsciousness.

~~7.2 In the case of anaphylaxis and asthma, both *Sabrina's Law* (2005) and *Ryan's Law* (2015) include provisions limiting the liability of individuals who respond to an emergency relating to these conditions.~~

In cases involving **anaphylaxis or asthma**, school personnel are further protected by legislation specific to those conditions:

- **Sabrina's Law (2005)** protects staff responding in good faith to an anaphylactic reaction.



- **Ryan's Law (2015)** provides similar protections for responses to asthma-related emergencies.

~~7.3 Section 3(4) of *Sabrina's Law*: No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of the employee's gross negligence.~~

Sabrina's Law – Section 3(4)

No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of the employee's gross negligence.

~~7.4 Section 4(4) of *Ryan's Law*: No action or other proceedings for damages shall commence against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act.~~

Ryan's Law – Section 4(4)

No action or other proceedings for damages shall commence against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act.

8.0 Anaphylaxis

~~Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death (Canadian Pediatric Society). Susceptible students may die if exposed to even minute amounts of the substance that triggers their reaction. Immediate treatment in the form of an injection of epinephrine can be lifesaving.~~

Anaphylaxis is a rapid-onset, life-threatening allergic reaction that requires immediate medical attention. Without prompt treatment, anaphylaxis can lead to serious complications, including death. Even minute exposure to a known allergen can trigger a severe reaction in a susceptible individual.

The administration of epinephrine via auto-injector (e.g., EpiPen®) is the first-line and most effective emergency treatment for anaphylaxis. Delays in epinephrine administration



significantly increase the risk of fatal outcomes.
(Canadian Pediatric Society, 2023)

8.1 Triggers

8.1.1 ~~Foods: While any food may cause anaphylaxis, peanuts, tree nuts, seafood, cow's milk, eggs, wheat and soy seem to more likely trigger a reaction in students; and~~

Food Triggers

- Peanuts
- Tree nuts (e.g., almonds, walnuts, cashews)
- Seafood (e.g., shellfish, fish)
- Cow's milk
- Eggs
- Wheat
- Soy

8.1.2 ~~Non-Food Substances: Insect venom, medications, latex and rarely, vigorous exercise may trigger a reaction.~~

Non-Food Triggers

- Insect venom (e.g., bee or wasp stings)
- Prescription or over-the-counter medications
- Latex
- In rare cases, vigorous physical activity or exercise-induced anaphylaxis may occur

8.2 Signs and Symptoms

~~The onset of anaphylaxis can begin within seconds of exposure or after several hours. Any combination of the following symptoms may signal the onset of a reaction.~~

Anaphylaxis symptoms can appear within seconds to several hours after exposure to an allergen. A combination of the following signs—often from multiple body systems—may indicate the onset of an anaphylactic reaction:



System	Signs and Symptoms
General/ Central Nervous System	Fussiness, irritability, drowsiness, lethargy, reduced level of consciousness, anxiety, feeling of impending doom, headache, metallic taste in mouth Irritability, anxiety, confusion, drowsiness, lethargy, sense of impending doom, headache
Skin	Hives, swelling face/lips/tongue), itching, warmth, redness, rash
Upper/Lower Airway Respiratory	Coughing, wheezing, tightness of chest, difficulty breathing, shortness of breath, chest pain/tightness, throat constricton tightness/swelling, hoarse voice, nasal congestion, hay fever-like symptoms (runny nose, watery eyes, sneezing), difficulty swallowing
Cardiovascular	Pale/blue colour, weak pulse, passing out, dizzy/lightheaded, dizziniess, fainting, shock, cardiac arrest
Gastrointestinal	Nausea, vomiting, diarrhea, abdominal pain
Other	Metallic taste in mouth, swelling of eyes, lips, or tongue, or general sense of being unwell

Important: Anaphylaxis can progress rapidly. Even if initial symptoms appear mild, they may escalate without warning. Emergency protocols must always be followed once symptoms are observed or suspected

~~The interval time between onset of the first symptoms and death can be as short as a few minutes, if the reaction is not treated. Even when symptoms have subsided after initial treatment, they can return.~~

8.3 Emergency Procedure

The *Anaphylaxis Plan of Care* must outline clear and immediate steps for responding to an allergic reaction. Timely administration of epinephrine and rapid access to emergency medical services are critical and can be life-saving.



In the event of a suspected or confirmed anaphylactic reaction, staff shall:

~~The Anaphylaxis Plan of Care shall include procedures to:~~

8.3.1 ~~Take note of the time of epinephrine auto-injector administration;~~

Note the exact time the epinephrine auto-injector was administered to accurately inform emergency responders and medical staff.

8.3.2 ~~Call 911 for an ambulance (inform the emergency operator that the student is having an anaphylactic reaction);~~

Immediately call 911, and clearly state that the student is experiencing a life-threatening anaphylactic reaction. Request urgent ambulance transport to the nearest hospital.

8.3.3 ~~Contact the emergency parent/guardian;~~

Notify the student's parent/guardian or emergency contact as soon as it is safe to do so, following established school communication protocols.

8.3.4 ~~Give a second dose of epinephrine as early as five minutes after the first dose if there is no improvement in symptoms while waiting for the ambulance. Any subsequent doses to be administered must be under medical supervision; and~~

Administer a second dose of epinephrine if symptoms do not improve within five minutes of the initial dose and EMS has not yet arrived. Subsequent doses beyond two must only be given under direct medical supervision.

8.3.5 ~~Transport the student to the hospital by ambulance.~~

Ensure the student is transported to the hospital by ambulance for continued medical assessment and monitoring—even if symptoms appear to have resolved.

Note: Epinephrine should always be administered at the first sign of a severe allergic reaction. There are no contraindications to using epinephrine in anaphylaxis. **Do not delay.**

8.4 Location of Epinephrine Auto-Injectors:

8.4.1 Epinephrine auto-injectors should be kept in a covered and secure area, but unlocked for quick access. Although epinephrine is not a dangerous drug, the sharp needle of the self-injector can cause injury;



- 8.4.2 As soon as they are old enough, students should carry their own epinephrine auto-injectors. Many young children carry an injection kit in a fanny pack around their waist at all times;
- 8.4.3 The parent/guardian can identify on the Anaphylaxis Plan of Care if they wish classmates to be aware of the location of the epinephrine auto-injector; and
- 8.4.4 An up-to-date supply of epinephrine auto-injectors provided by the parent/guardian shall be available in an easily accessible, secure central area of the school (e.g. office or staffroom). The parent/guardian shall provide at least two in case one malfunctions or additional treatment is necessary.

8.5 Peanut Butter Substitutes

~~Since exposure to peanut butter and/or other nut-containing products could prove harmful or fatal to some students, peanut butter and all products containing nuts of any kind are not permitted in Brant Haldimand Norfolk Catholic District Schools. School administrators, staff and volunteers are not food experts and are not qualified to decide what is (or is not) real peanut butter; peanut butter substitutes are not permitted in schools.~~

~~Despite its best efforts to limit the presence of nut-containing food products, parents of anaphylactic children should be aware the Brant Haldimand Norfolk Catholic District School Board cannot and does not guarantee schools are allergen free.~~

To protect students with life-threatening allergies, particularly to peanuts and tree nuts, the Brant Haldimand Norfolk Catholic District School Board maintains a **strict no-nut policy** in all schools and Board-operated facilities.

Peanut butter and all products containing nuts of any kind are not permitted. This includes products made with or containing:

- Peanuts
- Tree nuts (e.g., almonds, walnuts, cashews, hazelnuts)
- Nut oils or flours

Due to the difficulty in visually distinguishing between real peanut butter and imitation or nut-free alternatives, **peanut butter substitutes (e.g., soy-based**



spreads like WowButter®) are not permitted in schools. School staff, volunteers, and administrators are not trained to assess food safety or ingredient accuracy and must prioritize student protection.

Important: The Board cannot guarantee an allergen-free environment. While every effort is made to limit the presence of nut-containing foods, families of students with anaphylaxis are reminded that schools are allergy-aware, not allergy-proof. Vigilance, collaboration, and proactive communication between home and school remain essential.

9.0 Asthma

~~Asthma is a very common chronic (long-term) lung disease that can make it hard to breathe (Ontario Lung Association). It is not possible to reduce the risk to allergens to zero.~~

Asthma is a chronic (long-term) inflammatory condition of the airways that can cause difficulty breathing. It is one of the most common medical conditions affecting school-aged children and may be triggered by a wide range of environmental and physical factors. While asthma cannot be cured, with proper support and planning, students can lead full and active school lives.

(Source: Ontario Lung Association)

The Brant Haldimand Norfolk Catholic District School Board is committed to reducing exposure to common triggers and supporting safe and active participation in all aspects of school life for students with asthma.

9.1 Common Outdoor Triggers

Environmental triggers vary by student. Schools should take preventive action where possible, particularly when physical activity is involved.

~~Cold Air: susceptible students with asthma may need to use a neck warmer to cover their mouth and nose, especially prior to and during physical activity; when outdoor cold temperatures are extreme, a well-ventilated indoor site can be used for physical activity.~~

~~Air Quality/Smog: outdoor air quality and smog alerts can be monitored through local news/air quality sites (www.airhealth.ca). Well-ventilated indoor sites can be chosen for physical activity on days when air quality is poor.~~

~~Pollen, Leaves, Trees: May through August (or until the first frost) grassy or~~



~~densely treed activity sites should be avoided for physical activity.~~

- **Cold air:** Students may benefit from wearing a scarf or neck warmer to cover the nose and mouth, especially during outdoor activities in winter. Indoor alternatives should be offered during extreme temperatures.
- **Air quality/smog:** Schools should monitor local air quality using reliable sources (e.g., airhealth.ca) and move activities indoors when smog levels are high.
- **Pollen/leaves/trees:** During allergy seasons (typically May to August), physical activity in grassy or heavily treed areas should be limited for susceptible students.

9.2 Common Indoor Triggers

Indoor settings may expose students to common irritants. Staff should take care to minimize the following:

- Strong scents (e.g., perfumes, cleaning agents, scented markers)
- Dust and chalk dust
- Animal dander (e.g., furry or feathered classroom pets)
- Mold or mildew in poorly ventilated areas

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

9.3 Strategies to Assist Schools and Classrooms to Minimize Common Triggers

To support students with asthma, schools should:

- 9.3.1 Use asthma-friendly supplies (e.g., scent-free markers, dust-free chalk, low-odour cleaning products).
- 9.3.2 Proactively monitor and address indoor and outdoor triggers in classrooms and common areas.
- 9.3.3 Promote inclusive participation in physical activities, encouraging students with asthma to participate to the best of their abilities.



~~Take the necessary precautions to create a supportive, safe environment for students with asthma, including but not limited to:~~

- ~~9.3.1 Facilitate the use of asthma-friendly school supplies and products, such as scent free markers and cleaning products, dust free chalk etc.;~~
- ~~9.3.2 Monitor asthma triggers and take action to reduce exposure to asthma triggers in the classroom and common areas, whenever possible; and~~
- ~~9.3.3 Create and support the expectation that students with asthma should be participating in physical activities to the best of their abilities, including recess/nutrition breaks and physical education.~~

9.4 Signs and Symptoms

~~Signs and symptoms of asthma are variable and include but are not limited to the following:~~

- ~~• Coughing~~
- ~~• Wheezing~~
- ~~• Difficulty breathing~~
- ~~• Shortness of breath,~~
- ~~• Chest tightness~~

Asthma symptoms can vary widely but commonly include:

- Coughing
- Wheezing
- Shortness of breath
- Difficulty breathing
- Chest tightness or discomfort

If symptoms appear:

- Have the student use their asthma reliever inhaler as directed in their *Asthma Plan of Care*
- Remove the student from exposure to the trigger
- Keep the student in an upright position to ease breathing
- Encourage slow, deep breaths
- Monitor the student: if symptoms resolve, they may resume activities with caution
- If symptoms persist or worsen after 5–10 minutes, initiate emergency procedures



9.4.1 Responding to **Early Symptoms of Asthma** ~~Signs and Symptoms~~

If symptoms appear:

- Have the student use their asthma reliever inhaler as directed in their *Asthma Plan of Care*
- Remove the student from exposure to the trigger
- Keep the student in an upright position to ease breathing
- Encourage slow, deep breaths
- Monitor the student: if symptoms resolve, they may resume activities with caution
- If symptoms persist or worsen after 5–10 minutes, initiate emergency procedures

- ~~• Have the student use their asthma reliever inhaler as indicated in Asthma Plan of Care;~~
- ~~• Remove the student from the trigger;~~
- ~~• Have the student remain in an upright position;~~
- ~~• Have the student breathe slowly and deeply; and~~
- ~~• Check symptoms. When all the student's symptoms have subsided, then the student can resume school activities, but should be monitored closely. The student may require additional asthma reliever inhaler medication; and~~
- ~~• If symptoms get worse or do not improve with 5–10 minutes, follow the steps listed below for an emergency response.~~

9.4.2 Emergency Response **Criteria**

~~It is an emergency response if the student:~~

Call 911 if the student:

- Has used a reliever inhaler and symptoms persist beyond 5–10 minutes
 - Is visibly struggling to breathe or speak
 - Appears pale, grey, or is sweating
 - Has blue-tinged lips or nail beds
 - If there is **any doubt** about the student's condition
-
- ~~• Has used an asthma reliever inhaler and it has not helped signs and symptoms within 5–10 minutes;~~
 - ~~• Has difficulty speaking or is struggling for breath;~~
 - ~~• Appears pale, grey or is sweating; and~~
 - ~~• Has greyish/blue lips or nailbeds; OR~~



- ~~• You have any doubt about the student's condition.~~

9.4.3 Emergency Procedure

- Assist the student with their reliever inhaler, if necessary
 - A staff member may administer asthma medication if a severe asthma attack is suspected, even without preauthorization (*Ryan's Law*)
 - Call 911 and notify the school office
 - Notify the parent/guardian
 - Keep the student seated upright; continue administering reliever inhaler every 5–10 minutes until EMS arrives
 - Remain calm and offer reassurance; remind the student to breathe slowly and deeply
 - All students requiring ambulance transport will be taken to hospital
-
- ~~• Have the student use, or assist the student in using asthma reliever inhaler;~~
 - ~~• If a staff member has reason to believe that a student is experiencing an asthma exacerbation, they can administer asthma medication to the student for the treatment of the exacerbation, even if there is no preauthorization to do so;~~
 - ~~• Notify office, call 911 and remain with student;~~
 - ~~• Notify the parent/guardian of emergency response~~
 - ~~• Have the student sit upright or with arms resting on a table or other support if possible. Continue to give the asthma reliever inhaler every 5-10 minutes until the ambulance arrives; and~~
 - ~~• Stay calm and reassure the student. Tell the student to breathe slowly and deeply. Note: Students are transported to hospital by ambulance only.~~

9.5 Asthma and Exercise

Asthma should not prevent students from participating in school activities. Staff should ensure the following:

- 9.5.1 Encourage warm-up (5–10 minutes) and cool-down periods for all exercise
- 9.5.2 Permit pre-exercise use of reliever medication, as directed in the *Plan of Care*
- 9.5.3 Adapt or reschedule activities in response to poor air quality, cold weather, or other triggers



9.5.4 Students showing symptoms should pause activity, use their inhaler, and resume only when

- 9.5.1 ~~While exercise can be an asthma trigger, exercise is important for everyone. Teachers and coaches should be prepared to accommodate and modify activities to promote participation of students with asthma.~~
- 9.5.2 ~~Have the student warm-up 5-10 minutes prior to exercising and cool down afterward;~~
- 9.5.3 ~~Some students may need to use their asthma reliever inhaler prior to exercise, as advised by their physician;~~
- 9.5.4 ~~Be aware of environmental triggers (e.g. extreme temperature, air quality) and be prepared to relocate or reschedule as required; and~~
- 9.5.5 ~~The student should not participate in physical activity if already experiencing asthma symptoms. If the student has asthma symptoms during the exercise, they should stop until they feel better and use asthma reliever inhaler as directed in the Asthma Plan of Care.~~

9.6 Facilitating and Supporting Routine **Asthma** Management

~~The principal must permit a student to carry their asthma medication if the student has their parent's/guardian's permission. An additional inhaler may be kept in the office at the request of the parent/guardian.~~

- With written parental consent, students are permitted to carry their reliever inhaler at all times
- A spare inhaler may also be kept in the school office for emergency use
- School staff should be familiar with the *Asthma Plan of Care* and understand when and how to respond to both routine needs and emergencies

10.0 Diabetes

Diabetes is a chronic condition that affects how the body regulates blood glucose (sugar) levels. When untreated or not well-managed, blood sugar levels can become dangerously **high (hyperglycemia)** or **low (hypoglycemia)**, both of which can impact a student's ability to learn, focus, and participate safely in school activities.



Students with diabetes may require support with blood sugar monitoring, food intake, physical activity, and medication—including insulin injections or pump management—during the school day. Each student's needs will be outlined in their individualized *Diabetes Plan of Care*.

10.1 Type 1 and Type 2 Diabetes

Diabetes is a serious disease that impairs the body's ability to use food properly. There are two types of diabetes, Type 1 and Type 2 and they both cause the body's blood sugar levels to become higher/lower than normal.

Type 1	Type 2
<ul style="list-style-type: none">• Pancreas produces little or no insulin• Individual must inject insulin several times a day• Students must inject insulin several times daily or use an insulin pump.• Occurs in one in every 300 – 400 children• Typically develops in childhood or adolescence.• Cannot be prevented or cured	<ul style="list-style-type: none">• Pancreas either does not produce enough insulin or insulin doesn't work effectively• The pancreas produces insufficient insulin or the body is resistant to insulin.• May require self-monitoring of blood glucose, medication or insulin• Usually occurs in adults but more recently an increase in children has been reported• Historically diagnosed in adults, but rates in children and adolescents are increasing, especially in high-risk populations.• May be managed with diet, exercise, oral medication, or insulin.

10.2 Hypoglycemia (LOW BLOOD GLUCOSE)

Hypoglycemia is a disease resulting from a lack of insulin action. Insulin is a hormone produced by the pancreas. Hypoglycemia occurs when a student's blood



glucose level drops too low—typically below 4.0 mmol/L—and the body does not have enough sugar to use for energy. This condition can develop quickly and may impair a student's physical or cognitive functioning.

Without insulin, carbohydrates (starch and sugars) in the food we eat cannot be converted into energy (called blood glucose or blood sugar) as required to sustain life. Instead, unused glucose accumulates in the blood and spills into the urine.

Hypoglycemia may develop rapidly. When in doubt, TREAT!

When in doubt, treat for hypoglycemia. Delaying treatment can lead to serious complications.

Causes	Symptoms	Treatment
<p>Low blood glucose usually develops as a result of one or more of the following:</p> <ul style="list-style-type: none">• Insufficient food due to delayed or missed meal and/or partially eaten meal or snack• More exercise or activity than usual without a corresponding increase in food; and/or• Too much insulin <p>Hypoglycemia often results from one or more of the following:</p> <ul style="list-style-type: none">• Delayed, missed, or incomplete meals/snacks• Increased physical activity without additional food intake• Administration of too much insulin or medication	<p>The student may say he/she feels 'low', may look unwell, or act in a strange manner.</p> <p>Signs of low blood sugar may include but not limited to:</p> <ul style="list-style-type: none">• Cold, clammy, sweaty skin• Paleness, quietness• Fatigue, dizziness• Shakiness, lack of coordination• Hunger, irritability• Tearfulness• A staggering gait• Eventually fainting and unconsciousness <p>In addition, the student may complain of:</p> <ul style="list-style-type: none">• Nervousness• Blurred Vision• Abdominal pain and nausea• Headache	<p>At the first sign of a low blood sugar, allow the student to check his/her blood sugar level using his/her meter.</p> <p>If it is not possible to check blood sugar OR if in doubt, TREAT! (give fast-acting sugar immediately)</p> <p>If the parents have not provided you with more specific instructions give:</p> <ul style="list-style-type: none">• 15 grams of glucose in the form of glucose tablets (this is the preferred method)• 15 mL (1 Tablespoon) of sugar dissolved in water• 5 cubes of sugar• 150 mL (2/3 cup) of fruit juice or regular soft drink• 6 Life Savers®• 15 mL (1 Tablespoon) of honey <p>Fifteen minutes after consuming the carbohydrate,</p>



~~check blood sugar again. If it is still low (below 4.0 mmol/L), then consume another 15 grams of carbohydrate, until blood sugar is above 4.0 mmol/L.~~

~~(Canadian Diabetes Association 2018)~~

If the student recognizes symptoms or if hypoglycemia is suspected:

1. **Check blood sugar immediately** (if equipment is available and the student is capable).
2. **If a blood sugar check is not possible or you are unsure—TREAT.**
 - Provide **15 grams of fast-acting sugar** using one of the following options:
 - 15 g of glucose tablets (preferred)
 - 150 mL (2/3 cup) of juice or regular (non-diet) pop
 - 6 Life Savers® or other suitable candy
 - 1 tablespoon (15 mL) of honey or sugar dissolved in water
3. **Wait 15 minutes**, then recheck blood glucose.
 - If the level is still **below**



		<p>4.0 mmol/L, repeat the treatment with another 15 g of carbohydrate.</p> <ul style="list-style-type: none">• Repeat this cycle until blood glucose is above 4.0 mmol/L and symptoms have resolved.
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Important: Students with diabetes should always have easy access to fast-acting sugar sources and be supported in recognizing and managing symptoms. All staff supervising students with diabetes must be familiar with the student's *Plan of Care*.

(Source: Diabetes Canada, 2018)

~~Mild to moderate hypoglycemia is common in the school setting. School personnel need to know the causes, symptoms and treatment of hypoglycemia. School personnel can misinterpret symptoms of mild to moderate hypoglycemia. The nature of the emergency is often misunderstood, placing a student at serious risk. The above chart serves as a guide to be consulted.~~

~~Severe hypoglycemia will occur in 3-8/100 students with diabetes per year and occurs most commonly at night. Severe hypoglycemia is rare in a school setting.~~

~~If unsure whether the child is hypoglycemic, always give fast-acting sugar. A temporary excess of fast-acting sugar will not harm the child but hypoglycemia is potentially serious/life-threatening.~~

~~**Do not give food or drink if the child is unconscious. Roll the child on his/her side and activate 911.**~~

Special Considerations and Emergency Cautions

Mild to moderate hypoglycemia is common in school environments, especially during transitions, physical activity, or missed meals. However, it is also frequently misunderstood, which can delay treatment and place the student at serious risk.



School staff must:

- Be familiar with the student's specific symptoms, as outlined in their *Plan of Care*;
- Never assume a student is simply tired, misbehaving, or inattentive—these can be early signs of low blood sugar;
- Consult the reference chart in this procedure and the *Plan of Care* if symptoms are suspected.

Severe hypoglycemia, while rare in school settings, may occur in approximately 3–8 out of every 100 students with diabetes per year. It most often occurs at night but can still happen during school hours.

If you are ever unsure whether a student is experiencing hypoglycemia:

- Always treat with fast-acting sugar. It is better to treat unnecessarily than to miss a serious incident.
- A small excess of sugar will not harm the child, but delayed treatment of hypoglycemia can lead to unconsciousness, seizures, or other medical complications.

If the student is unconscious, unresponsive, or unable to swallow safely:

- Do not give food or drink.
- Roll the student onto their side to protect their airway.
- Call 911 immediately.
- Notify the school office and the student's parent/guardian.

10.2.1—Administration of Glucagon

~~Glucagon is an emergency drug that is used to treat hypoglycemia. It should only be used under the direction of a physician. Glucagon is a naturally occurring substance produced by the~~

~~pancreas and it enables a person to produce his or her own blood glucose to correct a hypoglycemic state.~~

~~In an emergency, where a student is severely hypoglycemic, trained EMS paramedics and trained staff who have volunteered to administer glucagon may do a glucagon injection. It is important to note that hypoglycemia presenting in a school setting would not normally be an immediate life threatening condition—that is, ambulances with advanced care paramedics can respond immediately. Paramedics will make the proper assessment and provide treatment, as required.~~



~~In general, staff should not make medical judgments or perform invasive procedures (e.g. injections outside of epi pens). However, in a hypoglycemic emergency whereby:~~

- ~~1. A student is unconscious or unable to swallow safely, and~~
- ~~2. The parent/guardian has provided consent for glucagon administration, and~~
- ~~3. A glucagon kit (not expired) is available, and~~
- ~~4. A staff member **has volunteered** to administer a glucagon injection in the event of a hypoglycemic emergency, and~~
- ~~5. The staff member administering the glucagon injection as a result of a hypoglycemic emergency has received training.~~

~~If these criteria have been met, the school response shall be to provide a glucagon injection by a trained person. This will be followed with:~~

- ~~1. Calling 911~~
- ~~2. Contacting parents/guardians or other emergency contacts~~

10.2.1 **Administration of Glucagon**

Glucagon is an emergency medication used to treat **severe hypoglycemia** (low blood sugar), particularly when a student is unconscious, having a seizure, or otherwise unable to safely consume oral sugar. It works by stimulating the liver to release glucose into the bloodstream and can be administered by injection or nasal spray.

Glucagon must only be administered by trained staff, under the conditions outlined in the student's *Plan of Care*, and with appropriate consent.

Key Considerations:

- Glucagon should be administered only in cases of severe hypoglycemia.
- It is intended for use only when the student cannot safely eat or drink, and other interventions are not possible.
- School staff should not perform medical procedures or make clinical judgments, except in emergencies where specific training and consent exist.

Criteria for Administration by School Staff

A staff member may administer glucagon only if all of the following conditions are met:

1. The student is unconscious, unresponsive, or unable to swallow safely;
2. Written consent for glucagon administration has been provided by the parent/guardian;
3. A non-expired glucagon kit is readily available at the school;
4. A staff member has voluntarily agreed to administer glucagon in an emergency;
5. The staff member has received appropriate training in glucagon



administration.

Emergency Response Steps

Once the above criteria are met and glucagon has been administered:

1. Call 911 immediately and report that the student has diabetes and is experiencing a severe hypoglycemic episode;
2. Inform the school office and contact the student's parent/guardian or designated emergency contact as soon as it is safe to do so;
3. Stay with the student and monitor closely until EMS arrives.

Important: Most hypoglycemic episodes in school settings are mild to moderate and can be treated with fast-acting sugar. Glucagon should be reserved for emergency use only, and school staff are never expected to administer it unless fully trained and comfortable doing so.

10.3 Hyperglycemia (High Blood Glucose)

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

Hyperglycemia occurs when blood glucose levels become too high, typically defined as greater than 14.0 mmol/L, though specific thresholds may vary based on the student's *Plan of Care*. While high blood sugar is generally not an immediate emergency, it requires monitoring and may impact a student's ability to concentrate, stay alert, or participate fully in school activities.

Hyperglycemia becomes a medical emergency if the student is vomiting, showing signs of dehydration, or exhibiting other serious symptoms. Follow the student's Plan of Care and notify the parent/guardian and/or call EMS as needed.

Causes	Symptoms	Treatment
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<p>May develop as a result of one or more of the following:</p> <ul style="list-style-type: none"> • Too much food • Less than usual amount of activity (indoor recess) • Growth spurts • Stress • Not enough insulin • Illness • 	<p>The earliest and most obvious symptoms are increased thirst and urination.</p> <p>Other:</p> <ul style="list-style-type: none"> • Dry mouth • Blurred vision • Drowsiness • 	<p>Allow the student to check his/her blood sugar since symptoms of high blood sugar can be confused with symptoms of low blood sugar. A blood sugar level of (greater than 14) is usually considered too high, but refer to student's individual plan for specific parameters.</p> <ul style="list-style-type: none"> • Allow the student to drink water at his/her desk • Allow the student to have open bathroom privileges • Do not use exercise to lower blood sugars as this can potentially make the blood sugar go higher
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Causes	Symptoms
<p>Hyperglycemia may occur due to:</p> <ul style="list-style-type: none"> • Consumption of excess food or sugary drinks • Reduced physical activity (e.g., indoor recess) • Stress or emotional upset • Growth spurts or hormonal changes • Insufficient insulin or insulin delivery problems • Illness or infection 	<p>Common Symptoms of Hyperglycemia</p> <ul style="list-style-type: none"> • Increased thirst and frequent urination (early and common signs) • Dry mouth • Blurred vision • Drowsiness or fatigue • Headache • Irritability
Response and Treatment	
<p>When hyperglycemia is suspected:</p> <ol style="list-style-type: none"> 1. Allow the student to check their blood glucose level, as high and low blood sugar symptoms can be similar. 2. Follow the guidelines in the student's <i>Diabetes Plan of Care</i>. Blood glucose levels 	



above 14.0 mmol/L are generally considered high, but target ranges may vary.

Do not attempt to lower blood sugar through physical activity, as this can potentially cause blood glucose to rise further, especially if insulin is insufficient.

Support the student by:

- Providing access to water to help flush excess glucose
- Allowing unrestricted bathroom use
- Monitoring for signs of worsening condition, such as nausea, vomiting, or abdominal pain—if these are present, follow emergency procedures

Staff should notify the parent/guardian if hyperglycemia is sustained or worsening, and consult the *Plan of Care* to determine whether medical attention is required.

10.4 Blood Glucose (sugar) – Self-Monitoring

Self-monitoring of blood glucose (blood sugar) is mandatory for achieving target blood sugar levels. Blood sugar levels will change with eating, physical activity, stress or illness. Sometimes blood sugars fluctuate for no reason. Knowing blood sugar levels will help the student understand the balance of food, insulin and exercise and assist doctors in adjusting insulin and food requirements. Monitoring of blood sugar levels will provide early warning without onset of symptoms and can avoid consequences of hypo/hyperglycemia.

Guidelines for Blood Glucose (sugar) Monitoring: (to be done by the student or caregiver)

10.4.1 Provide a safe and appropriate location for testing;

10.4.2 Where requested on the Diabetes Plan of Care, read the meter (i.e. reading is below 4.0), record reading in the student's diabetic logbook and provide fast-acting sugar, when required;

10.4.3 Arrange for safe disposal of lancets, test strips etc. (i.e. a container for sharps is provided by the parent or school); and

10.4.4 Where appropriate for clean-up, follow the school procedure regarding Universal Blood and Body Fluid Precautions.

The student when monitoring their blood glucose level may use the following



equipment: test strips; glucose meter; lancet; lancet device and logbook.

10.5 Ketone – Self-Monitoring

Ketones are substances that can be detected in the blood by students with diabetes using a blood ketone-testing meter. In hyperglycemia, glucose stays in the blood and the body cannot use it for fuel. The body then breaks down fat for fuel. This process produces ketones as a by-product. Rising ketone levels can spiral into a potentially dangerous condition known as DIABETIC KETOACIDOSIS (DKA).

Causes	Symptoms	Treatment
<p>Too little insulin for the body's needs. Buildup of ketones can be caused by:</p> <ul style="list-style-type: none">• Illness (e.g. flu and stomach virus)• Hyperglycemia over 14.0 mmol/l• Frequent vomiting• Over a period of days when blood sugar levels aren't managed	<p>Symptoms of ketoacidosis:</p> <ul style="list-style-type: none">• Excessive thirst• Nausea and vomiting• Weight loss• Leg cramps• Breath smells fruity• Abdominal pain• Blurry vision• Usually develops over several days	<p>If left untreated, DKA can have serious life-threatening results. Students with diabetes monitor their ketone levels according to guidelines prescribed by their healthcare professional using a blood ketone-testing meter. This monitoring is not usually done daily as with blood glucose testing.</p> <p>Emergency situation if student is vomiting:</p> <ul style="list-style-type: none">• Contact parent/guardian immediately• If parent/guardian unavailable – CALL 911• Inform EMS the student has diabetes

10.6 ~~Diabetes and Exercise~~ **Supporting Students with Diabetes During Physical Activity**

Physical activity plays a critical role in the well-being of students with diabetes. With proper planning and accommodations, students can participate fully and safely in recess, physical education, intramurals, and extracurricular sports.



Blood sugar levels may drop during or after physical activity. Staff and coaches must follow the student's *Diabetes Plan of Care* to prevent and manage low blood glucose (hypoglycemia) before, during, and after exercise.

Key Guidelines for Safe Participation

10.6.1 Encourage inclusion and participation.

Diabetes should never prevent a student from participating in physical activities. Staff must support full involvement through reasonable accommodations and health planning.

10.6.2 Pre-activity planning is essential.

The student may require:

- Blood glucose testing before activity
- A snack to prevent low blood sugar
- Access to water and a safe space to rest
- Easy access to their reliever medication or fast-acting sugar

10.6.3 Warm-up and cool-down routines

Encourage 5–10 minutes of warm-up and cool-down activity to support glucose stability and safe participation.

10.6.4 Environmental considerations

Adjust for:

- Weather (e.g., extreme cold or heat)
- Smog or poor air quality
- Length and intensity of the activity

10.6.5 Be prepared to pause activity

If the student experiences symptoms of hypoglycemia (e.g., dizziness, sweating, shakiness), they should:

- Stop the activity immediately
- Check blood glucose if possible
- Use fast-acting sugar as outlined in their *Plan of Care*



10.6.6 Responsibilities of Staff and Coaches

- Know the signs of hypoglycemia and hyperglycemia and how to respond.
- Ensure the student has immediate access to:
 - Glucose tablets or fast-acting sugar
 - Their blood glucose monitoring kit
 - Their Plan of Care
- Allow students to eat or test their blood glucose without restriction before, during, or after activity.
- Ensure a private, comfortable space for testing if the student prefers discretion.
- Communicate with parents/guardians about upcoming high-activity days (e.g., field trips, tournaments) to allow for additional planning.

~~10.6.1 Students with diabetes should be encouraged to participate in as many activities as they choose. They should not be excluded from school field trips. School sports and other activities can promote self-esteem and a sense of well-being.~~

~~10.6.2 For students who wish to participate in vigorous physical activity, good planning is essential so that blood glucose balance is maintained. The major risk of unplanned vigorous activity is low blood glucose. Eating additional food can prevent this. Early parent/guardian notification of special days that involve extra activity will ensure the student has extra food to compensate.~~

~~10.6.3 Sports or other activities that take place during mealtime require some extra planning. Timing of meals and snacks maybe varied and the insulin dose adjusted so that children with diabetes can safely participate. It is advisable that both parent/guardian and the student with diabetes carry some fast-acting sugar such as glucose tablets or juice boxes.~~

10.7 Safety Considerations

10.7.1 Ensure the student has easy access to supplies for blood glucose monitoring and treating low blood sugar;

10.7.2 Ensure the student eats meals and snacks on time;



- 10.7.3 Provide the parent/guardian with as much notice as possible about field trips, special events and changes to school routines in order to plan meals and snacks as required;
- 10.7.4 Support the student's self-care by providing a safe, secure, private and comfortable location to allow blood sugar monitoring at any time;
- 10.7.5 Know that the child may need to eat outside a planned meal or snack time; and
- 10.7.6 Ensure that the student has unrestricted bathroom access as well as access to water at all times. This is especially important when blood sugar is high.

10.8 Facilitating and Supporting Routine Management

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

Children are diagnosed with diabetes at various stages of their lives. Some will be very young and others older and more mature, some will have special education needs. The goal for all children is to become as independent as possible, as soon as possible, in managing their diabetes. The role of the school is to provide support as the student moves from dependence to independence and to create a supportive environment in which this transition can occur. Nevertheless, the ultimate responsibility for diabetes management rests with the parent/guardian and the student.

Staff members can assist by:

- 10.8.1 Learning as much as possible about diabetes;
- 10.8.2 Communicating openly with parent/guardian;
- 10.8.3 Helping other students in the class understand diabetes; and
- 10.8.4 Encouraging age/appropriate independence.

11.0 Epilepsy

~~Epilepsy is a common brain disorder characterized by recurrent seizures. Most seizures are brief events that last from several seconds to a couple of minutes and normal brain~~



~~function will return after the seizure ends. Recovery time following a seizure will vary. Sometimes, recovery is immediate as soon as the seizure is over. Other types of seizures may result in an individual being confused, fatigued, and/or experiencing mood swings. A health care professional may consider epilepsy as a possible diagnosis when a person has had two or more seizures starting in the brain.~~

Epilepsy is a neurological disorder characterized by recurrent, unprovoked seizures caused by abnormal electrical activity in the brain. It is one of the most common chronic conditions affecting children and adolescents, and seizure types, triggers, and recovery patterns can vary significantly between individuals.

A seizure may present as a sudden loss of awareness, involuntary movements, altered behaviour, or confusion, and can last from a few seconds to several minutes. Most seizures resolve without intervention and do not cause long-term harm. However, some may require emergency medical assistance.

11.1 Triggers

While not all seizures have identifiable causes, certain factors can increase the likelihood of a seizure in students with epilepsy. Understanding these common internal and external triggers can help staff and caregivers prevent episodes and support student well-being.

11.1.1 ~~Medication~~ Medication-Related Triggers

- ~~• Not taking one's anti-epileptic medication; and other medications that are taken in addition to anti-epileptic medication~~
- Missed doses of **prescribed anti-epileptic medication**
- Drug interactions **involving medications taken in addition to anti-epileptic treatment**

Consistency in medication adherence is critical for seizure control.

11.1.2 ~~Internal Factors~~ Internal (Physiological or Emotional) Triggers

- Stress, excitement, or emotional upset, which can disrupt sleep or eating patterns and lower seizure threshold
- Sleep deprivation or irregular sleep routines
- Fever or illness, which may make some students more vulnerable to seizures
- Menstrual cycle fluctuations sometimes leading to a pattern known as catamenial epilepsy
- ~~• Stress, excitement and emotional upset;~~



- ~~• This type of over-stimulation may lower the student's resistance to seizures by affecting sleeping or eating habits;~~
- ~~• Lack of sleep can change the brain's patterns of electrical activity and can trigger seizures;~~
- ~~• Fevers may make some students more likely to have a seizure; and~~
- ~~• Menstrual cycle:~~
 - ~~• Many females find their seizures increase around this time. This is referred to as catamenial epilepsy~~

11.1.3 External Factors **External (Environmental or Lifestyle) Triggers**

- Alcohol exposure (typically relevant for older adolescents)
- Poor nutrition or blood sugar instability
- Sudden changes in temperature
- Flashing lights, including strobe effects from video games, movies, or lighting systems (particularly in students with photosensitive epilepsy)
- Lack of physical activity, which can negatively impact sleep and stress management

Not every student with epilepsy will have identifiable triggers. Staff should monitor for patterns and follow the strategies outlined in each student's *Plan of Care*.

- ~~• Alcohol can affect the breakdown of anti-epileptic medication;~~
- ~~• Poor diet can affect blood sugar levels resulting in seizures;~~
- ~~• Sudden changes in temperature~~
- ~~• Television, videos and flashing lights; and~~
- ~~• Lack of physical activity~~

11.2 **Signs and Seizure Types and Symptoms**

Seizures can present in a wide variety of ways depending on where in the brain they begin and how far they spread. It is important to understand that not all seizures involve convulsions or loss of consciousness.

Each student's *Plan of Care* will describe their **specific seizure type(s)** and symptoms. Below is a general overview of common seizure categories and their associated signs.



11.2.1 Motor Seizures (Involving Movement)

Type	Common Feature
Tonic-Clonic (formerly "grand mal")	Sudden loss of consciousness, stiffening of muscles (tonic phase), followed by jerking movements (clonic phase); possible incontinence or vocalization
Clonic	Repetitive, rhythmic jerking movements, usually of limbs or face
Tonic	Muscle stiffening without jerking; may cause sudden falls
Myoclonic	Sudden, brief muscle jerks (like a startle reflex); often affects arms or legs
Atonic ("drop seizures")	Sudden loss of muscle tone, causing a person to slump or fall to the ground
Focal Motor Seizures	Involuntary movements in one area of the body (e.g., one arm or one side of the face)

11.2.2 Non-Motor Seizures (Affecting Awareness, Emotions, or Senses)

Type	Common Feature
Absence Seizures (formerly "petit mal")	Brief lapses in awareness (5–20 seconds), blank staring, eye fluttering; often mistaken for daydreaming
Focal Impaired Awareness Seizures	Sudden confusion or unresponsiveness; may involve staring, lip-smacking, hand rubbing, or wandering
Focal Sensory Seizures	Unusual sensations (e.g., tingling, smells, visual disturbances, "funny" feelings in the stomach)
Emotional/Affective Seizures	Sudden fear, sadness, laughter, or crying with no clear trigger; may be accompanied by other focal symptoms

11.2.3 Autonomic Symptoms

Some seizures affect the autonomic nervous system, which controls involuntary functions. Signs may include:

- Nausea or abdominal discomfort
- Pallor or facial flushing
- Dilated pupils



- Altered heart rate or breathing
- Goosebumps or chills

Seizures are often misunderstood. Staff should be familiar with each student's typical seizure presentation and know that not all seizures involve dramatic or visible symptoms.

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

11.3 ~~Emergency Procedure~~ Emergency Procedure: Responding to a Seizure

Every student with epilepsy must have an Epilepsy Plan of Care that outlines their personalized emergency protocol. However, the following general guidelines should be followed when any student experiences a seizure at school.

~~Emergency response should be detailed for individual students in their Epilepsy~~



~~Plan of Care. In general, if someone is having a seizure:~~

11.3.1 Stay Calm:

- ~~Seizure usually ends on its own within a few seconds or a few minutes;~~
- Most seizures end on their own within a few seconds to a few minutes.
- Keeping calm helps reassure the student and others nearby.

11.3.2 Time ~~It~~ the seizure:

- ~~Note the time the seizure begins, ends and length of seizure;~~
- Record the start and end time of the seizure.
- Document the duration and any unusual features.

This information is critical for both medical professionals and parent/guardian follow-up.

11.3.3 ~~Create a Safe Space~~ Ensure the Student's Safety:

- ~~Move sharp objects out of the way;~~
- ~~If the student falls, place something soft under their head and roll them on their side as the seizure subsides;~~
- ~~If the student wanders, stay by their side and gently steer them away from danger; and~~
- ~~If the student is in a wheelchair, keep them in their wheelchair and secure harness.~~
- Take the following steps to create a safe environment:
- Clear the area of sharp or hard objects.
- Do not restrain the student or try to stop their movements.
- Do not put anything in their mouth.
- If the student falls, place something soft (e.g., jacket, sweater) under their head.
- Once convulsions stop, gently roll them onto their side to help maintain an open airway (recovery position).
- If the student is in a wheelchair, keep them securely in place and gently support their head if needed.
- If the student wanders or exhibits repetitive motion, calmly guide them away from danger and remain close by.

11.3.4 Call 911 if:

- ~~If the seizure lasts for more than 5 minutes;~~
- ~~If it repeats without full recovery between convulsive seizures or as directed by neurologist;~~
- ~~If consciousness or regular breathing does not return after the seizure ends; and~~
- ~~If you are not sure the student has epilepsy or a seizure disorder.~~



- The seizure lasts longer than 5 minutes;
- The student has multiple seizures without regaining full consciousness between them;
- The student has trouble breathing or does not regain consciousness after the seizure;
- The student sustains an injury during the seizure;
- You are unsure whether this is a seizure or if the student has epilepsy;
- The student's *Plan of Care* or neurologist **instructs emergency intervention** under specific conditions.

11.3.5 Provide Assurance **After the Seizure:**

- ~~When the seizure ends, stay with them until complete awareness returns.~~
- Stay with the student until they have fully recovered.
- Reassure them calmly and allow them to rest.
- Document the event and notify the principal and parent/guardian as soon as possible.

11.3.6 ~~Do~~ **What Not to Do:**

- ~~Restrain the student; and~~
- ~~Put anything in their mouth.~~
- Do not restrain the student.
- Do not insert anything into the student's mouth (they cannot swallow their tongue).

Note: Seizure responses must always be student-specific. All staff responsible for supervising a student with epilepsy should be familiar with their Plan of Care and emergency protocol.

11.4 **Safety Considerations**

Students with epilepsy can safely participate in the full range of school activities when thoughtful precautions are in place. The following safety considerations should be applied across classroom settings, school-wide events, extracurriculars, and off-site trips, in accordance with the student's *Epilepsy Plan of Care*.

11.4.1 **Inclusive Planning for Events and Trips**

~~Ensure that consideration is made on behalf of students with epilepsy in~~



~~the planning of school events and field trips (e.g. lighting effects for school dances);~~

- Consider potential seizure triggers (e.g. flashing lights, sleep disruption, stress) when organizing school dances, assemblies, overnight trips, or spirit events.
- Modify or remove lighting effects, strobe lights, or sudden sound blasts when necessary.

11.4.2 Physical Activity Precautions

~~Be aware that during physical activities, where climbing may be involved, that the student is properly assisted and does not climb to great heights;~~

- Avoid unsupervised or high-risk climbing (e.g. ropes, ladders, high playground equipment).
- Support the student with **spotters or equipment modifications** when engaging in elevated activities (e.g. gymnastics, climbing walls).
- Ensure staff are prepared to respond to a seizure during physical education or sports.

11.4.3 Lighting Environment

~~Monitor that fluorescent lighting fixtures in classrooms and common spaces are working correctly (not flickering);~~

- Regularly inspect classroom and hallway fluorescent lighting to ensure fixtures are functioning properly and not flickering, which may provoke photosensitive seizures in some students.

11.4.4 Sensory Environment

~~Avoid loud noise as much as possible; and~~

- Avoid **excessively loud noise**, sharp audio changes, or prolonged sensory overstimulation, particularly in assemblies or performances.
- Create **calming spaces** where students can recover from post-seizure fatigue or avoid overstimulation when needed.

11.4.5 Communication with Occasional and Support Staff

~~Ensure that occasional staff are aware of the Epilepsy Plan of Care.~~

Ensure all occasional teachers, educational assistants, lunchroom supervisors,



and other temporary personnel:

- Are informed of the student's Epilepsy Plan of Care
- Know how to recognize seizure symptoms
- Understand their role in responding to a medical emergency

Proactive planning helps reduce risks and supports students with epilepsy in fully participating in the life of the school while maintaining their dignity, safety, and confidence.

Links

<http://www.eworkshop.on.ca/edu/anaphylaxis/sc022.cfm?L=1> <http://allergyaware.ca/resources/>
<http://foodallergycanada.ca/resources/resources-for-educators/>

OPHEA Asthma Training Program <http://www.ophea.net/node/1411>

Lung Association <http://www.lung.ca/asthma>
www.edu.gov.on.ca/eng/healthyschools/pmc-diabetes-fact-sheet-en.pdf www.diabetesatschool.ca
<http://www.diabetes.ca/kidsatschool>

Sources Consulted

Anaphylaxis and Allergies

- Food Allergy Canada – Resources for educators and school communities
- Allergy Aware (developed by Food Allergy Canada, Canadian Society of Allergy and Clinical Immunology, and Leap Learning Technologies Inc.)
- Ontario Ministry of Education – Anaphylaxis Support Resources
(formerly available through eWorkshop on anaphylaxis education)

Asthma

- Ontario Physical and Health Education Association (OPHEA) – Asthma Education and Awareness Training Program
- Lung Health Foundation (formerly Ontario Lung Association) – Asthma information and support materials

Diabetes

- Diabetes Canada – Kids at School and School Resources Fact Sheets
- Diabetes@School – Joint initiative of Diabetes Canada, Canadian Paediatric Society, and Canadian Paediatric Endocrine Group

Epilepsy

- Epilepsy Ontario – Educational tools, seizure first aid, and safety planning in schools
- Epilepsy Canada – Overview of seizure types, triggers, and responses
- Canadian Epilepsy Alliance – Guidelines for managing epilepsy in educational settings
- Seizure Response Education for Schools – Developed by local epilepsy support agencies in



partnership with boards of education

- Canadian League Against Epilepsy (CLAE) – Best practices in epilepsy care and public awareness
 - Ontario Ministry of Education – PPM 161 – *Supporting Children and Students with Prevalent Medical Conditions*, including epilepsy
 - Canadian Paediatric Society – *Position statements on seizure management and school safety*
- General
- Ontario Ministry of Education – *Policy/Program Memorandum No. 161: Supporting Children and Students with Prevalent Medical Conditions*
 - Canadian Diabetes Association (now Diabetes Canada) – School Guidelines and Hypoglycemia Protocols



[School
Letterhead]
[Insert Date]

Re: Prevalent Student Medical Conditions

Dear Parent/Guardian:

The safety and well-being of children in our care is of the utmost importance to the staff within our school. If your child has a prevalent medical condition that requires support or monitoring, we request that you contact the school as soon as possible to ensure that our staff have the necessary information to ensure your child is safe while at school.

The following are medical conditions that require a **Plan of Care** as determined by Brant Haldimand Norfolk Catholic District School Board policy and/or provincial legislation. The **Plan of Care** will be completed in collaboration with the school administrative team:

- **Asthma** – Please complete the Asthma Plan of Care
- **Anaphylactic Reactions** – Please complete the Anaphylaxis Plan of Care
- **Diabetes** – Please complete the Diabetes Plan of Care
- **Epilepsy** – Please complete the Epilepsy Plan of Care

If your child has any of the aforementioned conditions and you have not yet completed the required forms, please contact the school immediately to provide the necessary information and receive a copy of the required forms.

Please note: It is the responsibility of parents to notify schools of any medical concerns and to update the Plans of Care on an annual basis.

For more information regarding specific School Board policies or procedures concerning specific medical conditions, please visit: <http://www.bhncdsb.ca/>.

Sincerely,

Full Name
Title

c: Name – Title, Location (if applicable) *(names are listed alphabetically by last name)*

Attachment or Enclosure (if applicable)
XX:xx (AUTHOR INITIALS:your initials)



ANAPHYLAXIS
Plan of Care (Sample)
STUDENT INFORMATION

Student Name _____ Date Of Birth _____
Ontario Ed. # _____ Age _____
Grade _____ Teacher(s) _____
Medical ID jewellery ☐ Yes ☐ No

Insert Photo

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

KNOWN LIFE-THREATENING TRIGGERS

CHECK (✓) THE APPROPRIATE BOXES

☐ Food(s): _____ ☐ Insect Stings: _____

☐ Other: _____

Epinephrine auto-injector(s) expiry date(s): _____

Dosage: ☐ EpiPen Jr®
0.15 mg ☐ EpiPen®
0.3 mg

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

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

Any other medical condition or allergy? _____

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT

SYMPTOMS

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

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

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

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

Food Allergen(s): (The amount required to cause a reaction varies by person and in some people, it can be triggered by a small amount.)

Food(s) to be avoided: _____

Safety measures: _____

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

Designated eating area inside school building _____

Safety measures: _____

Other information: _____

MEDICATION (Epinephrine auto-injectors):

Access to epinephrine auto-injector:

Student requires assistance to **access** their auto-injector? ☐ Yes ☐ No

If yes, auto-injector is kept:

Location: _____ With: _____

Other: _____

If no, student will carry their auto-injector at all times: in the classroom, outside the classroom (e.g., library, cafeteria/lunchroom, gym) and off-site (e.g., field trips/ excursions).

Auto-injector in student's:

☐ Backpack/fanny pack

☐ Other (specify) _____

Additional auto-injector:

The student has an additional auto-injector at school? ☐ Yes ☐ No

If yes, the additional auto-injector is kept:

Location: _____ With: _____

Other: _____

EMERGENCY PROCEDURES (DEALING WITH AN ANAPHYLACTIC REACTION)

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

STEPS

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
2. Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms.
4. Follow direction of emergency personnel, including transport to hospital (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 - 6 hours).
5. Call emergency contact person, e.g. Parent(s)/Guardian(s).

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

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

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

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

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

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other individuals to be contacted regarding Plan Of Care:

Before-School Program ☐ Yes ☐ No _____

After-School Program ☐ Yes ☐ No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

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

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

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature



[School Letterhead]

[Insert Date]

Re: Prevalent Student Medical Conditions

Dear Parent/Guardian:

I am sending you this letter on behalf of our school community to seek your cooperation in ensuring the health and safety of all the children in our school family.

A child in our school has a condition called **Anaphylaxis**. This severe allergic condition can result in death for the child. It is vital that we join together to ensure that our school is a safe, secure place where all the children can come and be protected. In this instance, we have a student/students who is/are allergic to: _____.

It is requested that parents of all students do not pack any foods or send food items containing:

All students, staff and visitors at our school must adhere to the following guidelines:

1. Snacks are not to be shared with other students.
2. Utensils are not to be shared with other students.
3. Hands are to be washed after eating anything that may contain allergen products. Traces of the allergen can get on the bus seats or playground equipment, desks and personal belongings.

Thank you for your cooperation and support regarding this matter. At [School Name] we are blessed to be able to count on all of our school families to help us create and maintain a safe, secure school environment for all our children. As always, if you have any questions or concerns about this subject, please feel free to contact me at the school office at your convenience.

For more information regarding specific School Board policies or procedures concerning specific medical conditions, please visit: <http://www.bhncdsb.ca/>.

Sincerely,

Full Name
Title

c: Name – Title, Location (if applicable) *(names are listed alphabetically by last name)*

Attachment or Enclosure (if applicable)
XX:xx (AUTHOR INITIALS:your initials)



School Allergy Alert

School Name:	
-----------------	--

Please be advised that in this school, there is a student/there are students who suffer severe allergic reactions (anaphylactic shock) to the following allergens:

- ☐ Nuts and Nut Products (peanuts, cashews, etc.)
- ☐ Bee Stings (wasps, hornets, honey bees, etc.)
- ☐ Latex/Latex Products (balloons, gloves, etc.)
- ☐ Other: _____

These items/products are prohibited from
certain areas / all areas of this school.

Principal's Signature: _____ Date: _____



[School Letterhead]

[Insert Date]

Re: Prevalent Student Medical Conditions

Dear Parent/Guardian:

This year there is a student in your child's classroom who has a severe allergy to _____. This allergy, known as anaphylaxis, is a life-threatening and dangerous condition, which could lead to coma and death. This is a serious concern to all of us since children who suffer from this allergy may go into anaphylactic shock and cease breathing within minutes when they are exposed to even a trace amount of this substance.

At [School Name], providing a safe environment where all children can learn and grow to their fullest potential is of utmost importance. We ask that you do not send <IDENTIFY PRODUCT> with your child to school. Your cooperation will help us ensure that all of our children are safe and healthy while in our care. Please speak to your child about not sharing lunches and snacks with other children.

Please feel free to contact me at the school office if you have any questions or concerns about this subject. Your support and care for the safety of all the children in our school family is always appreciated.

For more information regarding specific School Board policies or procedures concerning specific medical conditions, please visit: <http://www.bhncdsb.ca/>.

Sincerely,

Full Name Title

c: Name – Title, Location (if applicable) *(names are listed alphabetically by last name)*

Attachment or Enclosure (if applicable)

XX:xx (AUTHOR INITIALS:your initials)



[School Letterhead]

[Insert Date]

Re: Prevalent Student Medical Conditions

Dear Parent/Guardian:

At [School Name] School, we have a number of students with severe, life-threatening allergies to

_____.

The children concerned recognize their situation and are very good about avoiding _____.

However, this does not guarantee that an accident will never happen. Therefore, we do have emergency procedures in place at school and for the possibility that an emergency may occur when the student is riding the bus.

As you know, we already have a rule that prohibits eating and drinking on the bus. This rule has always been enforced, but now with the presence of students on your child's bus with a severe allergy to _____ adhering to the rule of not eating on the bus may mean the difference between life and death for a child.

Please discuss the extreme importance of following this rule with your child. In this manner, we can all share in preventing what could become a tragic situation.

As always, I thank you for your cooperation and support with this matter. Please feel free to contact me at the school if you have any questions or concerns on this subject.

Sincerely,

Full Name Title

c: Name – Title, Location (if applicable) *(names are listed alphabetically by last name)*

Attachment or Enclosure (if applicable)
XX:xx (AUTHOR INITIALS:your initials)



School Bus Allergy Alert

Bus Number:	
School Name:	

Please be advised that on this bus, there is a student/there are students who suffer severe allergic reactions (anaphylactic shock) to the following allergens:

- ☐ Nuts and Nut Products (peanuts, cashews, etc.)
- ☐ Bee Stings (wasps, hornets, honey bees, etc.)
- ☐ Latex/Latex Products (balloons, gloves, etc.)
- ☐ Other:

Please be extremely careful with items containing any of the above items/products so as not to endanger this student / these students.

Principal's Signature: _____ Date: _____



Anaphylaxis Report

School: _____ ☐ November 1 ☐ March 1 Principal: _____

Name of Student (Last Name, First Name)	Date of Birth (yyyy/mm/dd)	Emergency Plan in Place
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

EpiPen®, Allerject® Training

Staff training completed on (date):

Comments:

Anaphylaxis Drill

School Drill completed on (date):

Term/Semester 1 (to be completed no later than Oct. 31)

_____, 20__.

Term/Semester 2 (to be completed no later than Feb. 28)

_____, 20__.

Communication Completed to:

Student Body ☐ YES ☐ NO

School Staff ☐ YES ☐ NO

Parents ☐ YES ☐ NO

Principal Signature: _____

Date: _____

Please submit completed form to your Superintendent of Education



ASTHMA
Plan of Care (Sample)
STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Any other medical condition or allergy? _____ MedicAlert® ID ☐ Yes ☐ No

Insert Photo

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

KNOWN ASTHMA TRIGGERS
CHECK (✓) ALL THOSE THAT APPLY

<input type="checkbox"/> Colds/Flu/Illness	<input type="checkbox"/> Weather (cold/hot/humid)	<input type="checkbox"/> Pets/Animals	<input type="checkbox"/> Strong Smells
<input type="checkbox"/> Vape/Smoke (e.g., tobacco, fire, cannabis, second-hand smoke)	<input type="checkbox"/> Mould	<input type="checkbox"/> Dust	<input type="checkbox"/> Pollution
<input type="checkbox"/> Pollen	<input type="checkbox"/> Physical Activity/Exercise	<input type="checkbox"/> Strong Emotions (e.g., anxiety, stress, laughing, crying, etc.)	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> At Risk For Anaphylaxis (Specify Allergen) _____			
<input type="checkbox"/> Asthma Trigger Avoidance Instructions: _____ _____			

DAILY/ ROUTINE ASTHMA MANAGEMENT

RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

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

☐ When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing).

☐ Other (explain): _____

Use of _____ in the dose of _____ as needed.
(Name of Medication) (Number of Puffs)

Spacer (valved holding chamber) provided? ☐ Yes ☐ No

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

☐ Airomir/Salbutamol ☐ Ventolin/Albuterol ☐ Bricanyl/Terbutaline ☐ Other (Specify) _____

☐ Student requires assistance to **access** reliever inhaler. Inhaler must be **readily accessible** (in accordance to [Ryan's Law](#))

Reliever inhaler is kept:

☐ With _____ Location: _____ Other Location: _____

☐ In locker # _____ Locker Combination: _____

☐ Student **will carry** their reliever inhaler **at all times** including in the classroom, outside the classroom (e.g., library, cafeteria/lunchroom, gym) and off-site (e.g., field trips/excursions)

Reliever inhaler is kept in the student's:

☐ Pocket

☐ Backpack/fanny Pack

☐ Case/pouch

☐ Other (specify): _____

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

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

☐ In main office (specify location): _____ Other Location: _____

☐ In locker #: _____ Locker Combination: _____

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

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

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

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

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

Note: Ask parents/guardians for the child's **Asthma Action Plan** and go over it with them. Download the Action Plan [here](https://lunghealth.ca/resource-library/) or visit <https://lunghealth.ca/resource-library/>

EMERGENCY PROCEDURES

FOR MANAGEMENT

IF ANY OF THE FOLLOWING OCCUR:

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

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

TAKE ACTION:

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

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

FOR AN EMERGENCY

IF ANY OF THE FOLLOWING OCCUR:

- Reliever puffer **lasts less** than 3 hours
- Breathing is difficult and fast
- Cannot speak in full sentences
- Lips or nail beds are blue or grey
- Skin on neck or chest sucked in with each breath

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

EMERGENCY ACTION:

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

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

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

While waiting for medical help to arrive:

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

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

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

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

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

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

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program ☐ Yes ☐ No _____

After-School Program ☐ Yes ☐ No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

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

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

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature



[School Letterhead]

[Insert Date]

Re: Prevalent Student Medical Conditions

Dear Parent/Guardian:

The Brant Haldimand Norfolk Catholic District School Board would like to advise all parents that one or more students in our school community has been diagnosed with Asthma. This is a chronic inflammatory disease of the airways, marked by spasm in the bronchi of the lungs, causing difficulty breathing. It usually results from an allergic reaction or other forms of hypersensitivity.

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

Prevention, of course, is the best approach. Some common triggers of asthma include, but are not limited to dust, grass, pollen, pet fur/hair and strong smells or chemicals. Although this may or may not affect your child's class directly, we would ask for your understanding that in a school setting where children are in contact with a large number of students and staff, exposure to any number of asthma triggers may be increased. We would like to remind parents and students to please be mindful when making decisions such as wearing perfume, cologne or using other products with strong scents. Also, please check to ensure that your child's clothes are as free as possible from pet fur or hair.

We endeavour to make the school a safe environment for all our students. Anyone wishing further information about asthma may contact the school.

Thank you for your continued support.

Sincerely,

Full Name

Title

c: Name – Title, Location (if applicable) *(names are listed alphabetically by last name)*

Attachment or Enclosure (if applicable)

XX:xx (AUTHOR INITIALS:your initials)



TYPE 1 DIABETES Plan of Care (Sample)

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Any other medical condition or allergy? _____ MedicAlert® ID ☐ Yes ☐ No

Insert Photo

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

TYPE 1 DIABETES SUPPORTS

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

Method of home-school communication: _____

Does the student require use of a cellphone to monitor their blood glucose levels? ☐ Yes ☐ No

Note: Diabetes Canada recommends that "schools should permit a student living with diabetes to carry their **cell phone as a tool** to help manage their blood glucose levels and prevent emergency events. For many students with type 1 diabetes, a cell phone works with insulin pumps and continuous glucose monitoring systems to provide essential information to inform diabetes treatment decisions." This recommendation is in alignment with [Policy/Program Memorandum 128](#), The Provincial Code of Conduct and School Board Codes of Conduct which allows for the use of mobile devices for health and medical purposes.

DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT

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

☐ Yes

☐ No

☐ If Yes, go directly to Emergency Procedures section

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

ROUTINE	ACTION (CONTINUED)
<p>INSULIN</p> <p><input type="checkbox"/> Student does not take insulin at school.</p> <p><input type="checkbox"/> Student takes insulin at school by:</p> <p> <input type="checkbox"/> Injection</p> <p> <input type="checkbox"/> Pump</p> <p> <input type="checkbox"/> Insulin Pen</p> <p><input type="checkbox"/> Insulin is given by:</p> <p> <input type="checkbox"/> Student independently</p> <p> <input type="checkbox"/> Student with supervision</p> <p> <input type="checkbox"/> Parent(s)/Guardian(s)</p> <p> <input type="checkbox"/> Trained Individual</p> <p>* All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.</p>	<p>Location of insulin (if not using an insulin pump): _____</p> <p>Required times for insulin: _____</p> <p><input type="checkbox"/> Before school: <input type="checkbox"/> Morning Break:</p> <p><input type="checkbox"/> Lunch Break: <input type="checkbox"/> Afternoon Break:</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p>Parent(s)/Guardian(s) responsibilities: _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>Additional Comments: _____</p>
<p>PHYSICAL ACTIVITY PLAN</p> <p>Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity. A source of fast-acting sugar must always be within students' reach.</p>	<p>Please indicate what this student must do prior to physical activity to help prevent low blood sugar:</p> <p>1. Before activity: _____</p> <p>2. During activity: _____</p> <p>3. After activity: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run)</p>

ROUTINE	ACTION (CONTINUED)
<p>DIABETES MANAGEMENT KIT</p> <p>Parents/Guardians must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.</p>	<p>Diabetes Management Kits will be available in different locations and may include:</p> <p><input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets</p> <p><input type="checkbox"/> Insulin/Syringes, insulin pens and supplies.</p> <p><input type="checkbox"/> Source of fast-acting sugar (e.g. juice, candy, glucose tabs.)</p> <p><input type="checkbox"/> Carbohydrate-containing snacks (e.g. granola bar, crackers)</p> <p><input type="checkbox"/> Batteries for BG meter</p> <p><input type="checkbox"/> Other (Please list) _____</p> <p>_____</p> <p>Location of Kit:</p> <p>_____</p>
<p>SPECIAL NEEDS</p> <p>A student with special considerations may require more assistance than outlined in this plan.</p>	<p>Comments:</p>

EMERGENCY PROCEDURES

HYPOGLYCEMIA – LOW BLOOD GLUCOSE

(4 mmol/L or less)

DO NOT LEAVE STUDENT UNATTENDED

Usual symptoms of Hypoglycemia for my child are:

- | | | | |
|---|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Shaky | <input type="checkbox"/> Irritable/Grouchy | <input type="checkbox"/> Dizzy | <input type="checkbox"/> Trembling |
| <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Headache | <input type="checkbox"/> Hungry | <input type="checkbox"/> Weak/Fatigue |
| <input type="checkbox"/> Pale | <input type="checkbox"/> Confused | <input type="checkbox"/> Other _____ | |

Steps to take for Mild Hypoglycemia (student is responsive)

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

Steps for Severe Hypoglycemia (student is unresponsive)

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

HYPERGLYCEMIA — HIGH BLOOD GLOCOSE

(14 MMOL/L OR ABOVE)

Usual symptoms of hyperglycemia for my child are:

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

Steps to take for Mild Hyperglycemia

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

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

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Rapid, Shallow Breathing | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Fruity Breath |
|---|-----------------------------------|--|

Steps to take for Severe Hyperglycemia

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

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

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

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

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

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

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other individuals to be contacted regarding Plan Of Care:

Before-School Program ☐ Yes ☐ No _____

After-School Program ☐ Yes ☐ No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

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

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

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature



Glucagon Injection Training Log

Date: _____

Trainer: _____

Last Name, First Name

- Staff can volunteer to be trained
- Training needs to be done annually
- This training form is to be filed in the school office
- Life Threatening Plans must also be updated each year

Staff Trained:

Name	Signature

(Retain for one year)

Medical Log to be filed for one year



Request and Consent for the Administration of Diabetes Interventions

DATE (yyyy/mm/dd): _____

This form is completed when the school agrees with the parental request to administer diabetes interventions. A new form is required:

- a) at the initiation of this process;
- b) at the beginning of each school year;
- c) when interventions change

Staff agreeing to administer diabetes interventions will do so according to the information on the Diabetes Plan of Care.

A. To be completed by the parent/guardian (please print)

STUDENT NAME:		ADDRESS/POSTAL CODE:	
DATE OF BIRTH (dd/mm/yy)	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>	STUDENT OEN #:	MEDIC ALERT ID? Y <input type="checkbox"/> N <input type="checkbox"/>
GRADE:	ELEM CLASSROOM / HOMEROOM TEACHER:	TEACHER(S):	
NAME OF FATHER:	HOME TEL #:	BUS. TEL #:	CELL TEL #:
NAME OF MOTHER:	HOME TEL #:	BUS. TEL #:	CELL TEL #:
NAME OF GUARDIAN:	HOME TEL #:	BUS. TEL #:	CELL TEL #:
EMERGENCY CONTACT:	HOME TEL #:	BUS. TEL #:	CELL TEL #:

B. To be completed by the parent/guardian (please sign at the bottom)



Statement of Understanding

Regarding Parent Request to Provide Diabetes Intervention to Students by Employees of the Brant Haldimand Norfolk Catholic District School Board.

As the parent(s)/guardian (or self if +18) of (print name of student) _____, I (we) accept and endorse the following terms and/or conditions pertaining to my (our) request for Brant Haldimand Norfolk Catholic District School Board employees to provide, under our own authority, my (our) child with interventions listed on the Diabetes Plan of Care. Specifically, I/we understand and accept that:

1. Board employees are not trained health professionals and, hence, may not recognize the symptoms of my (our) child's medical condition or know how to treat the medical condition;
2. Board employees do not: administer insulin syringe injections; push the release button on the insulin pump (bolus); store insulin overnight; determine procedures for low blood glucose count; supply fast-acting sugar; dispose of sharps;
3. I/we are responsible for supplying and maintaining a limited but adequate supply of fast-acting sugar (e.g. juice boxes);
4. I/we are responsible for supplying our child/s/the student's blood sugar testing items and insulin injection supplies, and I/we agree that such supplies are to be in a safe container, labeled with our child's name for transport and storage in class;
5. I/we are responsible for providing up to date information to the school regarding changes in the medical condition, as well as changes that may affect the treatment as outlined in the Diabetes Plan of Care;
6. I/we release the Brant Haldimand Norfolk Catholic District School Board, its employees and agents from any and all liability for loss, damage or injury, howsoever caused to my/our child's person, or property, or to me/us as a consequence, arising from administering the interventions, failing to administer the interventions correctly and/or failing to administer any intervention.

Signature of Parent/Guardian: _____ Date: _____
(or student if over 18 yrs of age)

C. To be completed by a parent/guardian (or student if +18)

(For diabetes interventions to be taken during school hours or school-sponsored events)

DIABETES INTERVENTIONS	DOSE	PROVIDE @ (TIME/SYMPTOMS)	REASON
1.			
2.			
3.			
4.			

Additional instructions as needed: _____



D. To be completed by the parent/guardian (or student if +18)

Request and Consent for the Administration of Diabetes Interventions

Insofar as it concerns my child (Print child's full name) _____, attending
(Print school name) _____, I/We:

1. Have read and understand the information conveyed in this "Request and Consent for the Administration of Diabetes Interventions" form;
2. Agree to comply with the responsibilities described in Part B;
3. Request that the interventions listed in Part C of this form be administered to my/our child according to the information we have provided; and furthermore,
4. Release the Brant Haldimand Norfolk Catholic District School Board, its employees and agents from any and all liability for loss, damage or injury howsoever caused to my/our child's person, or property, or to me/us as a consequence, arising from administering the interventions, and/or failing to correctly administer the interventions in Part C above.

Signature of Parent/Guardian: _____ Date: _____
(or student if +18 years of age)

Information Collection Authorization

Notice of Collection: The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended and in accordance with Section 29(2) of the Municipal Freedom and Protection of Privacy Act, 1989. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. If you have any questions, please contact the school principal and/or the Freedom of Information Officer, Brant Haldimand Norfolk Catholic District School Board, 322 Fairview Drive, Brantford, ON, N3T 5M8 (Telephone 519-756-6505, Ext. 234)



EPILEPSY

Plan of Care (Sample)

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Other medical condition/allergy? MedicAlert® ID ☐ Yes ☐ No

Insert Photo

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

Has an emergency rescue medication been prescribed? ☐ Yes ☐ No

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

Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulated healthcare professional or Epilepsy Educator (PPM 161).

KNOWN SEIZURE TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

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

DAILY/ROUTINE EPILEPSY MANAGEMENT

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

SEIZURE MANAGEMENT

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

SEIZURE TYPE	ACTIONS TO TAKE DURING SEIZURE
(e.g. tonic-clonic, absence, focal aware seizure, focal impaired awareness seizure, atonic, myoclonic, infantile spasms) Type: _____ Description: _____	
Frequency of seizure activity: _____ _____	
Typical seizure duration: _____	

BASIC FIRST AID: CARE AND COMFORT

First aid procedure(s): _____

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

If yes, describe process for returning student to classroom: _____

BASIC SEIZURE FIRST AID

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

FOR TONIC-CLONIC SEIZURE:

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

Make necessary accommodations to seating arrangements, rest periods and testing for student safety and wellbeing.

EMERGENCY PROCEDURES

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

Call 9-1-1 when:

- Convulsive (tonic-clonic) seizure lasts longer than five (5) minutes.
- Student has repeated seizures without regaining consciousness.
- Student is injured or has diabetes.
- Student has a first-time seizure.
- Student has breathing difficulties.
- Student has a seizure in water

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

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

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

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

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

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

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program ☐ Yes ☐ No _____

After-School Program ☐ Yes ☐ No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

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

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

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature



Student Log of Administered Prescribed Medication
(E.g. asthma reliever inhaler)

Student: _____
Last Name, First Name

School: _____ Year: _____

Medication	Description of Medication (E.g. pill, liquid)	Specific Administration Instruction (E.g. with food)	Dosage	Date	Time	Signature of Person Administering

(Medical Log to be Retained and Filed for one year)

**REPORT TO THE BRANT HALDIMAND NORFOLK CATHOLIC
DISTRICT SCHOOL BOARD POLICY COMMITTEE**

Prepared by: Phil Wilson, Superintendent of Education
Presented to: Policy Committee
Submitted on: September 16, 2025
Submitted by: Michael McDonald, Director of Education & Secretary

**Administration of Oral Medication to Students
Under the Age of 18 Policy #200.19**

Public Session

BACKGROUND INFORMATION:

The Brant Haldimand Norfolk Catholic District School Board (“the Board”) acknowledges that, in order to participate fully in the educational program, some students require prescribed oral medication during school hours. The Board is committed to ensuring that students receive this support safely, respectfully, and in accordance with current legislative and medical standards.

The existing policy, initially adopted in 2001, Since then, best practices in school health services, privacy legislation, and ministry direction have evolved significantly. This review and revision respond to the need for a modernized, practical, and legally sound framework that aligns with current practices across Ontario school boards.

DEVELOPMENTS:

The revised policy and administrative procedure include several key updates and additions, which reflect both legal requirements and emerging best practices:

1. Clarity in Roles and Responsibilities

Responsibilities of the Superintendent, Principals, school staff, parents/guardians, and community health professionals have been explicitly clarified.

Staff members administering medication are identified as agents of the Board and are covered under the Board’s liability insurance.

2. Strengthened Authorization and Oversight

Parents/guardians and regulated health care professionals must complete detailed authorization forms (Appendix A).

Verbal authorizations are no longer accepted; all changes to prescriptions require updated documentation.

3. Procedural Enhancements

New protocols have been added for:

- Secure storage and refrigeration of medications
- Accurate and confidential recordkeeping (Appendix B – Student Log)
- Maintaining a centralized school-level inventory (Appendix C)
- Monthly checks of medication expiry dates
- Incident reporting (Appendix D)

4. New Appendices Introduced

- Appendix D – Medication Incident Report Form: Required when doses are missed, refused, or incorrectly administered.
- Appendix E – Annual Parent/Guardian Medication Submission Checklist: Ensures complete, accurate documentation and medication handling each school year.

5. Addition of Self-Administration Protocol

Mature students may self-administer prescribed oral medication under a documented plan signed by the student (if appropriate), parent/guardian, and health care provider. Supervision, access, and privacy are supported while encouraging age-appropriate responsibility.

6. Clarification of Field Trip and Off-Site Procedures

The revised policy outlines responsibilities and communication expectations for managing medication during field trips or extracurricular activities.

7. Modernized Definitions and Language

“Prescribed Oral Medication” and “Non-Prescription Medication” are clearly defined. Outdated references to Community Care Access Centres (CCACs) have been replaced with Home and Community Care Support Services (HCCSS).

8. Enhanced Equity, Privacy, and Human Rights Alignment

Procedures emphasize student dignity, privacy, and safe inclusion, especially for students requiring long-term or emergency medical supports. The policy aligns with the Ontario Human Rights Code, MFIPPA, and relevant ministry directives.

RECOMMENDATION:

THAT the Policy Committee recommends that the Committee of the Whole refers the Administration of Oral Medication to Students Under the Age of 18 Policy #200.19 to the Brant Haldimand Norfolk Catholic District School Board for approval.



Administration of Oral Medication to Students Under the Age of 18

#200.19

Adopted:	April 21, 2001
Last Reviewed/Revised:	September, 2025
Responsibility:	Superintendent of Education
Next Scheduled Review:	2028-2029

POLICY STATEMENT:

It is the policy of the Board that procedures are established for the administration of prescribed oral medication that is required during the school day. These procedures include the following:

- That such procedures be applied only to those services, requested by the parent/guardian and prescribed by a physician or other health care professional, which must be provided during school hours;
- That a request for the service and the authorization to provide such service be made in writing by the parent/guardian and the physician or health care professional, specifying the medication, the dosage, the frequency and method of administration, the dates for which the authorization applies and the possible side effects, if any;
- That the parent/guardian and the medical professional will work with the individual school to ensure appropriate measures are in place to facilitate the safe and proper use and administration of the medication;
- That the storage and safekeeping requirements for any labelled medication be stated;
- That a record of administration be maintained which includes the student's name, date, time of provision, dosage given, name of person administering, etc.;
- That the telephone numbers of parent/guardian and physician be readily accessible in the school; and
- That the oral medication be administered in a manner which allows for sensitivity and privacy. ~~and which encourages the student to take an appropriate level of responsibility for his or her medication.~~
- Under staff supervision and where appropriate, students who demonstrate the maturity and capability to safely manage their own prescribed oral medication may be permitted to self-administer, provided there is written consent from the parent/guardian and the prescribing physician or health care professional, and a plan is in place to ensure secure yet accessible storage in accordance with the student's needs and school protocols.

Roles and responsibilities to implement these policy requirements are noted in the Administration of Oral Medication to Students Administrative Procedure.

APPLICATION AND SCOPE:

~~The Brant Haldimand Norfolk Catholic District School Board believes that all persons are created in God's image. Every individual has an inherent and immeasurable worth and dignity. Each human life is considered sacred. We are committed to promoting school environments that are safe, inclusive and provide opportunities for each student to reach his or her fullest potential. While the Board~~



~~believes that parents/guardians and the medical profession are primarily responsible for the administration of oral medication, it recognizes that a designated staff member(s) appointed by the Principal may need to administer oral medication that is prescribed by a physician or other health care professionals~~

The Brant Haldimand Norfolk Catholic District School Board recognizes that certain students may require the administration of prescribed oral medication while in attendance at school or during school-related activities, including field trips and extracurricular events. Any oral medication to be administered during the school day—either on a regular schedule or in response to specific medical conditions—must be prescribed by a physician or other regulated health care professional. Administration must follow the procedures outlined in this policy to ensure student safety, staff clarity, and compliance with applicable legislation and best practices.

The Brant Haldimand Norfolk Catholic District School Board is responsible for ensuring the safe administration of prescribed oral medication during school hours, as authorized by a physician or regulated health care professional. Some medications may require administration on a regular schedule, while others may be given only as needed in response to specific medical conditions. For students requiring inhaled asthma medication, please refer to the *Students With Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy Policy and Administrative Procedure #200.05* for specific guidelines.

In some cases, students must receive prescribed oral medication on a regular schedule in order to attend school safely and fully participate in their education. Where complex medical assistance is required beyond the scope of school staff, such services are coordinated through Home and Community Care Support Services (HCCSS) / Ontario Health at Home in collaboration with the student's family and healthcare providers.

The provision of health support services is a shared responsibility among the Ministries of Education, Health, and Children, Community and Social Services. At the local level, these services are delivered in partnership between the Brant Haldimand Norfolk Catholic District School Board, Home and Community Care Support Services, and other community health agencies, as appropriate.

REFERENCES:

~~The Education Act~~

~~Ministry of Education Policy/Program Memorandum No. 81 Provision of Health Support Services in School Settings, 1984~~

~~Educational Field Trips and Excursions: 500.01~~

- The Education Act, R.S.O. 1990
- Ministry of Education PPM No. 81 – *Provision of Health Support Services in School Settings* (1984)
- Ontario Human Rights Code
- Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
- BHNCDSB AP 200.05 – *Students With Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy)*



- BHNCDSB AP 500.01 – *Educational Field Trips and Excursions*
- Ontario Physical Education Safety Guidelines (OPHEA)

APPENDICES: NA for Policy

DEFINITIONS:

Prescribed Oral Medication

~~For the purposes of this policy and administrative procedure, oral prescription medication is defined as medication to be taken orally as a result of a prescription given by a properly authorized physician or health care professional authorized to prescribe medication, and which is prescribed to a student for a specified period of time.~~

Medication that is intended to be taken by mouth and has been prescribed by a regulated health care professional (e.g., physician, nurse practitioner, or dentist) who is authorized to prescribe medication in Ontario. The prescription must be specific to the individual student and intended for use during school hours for a defined period of time, either on a scheduled basis or as needed in response to a medical condition.

Non-Prescription (Over-the-Counter) Medication

Medication that can be purchased without a prescription (e.g., acetaminophen, ibuprofen, antihistamines, cough syrup, herbal supplements, etc.). These medications will not be administered by school staff under this procedure. Parents/guardians are responsible for administering any non-prescription medication to their child outside of school hours or making alternate arrangements, if required, during the school day.

ADMINISTRATIVE PROCEDURES: NA for Policy



Administration of Oral Medication to Students Under the Age of 18

#200.19

Adopted:	April 21, 2001
Last Reviewed/Revised:	September 2025
Responsibility:	Superintendent of Education
Next Scheduled Review:	2028-2029

POLICY STATEMENT:

It is the policy of the Board that procedures are established for the administration of prescribed oral medication that is required during the school day. These procedures include the following:

- That such procedures be applied only to those services, requested by the parent/guardian and prescribed by a physician or other health care professional, which must be provided during school hours;
- That a request for the service and the authorization to provide such service be made in writing by the parent/guardian and the physician or health care professional, specifying the medication, the dosage, the frequency and method of administration, the dates for which the authorization applies and the possible side effects, if any;
- That the parent/guardian and the medical professional will work with the individual school to ensure appropriate measures are in place to facilitate the safe and proper use and administration of the medication;
- That the storage and safekeeping requirements for any labelled medication be stated;
- That a record of administration be maintained which includes the student's name, date, time of provision, dosage given, name of person administering, etc.;
- That the telephone numbers of parent/guardian and physician be readily accessible in the school; and
- That the oral medication be administered in a manner which allows for sensitivity and privacy. ~~and which encourages the student to take an appropriate level of responsibility for his or her medication.~~
- Under staff supervision and where appropriate, students who demonstrate the maturity and capability to safely manage their own prescribed oral medication may be permitted to self-administer, provided there is written consent from the parent/guardian and the prescribing physician or health care professional, and a plan is in place to ensure secure yet accessible storage in accordance with the student's needs and school protocols.

APPLICATION AND SCOPE:

~~The Brant Haldimand Norfolk Catholic District School recognizes that certain students may require the administration of oral medication while in attendance at school or school-related activities. Oral medication that is to be administered during the school day on either a daily basis or in response to certain medical conditions must be prescribed by a physician or other health care professional and must follow the procedure as laid out by this policy.~~



The Brant Haldimand Norfolk Catholic District School Board recognizes that certain students may require the administration of prescribed oral medication while in attendance at school or during school-related activities, including field trips and extracurricular events. Any oral medication to be administered during the school day—either on a regular schedule or in response to specific medical conditions—must be prescribed by a physician or other regulated health care professional. Administration must follow the procedures outlined in this policy to ensure student safety, staff clarity, and compliance with applicable legislation and best practices.

~~The Brant Haldimand Norfolk Catholic District School Board will be responsible for the administration of prescribed oral medication where such medication has been prescribed by a physician or health care professional for use during school hours. Some oral medication must be administered on a regular basis, while others must be used only when required. The Management of Students with Asthma Policy and Administration Procedure 200.05 provides direction for students requiring asthmatic inhaler medication.~~

The Brant Haldimand Norfolk Catholic District School Board is responsible for ensuring the safe administration of prescribed oral medication during school hours, as authorized by a physician or regulated health care professional. Some medications may require administration on a regular schedule, while others may be given only as needed in response to specific medical conditions. For students requiring inhaled asthma medication, please refer to the *Students With Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy Policy and Administrative Procedure #200.05* for specific guidelines.

~~Certain students must receive, according to a regularly prescribed schedule, specific oral medication in order to have the opportunity to attend school and receive an education. Complex medical assistance for students shall be provided through a Community Care Access Centre. The Ministry of Education continues to manage local school boards with the responsibility of administering oral medication to students.~~

~~The provision of health support services shall be shared among the Ministry of Community and Social Services, Education and Health. Responsibility for the direct provision of these services at the local level will be shared by the agencies operating under the Ministry of Community and Social Services, Brant Haldimand Norfolk Catholic District School Board and the Community Care Access Centre.~~

In some cases, students must receive prescribed oral medication on a regular schedule in order to attend school safely and fully participate in their education. Where complex medical assistance is required beyond the scope of school staff, such services are coordinated through Home and Community Care Support Services (HCCSS) / Ontario Health at Home in collaboration with the student's family and healthcare providers.

The provision of health support services is a shared responsibility among the Ministries of Education, Health, and Children, Community and Social Services. At the local level, these services are delivered in partnership between the Brant Haldimand Norfolk Catholic District School Board, Home and Community Care Support Services, and other community health agencies, as appropriate.



~~Superintendent of Education will:~~

- ~~• Perform a regular review of administrative procedures to ensure guidelines align with current best practice recommendations for the administration of medication.~~
- ~~• Monitor the implementation of this procedure.~~

~~Principal/Vice Principal will:~~

- ~~• Implement and monitor the administrative procedure.~~

~~Teachers and support staff will:~~

- ~~• Ensure the administrative procedure is followed.~~

Roles and Responsibilities

Superintendent of Education shall:

- Conduct regular reviews of this administrative procedure to ensure alignment with current best practices and legal requirements regarding the administration of medication in schools.
- Monitor and support the effective implementation of the procedure across all schools.

Principal/Vice Principal shall:

- Ensure this procedure is implemented consistently within the school.
- Designate and support appropriate staff to administer or supervise the administration of prescribed oral medication.
- Maintain accurate records and oversee secure storage and documentation protocols.

Teachers and Support Staff shall:

- Adhere to the requirements of this administrative procedure when involved in the administration or supervision of prescribed oral medication.
- Communicate with the principal regarding any concerns, incidents, or changes related to student medication plans.

REFERENCES:

~~The Education Act~~

~~Ministry of Education Policy/Program Memorandum No. 81 Provision of Health Support Services in School Settings, 1984~~

~~Educational Field Trips and Excursions: 500.01~~

REFERENCES:

- The Education Act, R.S.O. 1990
- Ministry of Education PPM No. 81 – *Provision of Health Support Services in School Settings* (1984)
- Ontario Human Rights Code
- Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
- BHNCD SB AP 200.05 – *Students With Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy)*
- BHNCD SB AP 500.01 – *Educational Field Trips and Excursions*



- Ontario Physical Education Safety Guidelines (OPHEA)

APPENDICES:

- ~~Appendix A – Authorization for Administration and Storage of Prescribed Oral Medication~~
- ~~Appendix B – Student Log of Administered Prescribed Oral Medication~~
- ~~Appendix C – Prescribed Oral Medication Inventory Record~~
- ~~Appendix D – Distribution Plan~~
- Appendix A – Authorization for Administration and Storage of Prescribed Oral Medication
- Appendix B – Student Log of Administered Prescribed Oral Medication
- Appendix C – Medication Inventory Record
- Appendix D – Medication Incident Report Form
- Appendix E – Annual Parent/Guardian Medication Submission Checklist

DEFINITIONS:

Prescribed Oral Medication

~~For the purposes of this policy and administrative procedure, oral prescription medication is defined as medication to be taken orally as a result of a prescription given by a properly authorized physician or health care professional authorized to prescribe medication, and which is prescribed to a student for a specified period of time.~~

Medication that is intended to be taken by mouth and has been prescribed by a regulated health care professional (e.g., physician, nurse practitioner, or dentist) who is authorized to prescribe medication in Ontario. The prescription must be specific to the individual student and intended for use during school hours for a defined period of time, either on a scheduled basis or as needed in response to a medical condition.

Non-Prescription (Over-the-Counter) Medication

Medication that can be purchased without a prescription (e.g., acetaminophen, ibuprofen, antihistamines, cough syrup, herbal supplements, etc.). These medications will not be administered by school staff under this procedure. Parents/guardians are responsible for administering any non-prescription medication to their child outside of school hours or making alternate arrangements, if required, during the school day.

ADMINISTRATIVE PROCEDURES:

~~The procedures which follow have been developed to provide a uniform approach to administering prescribed oral medication to students during school hours. The school will not administer non-prescription medication. All authorization for the administration of prescribed oral medication shall expire as of the last school day in any given school year unless terminated at an earlier date.~~

The following procedures are intended to ensure a consistent and safe approach to the administration of prescribed oral medication to students during school hours.

The school will not administer non-prescription (over-the-counter) medication under this procedure.



Written authorization for the administration of prescribed oral medication must be renewed annually and will expire on the last instructional day of the school year, unless withdrawn earlier by the parent/guardian or revoked due to changes in medical direction.

~~If a request for the administration of prescribed oral medication is received by the principal, s/he will designate a staff member(s) to administer medication to students. It is understood that when a request is being made for school staff to administer prescribed oral medication, that said staff are not medical professionals. The staff will make every effort to ensure that prescribed oral medication is administered in an appropriate manner at the times requested. Liability is naturally a concern for staff involved in this procedure. As agents of the Board, all staff members are covered by Board's liability insurance.~~

~~Procedures relative to the administration of prescribed oral medication shall only be adopted when:~~

- ~~• requested by the parents/guardians;~~
- ~~• authorized by a physician or health care professional; and~~
- ~~• must be administered during school hours.~~

~~Please note: staff will be required to only administer prescribed oral medication, not to assess the need for medication.~~

Requests and Authorization for Administration

When a request is received for the administration of prescribed oral medication, the principal shall designate a trained staff member to carry out this responsibility. It is recognized that designated school staff are not medical professionals; their role is to administer medication as instructed, not to assess the medical necessity of its use.

Staff will make every reasonable effort to administer the prescribed oral medication at the times and dosages specified in the written authorization. Staff members designated to administer medication are acting as agents of the Board and are covered under the Board's liability insurance.

The administration of prescribed oral medication shall only proceed when all of the following conditions are met:

- The request is initiated by the parent(s)/guardian(s);
- Written authorization is provided by a regulated health care professional licensed to prescribe medication;
- The medication must be administered during school hours and cannot be reasonably given outside of the school day.

Important: Designated staff are only responsible for administering medication that has been prescribed and properly authorized. They are not permitted to make decisions about the need for medication or adjust dosages.

Administration of Prescribed Oral Medication

~~The administration of prescribed oral medication to students shall be regulated by the following procedures:~~

~~1. Explore Alternatives~~



- ~~The principal shall, upon receipt of the request, ensure that the prescribed oral medication cannot be administered at home rather than at school;~~
- ~~Administered at the school by the parents/guardians; or~~
- ~~Administered at the school by a person other than a school staff member, who is authorized by parents/guardians (e.g. alternate caregiver).~~

~~2. Authorization~~

~~If the prescribed oral medication must be administered during school hours by designated staff, the principal shall, after agreeing to the request, obtain signed request/authorization forms from the parents/guardians and the supervising physician or health care professional, whenever a prescription is initiated or changed. (Appendix A—Authorization for Administration and Storage of Prescribed Oral Medication Part A and Part B) Completed forms are to be placed in the Documentation File of O.S.R. and old forms are to be destroyed.~~

~~3. Transportation of Medication To and From School~~

~~The required authorization forms and the prescribed oral medication shall be hand delivered by the parents/guardians to the principal or designated person.~~

~~4. Safe Location for Medication~~

~~The principal shall ensure that all oral medication is kept in a safe, secure location. All medication shall be in original containers and clearly labeled by the pharmacy/physician or manufacturer to indicate:~~

- ~~Name of student;~~
- ~~Name of medication;~~
- ~~Dosage;~~
- ~~Frequency of administration;~~
- ~~Foods or other medications that could react with the drug;~~
- ~~Special instructions for storage and/or disposal.~~

~~Note: Medication requiring refrigeration cannot be stored at the school unless a refrigerator in working order is available and located in a safe/secure area.~~

~~5. Recording Administration of Prescribed Oral Medication~~

~~(Appendix B—Individual Student Log of Administered Oral Medication)~~

~~The principal shall ensure that the person(s) designated to administer the prescribed oral medication maintains a daily record including:~~

- ~~Type of oral medication;~~
- ~~Dosage;~~
- ~~Date given;~~
- ~~Time given;~~
- ~~Means of administration/specific instructions (spoon, dropper, taken with food etc.);~~
- ~~Physical description of the medication (e.g. pill, liquid, etc.); and~~
- ~~Signature (daily) of person giving medication.~~

~~Individual Student Log of Administered Prescribed Oral Medication forms shall be secured with the medication. Completed forms shall be appropriately disposed of after August 31 of each school year.~~

~~The principal shall establish and maintain, in the school office, a central office health file with an up-to-date list of students receiving medication (Appendix C—Oral~~



Medication Inventory Record).

6. Administration of Medication

The principal, with the written authorization of the parents/guardians and physician, will ensure that medication is administered in a manner which allows for sensitivity, privacy and which encourages a mature student to take an appropriate level of responsibility for administering his/her own medication.

7. Community Health Nurse

The principal will ensure that the Community Health Nurse or appropriate public health official has access to the School's Medication Inventory Record.

8. Disposal of Medication

The principal shall return unused or outdated medication directly to the parents/guardians. Medication requests will terminate June 30th of every school year.

9. Field Trips

As indicated on the field trip permission form (see Brant Haldimand Norfolk Catholic District School Board's Policy and Procedure on Field Trips 500.01), the principal or designate shall ensure that medication procedures are followed, where appropriate, while students are participating in field trip activities. Parents will inform the school of any medication requirements beyond the regular school day.

Administration of Prescribed Oral Medication

The administration of prescribed oral medication to students shall be regulated by the following procedures to ensure safety, consistency, and accountability:

1. Consideration of Alternatives

Before authorizing school staff to administer prescribed oral medication, the principal shall ensure that alternative arrangements have been considered. Administration by school personnel should only occur when:

- The medication cannot be reasonably administered outside of school hours (e.g., before or after school);
- The parent/guardian is unable to attend school to administer the medication;
- An alternate caregiver, authorized by the parent/guardian, is unavailable to administer the medication at school.

2. Authorization

If administration by school staff is deemed necessary, the principal shall obtain written authorization using the required forms (Appendix A – Authorization for Administration and Storage of Prescribed Oral Medication, Parts A and B and Appendix E – Annual Parent/Guardian Medication Submission Checklist). These must be completed and signed by both the parent/guardian and the prescribing health care professional.

Authorization must be renewed:

- At the beginning of each school year;
- Whenever the prescription, dosage, frequency, or method of administration changes.

Verbal requests or instructions cannot be accepted. Completed authorization forms shall be stored



in the student's Ontario Student Record (OSR), and outdated forms shall be securely destroyed.

3. Transportation of Medication to and from School

- Medication must be hand-delivered by the parent/guardian to the principal or designated staff member.
- Students are not permitted to transport medication unless a formal self-administration agreement is in place.
- Office staff must log the receipt of medication upon arrival.

4. Safe Storage of Medication

The principal shall ensure that all medication is:

- Stored in a locked, secure location inaccessible to unauthorized individuals;
- Kept in its original pharmacy-labelled container, clearly identifying:
 - Student's name;
 - Medication name;
 - Dosage and frequency;
 - Storage requirements;
 - Possible interactions or allergies;
 - Expiry date.

Refrigerated medications shall only be stored if a secure and operational refrigerator is available. A designated staff member shall check expiry dates monthly and report any concerns to the principal.

5. Recording of Medication Administration

A daily log must be maintained using Appendix B – *Student Log of Administered Oral Medication*.

The log must include:

- Medication name and form (e.g., pill, liquid);
- Dosage and time administered;
- Method of administration (e.g., with food, spoon, dropper);
- Signature of the staff member administering the dose;
- Any notes about missed doses, refusal, or adverse reactions.

Logs shall be kept with the medication, filed in the student's health file when complete, and retained until August 31 of the school year.

The principal shall also maintain an up-to-date central health file listing all students receiving medication (Appendix C – *Medication Inventory Record*).

6. Privacy and Student Responsibility

Medication shall be administered in a respectful and private setting. Mature students may self-administer medication under supervision if:

- A self-administration agreement is completed and signed by the student (if applicable), parent/guardian, and prescribing professional;
- The principal determines the student is capable of safely managing the medication;
- Storage and supervision protocols are clearly established.



7. Community Health Nurse

The principal shall ensure that the Community Health Nurse or public health representative has access to the school's Medication Inventory Record and may consult with them regarding training, procedural questions, or updates to individual care plans.

8. Disposal of Medication

- Unused, expired, or discontinued medications shall be returned directly to the parent/guardian.
- Staff shall not dispose of medications via school waste.
- A signed log of returned medications may be maintained for accountability.

Medication requests shall terminate as of June 30 each school year unless an earlier withdrawal or change is initiated.

9. Medication During Field Trips and Off-Site Activities

- Medication protocols shall continue during field trips and off-site school activities.
- The principal or designate shall ensure that trained staff have access to required medication and relevant documentation.
- Parents/guardians are responsible for informing the school of any additional medication needs beyond regular hours.
- Where possible, a designated staff member shall accompany the student and oversee administration.

10. Medication Errors or Refusals

In the event of a missed dose, incorrect administration, or student refusal:

- The principal must be informed immediately.
- The parent/guardian must be contacted as soon as possible.
- An incident must be documented using *Appendix D - Medication Incident Report Form*.
- The Community Health Nurse may be consulted for follow-up if needed.
- A review of the incident may be conducted to determine if procedural adjustments are required.



**AUTHORIZATION FOR ADMINISTRATION AND STORAGE OF PRESCRIBED
ORAL MEDICATION**

PART A

To be completed by attending physician or health care professional

(Please type or print)

STUDENT'S NAME:		TEACHER'S NAME:	
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1. a) Oral Medication Prescribed: b) Method of Administration: (e.g. pill, liquid) c) Dosage: d) Time(s) of Administration:
2. Must medication be taken during school hours?
3. Possible side effects of medication:
4. Action to be taken should a reaction occur:
5. Allergies which should be noted:
6. Additional/special instructions (e.g. storage of medication, to be taken with food etc.)
7. Expected date of discontinuation of medication:

Physician's Name: _____ Telephone: _____

Address: _____

Physician's/Health Care Professional Signature: _____ Date: _____



AUTHORIZATION FOR ADMINISTRATION AND STORAGE OF PRESCRIBED ORAL MEDICATION

PART B

To be completed by Parent/Guardian

This is to authorize the administration of the medication(s) prescribed as mentioned by the attending physician or health care professional for:

Student's Name: _____ Date of Birth: _____

School: _____ Medic Alert I.D.: Yes ☐ No ☐

I/we hereby release the Brant Haldimand Norfolk Catholic District School Board, its employees and agents from all actions, causes of action, suits, losses, damages or injuries howsoever caused, by negligence or otherwise, arising out of the administration or failure to administer prescribed oral medication as provided herein. I/we also agree to indemnify the Board, its employees or agents, for any losses or damages sustained by them as a result of any such actions, or proceedings being commenced against them.

Parents/Guardian's Signature: _____ Date: _____

Note: Parents/Guardians are to provide PRESCRIBED ORAL MEDICATION in original CONTAINERS that are PROPERLY LABELLED by a Pharmacist indicating the STUDENT'S NAME AND ADMINISTRATION/STORAGE DIRECTIONS.

The prescribed oral medication will be delivered, according to an agreed schedule and amount to the Principal or designated person for safekeeping, unless otherwise determined.

In case of **EMERGENCY**, the contact person is:

Name: _____ Telephone: _____

Relationship: _____

To be placed in Documentation file of O.S.R. (remove any old/outdated copies) There should be one form completed for each prescription medication.

A new form is required: a) at the initiation of this process; b) at the beginning of each school year; c) when medication changes.

Notice of Collection: Personal information contained on this form is collected under the legal authority of the Education Act, R.S.O. 1990, c.M.56. The information will be used to determine the authorized method for administration and storage of prescribed oral medication. Questions regarding the collection of this information should be directed to the Principal of the school.



Student Log of Administered Prescribed Medication
(E.g. asthma reliever inhaler)

Student: _____
Last Name, First Name

School: _____ Year: _____

Medication	Description of Medication (E.g. pill, liquid)	Specific Administration Instruction (E.g. with food)	Dosage	Date	Time	Signature of Person Administering

(Medical Log to be Retained and Filed for one year)



MEDICATION INVENTORY RECORD

Please use to maintain a centralized, up-to-date record of all students receiving prescribed oral medication at the school.

School: _____

Year: _____

Student Name	Grade/Class	Name of Medication	Dosage	Time to Administer	Start Date	End Date	Self-Administering (Y/N)	Location of Medication	Staff Assigned	Notes



(Medical Log to be Retained and Filed for one year)



MEDICATION INCIDENT REPORT FORM

Please use this form to document any deviation from a student's medication plan, including errors, missed doses, or refusals.

Section 1: Student Information

Student: _____
Last Name, First Name

School: _____

Grade: _____ Teacher Name: _____

Date of Incident: _____ Time of Incident: _____

Section 2: Description of Incident

Please check all that apply and provide details below.

- ☐ Missed Dose
- ☐ Incorrect Dosage
- ☐ Incorrect Medication
- ☐ Student Refusal
- ☐ Medication Not Available
- ☐ Adverse Reaction Observed
- ☐ Other: _____

Please describe what occurred:



Section 3: Staff Involved

Please list the staff involved in the incident, along with their job title.

Staff Name (Last, First)	Job Title

Section 4: Immediate Action Taken

Please describe any immediate action taken.



Section 5: Parent/Guardian Notified?

☐ Yes ☐ No

If Yes:

Date Notified _____ Time Notified: _____

Name of Staff Member: _____

Name of Parent/Guardian Notified: _____

Section 6: Follow-Up Required?

☐ Yes ☐ No

If Yes, please describe:

Principal Signature: _____ **Date:** _____



ANNUAL PARENT/GUARDIAN MEDICATION SUBMISSION CHECKLIST

This checklist is intended to support parents/guardians in submitting all required documentation and medication safely and completely at the beginning of each school year (or when a new medication is introduced).

To be completed by the Parent/Guardian and reviewed by school staff at the time of medication submission.

Section 1: Student Information

Student: _____
Last Name, First Name

School: _____

Grade: _____ Teacher Name: _____

Date of Incident: _____ Time of Incident: _____

Section 2: Parent/Guardian Responsibility Checklist

✓	ITEM
<input type="checkbox"/>	Completed and signed Authorization for Administration and Storage of Prescribed Oral Medication form (Parts A & B) by both parent/guardian and prescribing health care professional.
<input type="checkbox"/>	Medication is in the original container with current pharmacy label showing: student's name, medication name, dosage, frequency, and expiration date.
<input type="checkbox"/>	I have confirmed that the medication must be administered during school hours.
<input type="checkbox"/>	I have reviewed the school's medication policy and understand that staff cannot assess the need for medication.
<input type="checkbox"/>	I understand that non-prescription (over the counter) medication will not be administered by school staff.
<input type="checkbox"/>	I have informed the school of any known allergies or medication interactions.
<input type="checkbox"/>	I understand that authorization expires at the end of the school year (June 30) and must be renewed annually.
<input type="checkbox"/>	I agree to update the school immediately if there are any changes to the medication (type, dosage, timing, etc.).
<input type="checkbox"/>	I will retrieve any unused or expired medication by the end of the school year or when no longer required.



Section 3: Parent/Guardian Declaration

I acknowledge that I have completed this checklist and submitted the required forms and medication in accordance with the Brant Haldimand Norfolk Catholic District School Board's administrative procedure on the administration of prescribed oral medication.

Parent/Guardian Name (Print): _____

Signature: _____

Date: _____

Section 4: School Staff Verification

I have reviewed the checklist, confirmed the submitted documentation and medication, and verified that all required information has been provided.

Staff Name (Print): _____

Signature: _____

Date Received: _____

Attach this checklist to the student's OSR or medical file and retain for one school year.

REPORT TO THE BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL POLICY COMMITTEE

Prepared by: Mike McDonald, Director of Education & Secretary
Presented to: Policy Committee
Submitted on: September 16, 2025
Submitted by: Mike McDonald, Director of Education & Secretary

Electronic Participation in Meetings Public Session

BACKGROUND INFORMATION:

In the spring of 2025, the Ministry of Education amended *Ontario Regulation 463/97 (Electronic Meetings and Meeting Attendance)* through the introduction of *Ontario Regulation 313/24*. The amendment comes into effect on September 1, 2025, and directly impacts school board governance practices across the province.

The regulation establishes that:

- All school board trustees are required to be physically present for every regularly scheduled meeting of the Board.
- Trustees must also be physically present at every regularly scheduled meeting of the Committee of the Whole each year of their term of office.
- Limited exceptions to this requirement may be granted only with prior written approval from the Chair or Vice-Chair of the Board, and only when aligned with the list of acceptable exemptions set out by the Ministry.
- For committees of the Board of Trustees other than the Committee of the Whole, the Chair of the committee or their designate or a committee member, who is also a Trustee of the Board, are required to be physically present at the committee meeting.

DEVELOPMENTS

In the Spring of 2025, as part of a scheduled review of the BHNCD SB Bylaws, the provisions of *Ontario Regulation 313/24* were carefully considered. To ensure alignment with provincial requirements, the following steps were undertaken:

1. Policy and Bylaw Integration
 - The revised bylaws now explicitly reference the requirement for trustees to attend meetings in person.
 - Language was added to reflect the conditions under which exceptions may be requested and approved.

This proactive approach ensures that BHNCD SB is fully compliant ahead of the regulation's implementation and avoids the need for reactive adjustments once the changes are legally in force.

RECOMMENDATION:

THAT the Policy Committee recommends that the Committee of the Whole refers the Electronic Participation in Meetings Policy #100.09 to the Brant Haldimand Norfolk Catholic District School Board for approval.



Electronic Participation in Meetings SBG #100.09

Adopted:	September 23, 2025
Last Reviewed/Revised:	NEW
Responsibility:	Director of Education
Next Scheduled Review:	2028-2029

Policy Statement

The Brant Haldimand Norfolk Catholic District School Board (BHNCDSD) is committed to fostering effective governance, accountability, and accessibility. The purpose of this Policy is to adopt the requirements of the Education Act and Regulation 463/97 made under the Act, in order to outline Trustee and Officer attendance requirements and the grounds and the process by which a Trustee may request approval to attend meetings by electronic means.

Meetings shall take place at the in the board room at the Catholic Education Centre located at 322 Fairview Drive in Brantford, Ontario unless otherwise determined by resolution of the Board of Trustees

Application and Scope

Trustee attendance requirements apply to the Board of Trustees, as defined by the Education Act, and do not apply to Student Trustees.

Electronic Access and Participation

BHNCDSD shall be responsible for providing Trustees and Student Trustees with the means to participate in meetings electronically, permitting all persons participating in the meeting to communicate with each other simultaneously and instantaneously.

Notwithstanding the foregoing, BHNCDSD may refuse to provide a Trustee with electronic means of participation if the Trustee's participation by such means has not been approved in accordance with this Policy, or if, in the case of the Chair, to allow such form of participation would result in a breach of the physical attendance requirements.

Subject to the provisions of this Policy, a Trustee who participates in a meeting through electronic means is deemed to be present for the purposes of every Act.

Meetings shall be open to the public for in-person and electronic attendance, except where the Board of Trustees determines by resolution that it shall meet in camera, pursuant to one of the exceptions to the requirement to meet in public outlined at Section 207(2)(b) of the Education Act.

Only elected Trustees, the Secretary to the Board, and individuals invited by the Chair or by resolution of the Board, may attend the in-camera portion of a meeting.

The Board shall provide members of the public with the ability to connect electronically to a meeting of the Board and committees of the Board, except where the Board is meeting in camera. Such electronic means shall allow all persons participating in the meeting, including delegates, to communicate with each other simultaneously and instantaneously.



It is incumbent upon each Trustee participating in an in-camera meeting via electronic means to ensure that privacy is maintained, taking into account their location, proximity to others, and the potential for any technological interference that could compromise confidentiality.

A Trustee who is attending an in camera meeting who is required under the Municipal Conflict of Interest Act to declare a conflict shall disconnect from electronic participation until the agenda item giving rise to the conflict has been concluded.

Attendance Requirements

Trustees

All Trustees of the Board of Trustees shall physically attend regular meetings of the Board and Committee of the Whole Board, except where written approval for electronic attendance has been given in accordance with this Policy.

A Trustee seeking authorization to participate in a meeting by electronic means shall submit their request in writing and the reason for the request to the Chair of the Board, copying the Director of Education and Secretary to the Board or designate.

Where the Trustee making the request is the Chair of the Board, they shall submit their request in writing and the reason for the request to the Vice Chair of the Board, copying the Director of Education and the Secretary to the Board or designate. If the Board of Trustees has no Vice Chair, the Chair shall submit their request to another Trustee of the Board.

All requests shall be submitted prior to the start of the meeting to which the request applies.

The Chair, Vice Chair, or other Trustee, as the case may be, may approve a request to attend a meeting electronically if they are satisfied that one or more of the following circumstances exist:

- a) The Trustee's primary place of residence within the area of jurisdiction of the Brant Haldimand Norfolk Catholic District School Board is located 125 kilometers or more from the meeting location.
- b) Weather conditions do not allow the Trustee to travel to the meeting location safely.
- c) The Trustee cannot be physically present at a meeting due to health-related issues.
- d) The Trustee has a disability that makes it challenging to be physically present at a meeting.
- e) The Trustee cannot be physically present due to family responsibilities in respect of,
 - i. the Trustee's spouse;
 - ii. a parent, stepparent or foster parent of the Trustee or the Trustee's spouse;
 - iii. a child, stepchild, foster child or child who is under legal guardianship of the Trustee or Trustee's spouse;
 - iv. a relative of the Trustee who is dependent on the Trustee for care or assistance; or
 - v. a person who is dependent on the Trustee for care or assistance and who considers the Trustee to be like a family Trustee.

A request shall not be approved if approval would result in fewer than one Trustee of the Board in addition to the Chair of the Board or designate being physically present in the meeting room.



A Trustee requesting attendance by electronic means shall receive a response as soon as reasonably possible, and in any case prior to the start of the meeting. The Director of Education or designate shall be copied on the response.

Where a request to attend a meeting by electronic means is approved, the Director of Education or designate will make the necessary arrangements to facilitate electronic participation. The Director of Education may refuse to provide electronic access to a meeting where attendance by electronic means has not been approved.

Director of Education

The Director of Education, or designate, shall be physically present in the meeting room for each meeting of the Board or Trustees and each meeting of a committee of the Board, including a Committee of the Whole Board.

Committee Chairs

For committees of the Board of Trustees other than the Committee of the Whole Board, the Chair of the committee or their designate shall be physically present in the meeting room at every regular meeting of the committee, except that the Chair of the committee or their designate may participate in a meeting by electronic means if another member of the committee, who is also a Trustee of the Board, is physically present in the meeting room.

Exceptional Circumstances

The requirements for Trustees to be physically present at meetings and to request to attend by electronic means do not apply if all schools of the Board are closed pursuant to an order made by:

- a) the Minister under section 5(1) of the Education Act;
- b) a medical officer of health or the Chief Medical Officer of Health under section 22 or 77.1 of the Health Protection and Promotion Act;
- c) the Lieutenant Governor in Council under paragraph 5 of subsection 7.0.2(4) of the Emergency Management and Civil Protection Act; or
- d) the Lieutenant Governor in Council under clause 4(1)(a) of the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020.

The exemption period starts on the day the order is made and ends 60 days after the order ceases to apply.

Consequences of Non-Attendance

In accordance with Section 228(1) of the Education Act, a Trustee vacates their seat if they:

- a) Absent themselves without being authorized by resolution entered in the minutes, from three consecutive regular meetings of the Board; or
- b) fail to be physically present at a regular meeting of the Board or Committee of the Whole Board without approval of an exemption allowing attendance by electronic means, granted in accordance with this Policy.

Prolonged Absence

A Trustee requesting Board approval for an absence for three or more regular meetings of the Board may submit a written request to the Chair, stating the reason and the anticipated length of their absence. The matter shall be considered at the next Board meeting. If approved by resolution of the Board, the Trustee's seat shall not be deemed vacated. The Trustee's honoraria shall be suspended for the length of their absence.



Attendance Report

A Trustee attendance report shall be prepared annually and presented to the Board by no later than the December Board meeting. The report shall summarize the attendance of each Trustee at Board meetings, Committee of the Whole meetings, and committee meetings, held during the previous school year.

References

- Education Act, Section 228(1)
- Ontario Regulation 463/97 "Electronic Meetings and Meeting Attendance"

Forms

- N/A

Appendices

- N/A

Definitions

- N/A

REPORT TO THE BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD POLICY COMMITTEE

Prepared by: Kevin Greco, Superintendent of Education
Presented to: Policy Committee
Submitted on: September 16, 2025
Submitted by: Mike McDonald, Director of Education & Secretary

Emergency Preparedness and Response Policy #400.04

Public Session

BACKGROUND INFORMATION:

The Brant Haldimand Norfolk Catholic District School Board recognizes the importance of emergency planning and its responsibility to provide immediate care and assistance to students and staff during emergency situations, to mitigate the effects of the emergency, control the situation and resume normal operations as soon as possible. The purpose of this policy is to ensure staff are well prepared to manage emergencies at the school and Board work sites.

DEVELOPMENTS:

This Policy has been updated to explicitly include Evacuation and Bomb Threat as part of the Board's procedures for preparing and responding to the various threats to school safety. The title now includes "Preparedness" and Response to emphasize the importance of the Board's proactive measures. The Policy and Procedure include provisions for the protection of dignity and well-being of individuals involved as a key consideration in the proactive planning and preparedness of staff.

The Policy and Procedures refer to the Board's obligation to specifically adhere to the Education Act and its regulations, Provincial and Local Police/School Board Protocols, Bill 212 (which amended the Safe Schools provisions of the Education Act) and related legislation and Policy when navigating emergencies. It sets the standard for each Principal/Supervisor to conducting School Emergency Response Team Meetings a minimum of twice per year and conducting the required Emergency Response Drills with their students and staff.

RECOMMENDATION:

THAT the Policy Committee recommends that the Committee of the Whole refers the Emergency Preparedness and Response Policy #400.04 to the Brant Haldimand Norfolk Catholic District School Board for approval.



Emergency Preparedness and Response

#400.04

Adopted:	October 2, 2004
Last Reviewed/Revised:	September 2025
Responsibility:	Health and Safety and School Operations
Next Scheduled Review:	2028-2029

POLICY STATEMENT

The Brant Haldimand Norfolk Catholic District School Board (“the Board”) recognizes the importance of emergency planning and its responsibility to provide immediate care and assistance to students and staff during emergency situations, to mitigate the effects of the emergency, control the situation and resume normal operations as soon as possible. The Board is committed to enacting a measured response to emergencies with the foremost commitment to preserving the life and the safety of all staff, students and volunteers, as well as protecting property, and restoring operations as quickly as possible.

APPLICATION AND SCOPE

This Policy and related Administrative Procedures apply to all employees of the Board and ensure that principals/supervisors, staff and the other staff in the Board are well prepared to can adequately manage emergencies which occur at the school and Board work sites.

Adherence to this policy and administrative procedure ensures that students and staff can respond swiftly and effectively and as a result are kept in safe areas in their buildings or evacuate students and staff to a safe location outside the building in the event of an emergency. The protection of dignity and well-being of individuals involved is a key consideration in the proactive planning and preparedness of staff.

Each school and Board site will adhere to the *Threat to School Safety Board Administrative Procedures* when developing site specific response plans that outline emergency procedures, including responsibilities for staff, students, and other stakeholders for:

- Lockdown
- Evacuation (fire or other reason)
- Bomb Threat
- Hold and Secure
- Shelter in Place

The Emergency Response Policy and Administrative Procedures will be updated annually. The Board of Trustees will be notified of emergency situations in a timely manner. Principals and Site Supervisors will update and maintain their Emergency Response Plans (“Red Binders”) annually and as otherwise required.

Publication is available through the Brant Haldimand Norfolk Catholic District School Board.



Hard copies and accessible formats of the emergency response information and policy is available upon request to the Manager of Communications & Public Relations – contact information available through <https://www1.bhncdsb.ca/>

References

- Emergency Response Plan
- OSBIE - <https://osbie.ca/>
- Brant Haldimand Norfolk Catholic District School Board Website - <https://www1.bhncdsb.ca/>
- Security of Schools, buildings and grounds – 400.06.P
- [Threat to School Safety: Hold and Secure – 400.32.AP](#)
- [Threat to School Safety: Shelter in Place – 400.33.AP](#)
- [Threat to School Safety: Lockdown – 400.34.AP](#)
- [Safety in Teaching Areas – 400.35.AP](#)
- [Threat to School Safety: Bomb Threat – 400.23.AP](#)
- [Threat to School Safety: Evacuation – 400.27.AP](#)
- School Board Police Protocol

FORMS

N/A

APPENDICES

N/A

DEFINITIONS

Emergency – A situation of an extreme nature which requires a response well beyond the scope of regular Board policies and procedures. An emergency would be considered perilous to the well-being of the occupants of the building. It is typically **an unplanned or imminent event of a short duration that affects or threatens the health, safety, or wellbeing of people, property and infrastructure or the business of the Board.**

School or Board Command Centre - Location where School/Board Emergency Command Team will meet in the event of an emergency to coordinate response efforts, e.g., Staff Room, Board Room, Director's Office.

School or Board Response Team - Staff members in a building who will coordinate response efforts, e.g., principal, teachers, custodian, secretary.

School or Board Relocation Site - A location in close proximity to the school or administrative building where staff and students may be evacuated in the event of an emergency which affects the school or administrative location, or A location outside the



general proximity of the school, or administrative building where staff and students may be evacuated in the event of emergency which affects- the area surrounding the school or administrative location.

ADMINISTRATIVE PROCEDURES

1.0 APPLICATION

- 1.1 The Brant Haldimand Catholic District School Board interprets and applies the provisions of the Education Act, including its Regulations, and the Occupational Health and Safety Act in a manner consistent with the Ontario Human Rights Code, as well as other applicable laws and aligned practices.
- 1.2 Staff, students and visitors in Ontario's schools, have the right to learn, work and be present in a safe and secure environment. However, the possibility of a major incident that affects or threatens the health, safety, or wellbeing of people is a reality which cannot be overlooked. Everyone who spends any amount of time in an Ontario school on a regular basis needs to know how to protect themselves and how to protect the students, in the event of a major emergency incident or threat of school violence.

2.0 MINISTRY OF EDUCATION REQUIREMENTS

- 2.1 Publicly funded schools in Ontario must provide and maintain a safe school environment.
- 2.2 Ontario schools must adhere to the Education Act and its regulations, Provincial and Local Police/School Board Protocols, Bill 212 (which amended the Safe Schools provisions of the Education Act) and related legislation and Policy when navigating emergencies.
- 2.3 The Principal/Supervisor is responsible for conducting School Emergency Response Team Meetings a minimum of twice per year.
- 2.4 The Principal/Supervisor is responsible for conducting the required Emergency Response Drills with their students and staff.

3.0 EMERGENCY RESPONSE

- 3.1 School Administration must maintain an Emergency Measures Supply Kit containing:
 - Emergency Response Plan ("Red Binder").
 - Site and floor plans (showing exits, fire extinguishers, shut-off locations, special rooms, etc.).
 - Student and staff lists.
 - Emergency relocation site details.
 - Plans for evacuating individuals with disabilities.
 - Master key and medical plans of care.
 - Additional plans specific to the site

**REPORT TO THE BRANT HALDIMAND NORFOLK CATHOLIC
DISTRICT SCHOOL BOARD POLICY COMMITTEE**

Prepared by: Kevin Greco, Superintendent of Education
Presented to: Policy Committee
Submitted on: September 16, 2025
Submitted by: Mike McDonald, Director of Education & Secretary

**Threat to School Safety: Bomb Threat Administrative Procedure
#400.23**
Public Session

BACKGROUND INFORMATION:

The Brant Haldimand Norfolk Catholic District School Board recognizes the importance of emergency planning and its responsibility to provide immediate care and assistance to students and staff during emergency situations, to mitigate the effects of the emergency, control the situation and resume normal operations as soon as possible.

DEVELOPMENTS:

The Board is committed to taking proactive measures in order to be prepared to efficiently enact a measured response to emergencies with the foremost commitment to preserving the life and safety of all staff, students, and volunteers. This Administrative Procedure has been developed to establish consistency across the Board regarding school response when a Bomb Threat is received.

RECOMMENDATION:

THAT the Policy Committee recommends that the Committee of the Whole refers the Threat to School Safety: Bomb Threat Administrative Procedure #400.23 to the Brant Haldimand Norfolk Catholic District School Board for approval.



Threat to School Safety: Bomb Threat

#400.23

Adopted:	September 2025
Last Reviewed/Revised:	New
Responsibility:	Superintendent of Education
Next Scheduled Review:	2028-2029

PURPOSE:

The Brant Haldimand Norfolk Catholic District School Board (“the Board”) recognizes the importance of emergency planning and its responsibility to provide immediate care and assistance to students and staff during emergency situations, to mitigate the impact of the emergency, control the situation and resume normal operations as soon as possible. The purpose of this administrative procedure is to establish consistency across the Brant Haldimand Norfolk Catholic District School Board regarding school response when a Bomb Threat is received.

APPLICATION AND SCOPE:

The Board is committed to enacting a measured response to emergencies with the foremost commitment to preserving the life and the safety of all staff, students and volunteers, as well as protecting property, and restoring operations as quickly as possible. This administrative procedure applies to all Board staff and sets out their obligation to support the implementation of a Bomb Threat Response. Implementation of the Bomb Threat Response Plan must adhere with the School Board Police Protocol.

REFERENCES:

- Section 265 (l) (j) of the Education Act (Care of Pupils and Property)
- Section 6 of Ontario Regulation 298 (Emergency Procedures)
- Section 11 € of Ontario Regulation 298 (Duties of Principals)
- Board Policy 400.04 – Emergency Response 10/12/04
- Board Emergency Response Manual
- School Emergency Response Manual
- School Board Police Protocol

FORMS:

- N/A

APPENDICES:

- N/A

DEFINITIONS:

- **Bomb Threat Response:** is a coordinated set of emergency protocols designed to protect the safety of students, staff, and visitors in the event of a bomb threat. This includes assessing the credibility of the threat, securing the premises, communicating with



emergency services, and potentially evacuating or locking down the facility.

Administrative Procedures

1.0 Responsibilities

All school staff shall follow this administrative procedure adhering to the specific directions for principals, teachers and support staff and to the School Board Police Protocol.

- 1.1 **Principal/Supervisor** - is responsible for the overall safety of staff and students and for ensuring that all staff and students are aware of the procedures involved in a Bomb Threat response. The principal is also responsible for inviting police, fire, and emergency medical services (EMS) to participate in plan development and for making them aware of planning and drills; for the training of staff and students; and for the overall safety of staff and students.
- 1.2 **Staff** - are responsible for the safety and well-being of students and assisting in a visual search of the building. Each school plan will include the search of unoccupied areas.
- 1.3 **Students** - have a responsibility to be familiar with the plan and to respond quickly to the direction of staff during a bomb threat or explosives incident. Any student with information on or prior knowledge of anyone or anything that may be associated with or result in a bomb threat, the placement of a suspicious package/device, or an explosives incident must come forward with that information as soon as possible.
- 1.4 **Police** - are responsible for supporting schools in terms of the safety of students and staff.
- 1.5 **Emergency Medical Services (EMS)** - will provide urgent medical care in the event of an incident.
- 1.6 **Fire Department** - can be present during bomb threat incidents in the event that fire suppression operations are needed and will provide fire suppression and rescue operations in explosives incidents.
- 1.7 **Parents/Guardians** - are responsible for reinforcing their children's responsibility to follow directions during a crisis situation at school.

2.0 Mandatory Requirements

- 2.1 All publicly funded school boards in Ontario must establish a Bomb Threat Response Policy to ensure the development and implementation of individual school plans.
- 2.2 Each board must ensure that its staff, students, and other partners are aware of their obligations/responsibilities within the individual school plans.

3.0 School Plans

- 3.1 In developing their plans, schools should:
 - 3.1.1 determine likely locations in and around the school for the placement of suspicious packages/devices;
 - 3.1.2 provide controlled access to critical areas of all facilities (e.g., the main office, electrical rooms, mechanical rooms);
 - 3.1.3 consider the possibility of a Bomb Threat when implementing the use of electronic surveillance;
 - 3.1.4 address ways to ensure that emergency exits are kept clear from obstruction;
 - 3.1.5 provide for the regular inspection of first aid and emergency equipment;
 - 3.1.6 assess whether interior/exterior and auxiliary lighting is adequate; and,
 - 3.1.7 develop a reception/inspection procedure for all incoming packages.



4.0 Responding to a Bomb Threat

- 4.1 The principal will gather and refer to the Emergency Measures Supply Kit.
- 4.2 Bomb threats are always taken seriously. The respondent must remain calm, gather as much information as possible and treat the threat as genuine until established otherwise.
- 4.3 Notify the school administrator(s) immediately who will call the Police, Superintendent and Communications Services.
- 4.4 Bomb threats to schools could be received in different ways, most commonly telephone or online. Office staff are trained in how to support the response to a Bomb Threat.
- 4.5 The decision to evacuate lies with the principal in consultation with the Superintendent and Police based on the information collected.
- 4.6 Ensure that all outside doors are locked
- 4.7 The principal will call for an immediate visual search to be conducted by staff in the building
- 4.8 Staff conduct a visual search of immediate, familiar work areas. Each school plan will include the search of unoccupied areas.
- 4.9 Staff will report back to the principal as soon as possible
- 4.10 A Bomb Threat Response Guide must be accessible near the telephones in the office.
- 4.11 The respondent must gather as much information as possible from a telephone caller uttering a bomb threat. Listen carefully, be calm and courteous and do not interrupt the caller.

5.0 Receiving the Information

- 5.1 The responding staff member should take note of the following:
 - if the caller sounds familiar and male or female;
 - the approximate age of the caller;
 - anything distinct about the caller's voice or unique speech characteristics;
 - identifiable background noises;
 - the condition or emotional state of the caller (e.g., whether the caller seems to be intoxicated, excited, or angry).
- 5.2 **If possible, write down:**
 - 5.2.1 the time and date of the call;
 - 5.2.2 the phone number of the caller if displayed;
 - 5.2.3 the exact wording of the threat;
 - 5.2.4 the phone number or line on which the call was received;
 - 5.2.5 the caller's number, if shown on call display;
 - 5.2.6 the exact location of the explosive device and the time of detonation, if that information is revealed by the caller;
 - 5.2.7 the type of explosive device and what it looks like (e.g., pipe bomb, truck bomb), if that information is revealed by the caller;
 - 5.2.8 the caller's name, if that information is revealed by the caller; and,
 - 5.2.9 the time when the caller hangs up.
- 5.3 **Attempt to ask the following questions:**
 - Who is this?
 - Was it you who placed the bomb?
 - When is the bomb going to explode?
 - Where is the bomb right now?
 - What does the bomb look like?
 - What kind of bomb is it?
 - What will cause the bomb to explode?



6.0 Visual Search

- 6.1 Staff will conduct a visual search of their designated area.
- 6.2 Plans will also identify and prioritize unoccupied areas to be visually inspected, the building exterior and parking lots, entrances, cafeterias, auditoriums, hallways, stairways and elevators, washrooms, service and mechanical rooms and spaces.
- 6.3 Staff should look for:
 - 6.3.1 something that looks out of place or should not be there;
 - 6.3.2 signs of forced entry;
 - 6.3.3 an object like the description in bomb threat;
 - 6.3.4 suspicious objects or packaging;
 - 6.3.5 objects with the presence of tape, wire or explosive wrappings;
 - 6.3.6 any signs of tampering with electrical installations;
- 6.4 **If a Suspicious Object is not found the principal/supervisor will:**
 - 6.4.1 Consult with Police and the Superintendent
 - 6.4.2 Communicate an all-clear to employees and that no further action is required
 - 6.4.3 Update Communication Services
- 6.5 **If a Suspicious Object is found the staff member will:**
 - 6.5.1 Notify the principal.
 - 6.5.2 Ensure that no one approaches a suspicious object or disturbs it in any way.
 - 6.5.3 Clear everyone from the immediate area.
 - 6.5.4 The Principal will:
 - Consult with Police and Superintendent.
 - Assist in clearing surrounding areas (including floors above and below).
 - Advise employees not to use cell phones, pagers or 2-way radios.
 - Follow evacuation procedures (OPS 400.27), rerouting where necessary to avoid the area(s) where suspicious object(s) have been located.
 - Students and school personnel will only return to the school building on the direction of the principal after consultation with the Police.

7.0 Communication During a Bomb Threat

- 7.1 The use of proper terminology regarding school emergency procedures is very important. All school emergency plans will clearly explain how to respond to a Bomb Threat and the terminology used.
- 7.2 The principal/supervisor will communicate with all occupants, tenants and visitors (permit holders, daycare centres etc.).
- 7.3 The main office will ensure that both a telephone line and a cell phone connection are kept open for incoming communication from Police, Board personnel etc.

8.0 Floor Plans

- 8.1 Accurate, up-to-date floor plans are a key component of bomb threat and explosives incident response plans.
- 8.2 Floor plans should be posted throughout the school, at least in every classroom and at every entry point to the school.
- 8.3 Floor plans should clearly identify entrances and exits as well as routes that staff and students are to take during an evacuation.
- 8.4 Command post locations and off-site evacuation locations should not be identified on posted or publicly circulated copies of the floor plans.



- 8.5 Floor plans should be available to all emergency service responders who may be involved in a search of the premises when they arrive on the scene. Police should be provided with both hard copies and electronic copies of floor plans.

9.0 School Bus Considerations

- 9.1 Notify the Brant Haldimand Norfolk's Catholic District School Board's Transportation Services that the school has received a bomb threat. The Transportation Department will provide direction.

9.2 School Bus Arrivals

If buses are arriving at the school with students:

- Redirect to an alternate drop-off site.
- Use bus lists to record the names of students who have been relocated.
- If necessary, notify parents/caregivers to collect students at the alternate site.

9.3 School Bus Departures

If students can be safely dismissed from the school.

- Have staff escort students to buses using the most secure exit.
- Use bus lists to record the names of students who are placed on buses.
- Have staff remain on site until all students have departed by bus or have been collected by parents.

If students cannot be safely dismissed from the school:

- Retain students pending instructions from Police and Emergency Services, Superintendent, Manager of Communications and Student Transportation Services.

9.4 School Buses in Transit

If a school bus approaches a designated drop-off site where:

- a. Emergency Services are restricting access, **or**
- b. Transportation Dispatch has advised of an emergency situation, the driver will follow established Brant Haldimand Norfolk Catholic District School Board's Student Transportation protocols.

10.0 Follow-Up

- 10.1 In consultation with the Manager of Communications and Community Relations:

- Update the school answering system message.
- Prepare a scripted response to be given to callers.
- Amend auto-attend message if needed.
- Prepare a letter for the school community to communicate the details of the incident and response.

- 10.2 Debrief the incident and response with staff.

- 10.3 Debrief the incident and response with students as needed

11.0 Communication with Parents/Guardians/Community

11.1 General

- 11.1.1 School Principals will communicate general information regarding school emergency measures.



11.1.2 Schools will provide regular emergency procedure reminders for parents including the emergency off-site location for staff and students should the need arise to relocate students in an emergency.

11.1.3 Parents are encouraged to ensure their contact information at the school is up to date so they can easily be reached by staff in the event of an emergency.

11.2 During a Bomb Threat Situation

11.2.1 Depending upon the circumstances, it is not always possible to provide instant public notification during an emergency at a school. While all efforts will be made to provide timely information regarding any ongoing emergency to parents/guardians, the primary concern of the school board in such instances is to ensure the safety and security of students, staff and property.

11.2.2 Parents and guardians must not contact their children in the school via cell phone.

11.2.3 Communication Services will facilitate all communication, in consultation with Police Services.

11.2.4 Regular updates will be provided if the situation is prolonged.

11.2.5 The Board and/or school will send home communication regarding the incident at the earliest possible opportunity.

11.2.6 Police Services may determine that a parent, guardian or caregiver staging area needs to be established where parents, guardians or caregivers can go to learn the most up-to-date information about the situation at the school. This site will be an area away from the immediate emergency threat.

**REPORT TO THE BRANT HALDIMAND NORFOLK CATHOLIC
DISTRICT SCHOOL BOARD POLICY COMMITTEE**

Prepared by: Kevin Greco, Superintendent of Education
Presented to: Policy Committee
Submitted on: September 16, 2025
Submitted by: Mike McDonald, Director of Education & Secretary

**Threat To School Safety: Evacuation Administrative Procedure
#400.27**
Public Session

BACKGROUND INFORMATION:

The Brant Haldimand Norfolk Catholic District School Board recognizes the importance of emergency planning and its responsibility to provide immediate care and assistance to students and staff during emergency situations, to mitigate the effects of the emergency, control the situation and resume normal operations as soon as possible.

DEVELOPMENTS:

The Board is committed to enacting a measured response to emergencies with the foremost commitment to preserving the life and safety of all staff, students, and volunteers. This Administrative Procedure has been developed to establish consistency across the Board regarding school response to support the implementation of an Evacuation.

RECOMMENDATION:

THAT the Policy Committee recommends that the Committee of the Whole refers the Threat to School Safety: Evacuation Administrative Procedure #400.27 to the Brant Haldimand Norfolk Catholic District School Board for approval.



Threat to School Safety: Evacuation

#400.27

Adopted:	September 23, 2025
Last Reviewed/Revised:	New
Responsibility:	Superintendent of Education
Next Scheduled Review:	2028-2029

PURPOSE:

The Brant Haldimand Norfolk Catholic District School Board (“the Board”) recognizes the importance of emergency planning and its responsibility to provide immediate care and assistance to students and staff during emergency situations, to mitigate the impact of the emergency, control the situation and resume normal operations as soon as possible. The purpose of this administrative procedure is to establish consistency across the Brant Haldimand Norfolk Catholic District School Board regarding a site evacuation.

APPLICATION AND SCOPE:

The Board is committed to enacting a measured response to emergencies with the foremost commitment to preserving the life and the safety of all staff, students, and volunteers, as well as protecting property, and restoring operations as quickly as possible. This administrative procedure applies to all Board staff and sets out their obligation to support the implementation of an Evacuation

REFERENCES:

- Section 265 (l) (j) of the Education Act (Care of Pupils and Property)
- Section 6 of Ontario Regulation 298 (Emergency Procedures)
- Section 11 € of Ontario Regulation 298 (Duties of Principals)
- Board Policy 400.04 – Emergency Response 10/12/04
- Board Emergency Response Manual
- School Emergency Response Manual
- School Board Police Protocol

FORMS:

- N/A

APPENDICES:

- N/A

DEFINITIONS:

- **Evacuation:** refers to the organized and immediate removal of students, staff, and visitors from school buildings to a designated safe area in response to a fire alarm or other emergencies. The goal is to ensure maximum safety and rapid clearance of the premises, minimizing the risk of injury or loss of life.



Administrative Procedures

1.0 Responsibilities

All school staff shall follow this administrative procedure adhering to the specific directions for principals, teachers and support staff.

- 1.1 **Principal/Supervisor** - is responsible for the overall safety of staff and students and for ensuring that all staff and students are aware of the evacuation procedures. The principal is also responsible for inviting Police, fire, and emergency medical services (EMS) to participate in plan development and making them aware of planning and drills. The principal ensures the training of staff and students.
- 1.2 **Staff** - are responsible for the safety and well-being of students and for assisting in the training of students.
- 1.3 **Students** - have a responsibility to be familiar with the school's evacuation plan and to respond quickly to the direction of staff an evacuation.
- 1.4 **Police** - are responsible for supporting the schools in terms of the safety of students and staff.
- 1.5 **Emergency Medical Services (EMS)** - will provide urgent medical care in the event of an incident.
- 1.6 **Fire Department** - can provide fire suppression operations and rescue operations.
- 1.7 **Parents/Guardians** - are responsible for reinforcing their children's responsibility to follow directions during a crisis situation at school.

2.0 Mandatory Requirements

- 2.1 All publicly funded school boards in Ontario must establish an evacuation policy to ensure the development and implementation of individual school plans.
- 2.2 Each board must ensure that its staff, students, and other partners are aware of their obligations/responsibilities within the individual school plans.
- 2.3 Fire evacuation drills are to be conducted six times per school year.

3.0 School Plans

- 3.1 Principals/supervisors must maintain updated Fire Safety Plans that are stored at the school in the Fire Safety Box and centrally on the Board's Online Platform.
- 3.2 Fire Safety Plans must be accessible to the Police and other first responders.
- 3.3 Evacuation plan will include specific accommodations and plans for identified staff and students who require additional support evacuating.
- 3.4 **Floor Plans**
 - 3.4.1 Accurate, up-to-date floor plans are a key component of efficient evacuations.
 - 3.4.2 Floor plans should be posted throughout the school, at least in every classroom and at every entry point to the school.
 - 3.4.3 Floor plans clearly identify entrances and exits as well as routes that staff and students are to take during an evacuation.
 - 3.4.4 Command post locations and off-site evacuation locations should not be identified on posted or publicly circulated copies of the floor plans.



- 3.4.5 Floor plans should be available to all emergency service responders when they arrive on the scene.

4.0 Evacuation

- 4.1 The evacuation process typically begins with the activation of the fire alarm system (manually or automatically via smoke detectors or sprinkler systems).
- 4.2 In some cases, it may be triggered by staff making an announcement over the public address system.
- 4.3 The principal will gather and refer to the Emergency Measures Supply Kit.
- 4.4 Staff will ensure students and all occupants leave the building quickly, safely, and calmly using predetermined evacuation routes and exit doors.
- 4.5 Teachers and support staff will check nearby washrooms, offices, changerooms and other spaces and gather and assist students in those areas in evacuating.
- 4.6 Unless the evacuation is due to a Bomb threat, occupants must not stop and gather belongings.
- 4.7 Occupants will not use elevators.
- 4.8 Staff will close but not lock doors once rooms are cleared.
- 4.9 Designated staff roles (e.g., sweepers, fire marshals) are activated to assist.
- 4.10 Teachers bring class attendance lists and lead students to the designated muster point or safe zone outside.
- 4.11 Once at the safe location, roll call is taken to ensure all individuals are accounted for and attendance is submitted to the principal. Any missing persons are reported immediately to emergency services.
- 4.12 Staff and students will follow the direction of the Fire department and other first responders.
- 4.13 Occupants do not re-enter the building until it has been deemed safe by fire or other officials and communicated by the principal.

5.0 Communication During an Evacuation

- 5.1 The principal/supervisor will communicate with all occupants, tenants, and visitors (permit holders, daycare centres etc.).

6.0 School Bus Considerations

- 6.1 Notify the Brant Haldimand Norfolk's Catholic District School Board's Transportation Services that the school has been evacuated. The Transportation Department in consultation with Police and Emergency Services will provide direction depending on the specific circumstance.

7.0 Follow-Up

- 7.1 In consultation with Communications Services the school may:
 - Update the school answering system message.
 - Prepare a scripted response to be given to callers.
 - Amend auto-attend message.
 - Prepare a letter for the school community to communicate the details of the incident and response.
- 7.2 Debrief the incident and response with staff and students as needed.



8.0 Communication with Parents/Guardians/Community

8.1 General

- 8.1.1 School Principals will communicate general information regarding school emergency measures.
- 8.1.2 Schools will provide regular emergency procedure reminders for parents including the emergency off-site location for staff and students should the need arise to relocate students in an emergency.
- 8.1.3 Parents are encouraged to ensure their contact information at the school is up to date so they can easily be reached by staff in the event of an emergency.

8.2 During an Evacuation

- 8.2.1 Depending upon the circumstances, it is not always possible to provide instant public notification during an emergency at a school. While all efforts will be made to provide timely information regarding any ongoing emergency to parents/guardians, the primary concern of the school board in such instances is to ensure the safety and security of students, staff and property.
- 8.2.2 Parents and guardians must not contact their children in the school via cell phone.
- 8.2.3 Communication Services will facilitate all communication, in consultation with Police Services.
- 8.2.4 Regular updates will be provided if the situation is prolonged.
- 8.2.5 The Board and/or school will send home communication regarding the incident at the earliest possible opportunity.
- 8.2.6 Police Services may determine that a parent, guardian or caregiver staging area needs to be established where parents, guardians or caregivers can go to learn the most up-to-date information about the situation at the school. This site will be an area away from the immediate emergency threat.

REPORT TO THE BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD POLICY COMMITTEE

Prepared by: Kevin Greco, Superintendent of Education
Presented to: Policy Committee
Submitted on: September 16, 2025
Submitted by: Mike McDonald, Director of Education & Secretary

Threat to School Safety: Hold and Secure Administrative Procedure #400.32 Public Session

BACKGROUND INFORMATION:

The Brant Haldimand Norfolk Catholic District School Board recognizes the importance of emergency planning and its responsibility to provide immediate care and assistance to students and staff during emergency situations. The purpose of this administrative procedure is to establish consistency across the Brant Haldimand Norfolk Catholic District School Board regarding school response when a Hold and Secure is initiated.

DEVELOPMENTS:

This Administrative Procedure has been developed to establish consistency across the Board regarding school response when a Hold and Secure is initiated. This administrative procedure outlines safety procedures to be implemented to ensure student and staff safety.

The revisions include more detailed and updated information regarding communication with Parents/Guardians/Community. It also provides precise terminology preprogrammed into Emergency Broadcast System that is used in every school in the district to initiate a hold & secure procedure.

RECOMMENDATION:

THAT the Policy Committee recommends that the Committee of the Whole refers the Threat to School Safety: Hold and Secure Administrative Procedure #400.32 to the Brant Haldimand Norfolk Catholic District School Board for approval.



Threat to School Safety: Hold and Secure #400.32

Adopted:	July 2012
Last Reviewed/Revised:	September 2025
Responsibility:	Superintendent of Education
Next Scheduled Review:	2028-2029

PURPOSE:

The Brant Haldimand Norfolk Catholic District School Board (“the Board”) recognizes the importance of emergency planning and its responsibility to provide immediate care and assistance to students and staff during emergency situations, to mitigate the impact of the emergency, control the situation and resume normal operations as soon as possible. The purpose of this administrative procedure is to establish consistency across the Brant Haldimand Norfolk Catholic District School Board regarding school response **when a Hold and Secure is initiated.**

APPLICATION AND SCOPE:

The Board is committed to enacting a measured response to emergencies with the foremost commitment to preserving the life and the safety of all staff, students and volunteers, as well as protecting property, and restoring operations as quickly as possible. **This administrative procedure applies to all Board staff and sets out their obligation to support the implementation of Hold and Secure procedures.**

REFERENCES:

- Section 265 (l) (j) of the Education Act (Care of Pupils and Property)
- Section 6 of Ontario Regulation 298 (Emergency Procedures)
- Section 11 € of Ontario Regulation 298 (Duties of Principals)
- Board Policy 400.04 – Emergency Response 10/12/04
- Board Emergency Response Manual
- School Emergency Response Manual
- Ontario Ministry of Education: “Guidelines for developing and Maintaining Lockdown Procedures for Elementary and Secondary Schools in Ontario” – June 25, 2009

FORMS:

- N/A

APPENDICES:

- N/A



DEFINITIONS:

Hold and Secure: is a safety procedure used when there is an external threat near the school, but no direct threat inside the building. It is a preventive measure to ensure student and staff safety while allowing the school day to continue with minimal disruption. Hold and Secure is typically activated in coordination with local police services when:

- There is criminal or police activity in the surrounding neighborhood.
- A dangerous person or situation is identified near, but not on school property.
- A community emergency such as a nearby bank robbery, or search for a suspect is underway.

Administrative Procedures

1.0 Responsibilities

All school staff shall follow this administrative procedure adhering to the specific directions for principals, teachers and support staff.

- 1.1 **Principal/Supervisor** - is responsible for the overall safety of staff and students and for ensuring that all staff and students are aware of the procedures involved in a “Hold and Secure” response. The principal/supervisor will ensure one Hold and Secure drill is conducted each year.
- 1.2 **Staff** - are responsible for the safety and well-being of students and will understand and efficiently implement all parts of the “Hold and Secure” procedures.
- 1.3 **Students** - have a responsibility to be familiar with the “Hold and Secure” procedures and to respond quickly to the staff during a crisis.
- 1.4 **Police** - are responsible for supporting the schools in terms of the safety of students and staff. In most circumstances it is Police Services who notify the Board and/or school when schools must go into a Hold and Secure.
- 1.5 **Parents/Guardians** - are responsible for reinforcing their children’s responsibility to follow directions during a crisis situation at school.

2.0 Mandatory Requirements

- 2.1 All publicly funded school boards in Ontario must establish Procedures to ensure the development and implementation of comprehensive individual school Hold and Secure Measures and emergency response plans.
- 2.2 A minimum of one Hold and Secure Drill should be performed each school year.

3.0 Initiating a Hold and Secure

- 3.1 The Hold and Secure response is designed to secure the building from outside entry while continuing indoor school operations as normally as possible.
- 3.2 Typically, a Hold and Secure is initiated by local Police Services. Police Services determine and notify the school when it can come out of Hold and Secure.
- 3.3 Hold and Secure is used to secure the school due to an ongoing situation outside and not related to the school that requires all people to remain in the building.
- 3.4 The school continues to function normally, with the exterior doors locked until the situation is resolved.
- 3.5 All movement in and out of the school is restricted. No one is allowed to leave or enter the building during a Hold and Secure.
- 3.6 The principal/supervisor will immediately notify the Superintendent and Communication



Services.

3.7 The principal will gather and use the Emergency Measures Supply Kit.

4.0 Communication During a Hold and Secure

- 4.1 The use of proper terminology regarding school emergency procedures is very important. **All schools have been outfitted with an Emergency Broadcast System that is used to inform the school when a Hold and Secure is initiated.**
- 4.2 All school emergency plans will clearly explain when and why the term Hold and Secure will be used.
- 4.3 The announcement to initiate the procedure will be made in plain, clear language. Secret codes or passwords to announce a hold and secure-will not be used. The following is the terminology **preprogrammed into Emergency Broadcast System** is used in every school in the district:
"Attention all occupants, this facility is in a hold & secure situation, all staff begin hold & secure protocols now"
- 4.4 **The all-clear message to end the Hold and Secure is performed through the PA by school administration.**
- 4.5 The principal/supervisor will Inform all occupants, tenants and visitors (permit holders, daycare centres, etc.) that a Hold and Secure response has been initiated.
- 4.6 The main office will ensure that both a telephone line and a cell phone connection are kept open for incoming communication from Police, Board personnel etc.

5.0 Securing Persons

- 5.1 **Students/staff will remain in their classrooms and designated areas.**
- 5.2 **The exterior doors are locked until the situation is resolved.**
- 5.3 **Designated** staff will monitor exterior doors and potential entry of staff/students and to prohibit anyone from leaving.
- 5.4 **All movement in and out of the school is restricted. No one (including staff and students) is allowed to leave or enter the building during the Hold and Secure.**
- 5.5 **In some cases,** staff and students are directed to move as far as possible from doors and windows.
- 5.6 Students and staff outside the school building and portables must proceed indoors promptly. Students and staff who are some distance from school buildings may need to assemble at the school's emergency evacuation location, pending further instruction.
- 5.7 Hold and Secure signs are posted on exterior doors.
- 5.8 Windows and window coverings ~~should~~ **will** be closed.
- 5.9 Lights may be left on unless otherwise advised.
- 5.10 Attendance ~~should~~ **will** be taken in each room (including all classrooms, cafeterias, gyms, hallways, libraries, offices, etc.) noting those who are absent or unaccounted for. This information will be reported if requested.
- 5.11 Depending on the specific situation, most inside school activities can continue during a Hold and Secure response. **In some cases, no movement outside of classrooms and portable classrooms will be allowed.**



- 5.12 Adults should remain calm and reassure students that the situation is under control. Students should be aware that the Hold and Secure response may be in effect for an extensive period of time.
- 5.13 No calls for information should be made to the office. Updates will be provided.
- 5.14 Contact the Brant Haldimand Norfolk Catholic District School Board's Student Transportation Services at 519-751-7532 to advise of the Hold and Secure response.
- 5.15 Prepare a message for the school answering system indicating that a Hold and Secure response is in effect at the school.

6.0 Hold And Secure Response School Bus Considerations

- 6.1 **A hold and secure may happen during or near transit times. In such cases,** the principal will notify the Brant Haldimand Norfolk's Catholic District School Board's Transportation Services that a Hold and Secure response has been initiated at your school. The Transportation Department will provide direction.

6.2 School Bus Arrivals

If buses are arriving at the school with students:

- Redirect to an alternate drop-off site.
- Use bus lists to record the names of students who have been relocated.
- If necessary, notify parents/caregivers to collect students at the alternate site.

6.3 School Bus Departures

If students can be safely dismissed from the school.

- Have staff escort students to buses using the most secure exit.
- Use bus lists to record the names of students who are placed on buses.
- Have staff remain on site until all students have departed by bus or have been collected by parents.

If students cannot be safely dismissed from the school:

- Retain students pending instructions from Police and Emergency Services, Superintendent, Manager of Communications and Student Transportation Services.

6.4 School Buses in Transit

If a school bus approaches a designated drop-off site where:

- a. Emergency Services are restricting access, **or**
- b. Transportation Dispatch has advised of an emergency situation, the driver will follow established Brant Haldimand Norfolk Catholic District School Board's Student Transportation protocols.

7.0 Ending a Hold And Secure

- 7.1 When the principal receives information from Police or Emergency Services that the Hold and Secure response may be lifted (i.e. the danger has passed), the principal will:
- 7.2 If the principal has invoked the Hold and Secure response independent of Police or Emergency Services, it is the responsibility of the principal to consult with the local Police to ensure that the danger has passed.
- 7.3 ~~Ring emergency bell.~~ Make a P.A. announcement stating: *"The Hold and Secure response has been lifted"*.
- 7.4 Unlock doors/windows and resume normal routines.
- 7.5 Communicate specific instructions as required (e.g. revised bus schedules, dismissal



procedures, etc.)

8.0 Follow-Up

8.1 In consultation with **Communication Services**:

- Update the school answering system message.
- Prepare a scripted response to be given to callers.
- Amend auto-attend message if needed.
- Prepare a letter for the school community to communicate the details of the incident and response.

8.2 Debrief the incident and response with staff.

8.3 Debrief the incident and response with students as needed

9.0 Communication with Parents/Guardians/Community

9.1 General

9.1.1 School Principals will communicate general information regarding school emergency measures.

9.1.2 Schools will provide regular emergency procedure reminders for parents including the emergency off-site location for staff and students should the need arise to relocate students in an emergency.

9.1.3 Parents are encouraged to ensure their contact information at the school is up to date so they can easily be reached by staff in the event of an emergency.

9.2 During a Hold and Secure

9.2.1 Depending upon the circumstances, it is not always possible to provide instant public notification of a Hold & Secure or other emergency situations at a school. While all efforts will be made to provide timely information regarding any ongoing emergency to parents/guardians (including using social media), the primary concern of the school board in such instances is to ensure the safety and security of students, staff and property.

9.2.2 Parents and guardians must not contact their children in the school via cell phone.

9.2.3 Communication Services will facilitate all communication during lockdowns, hold and secure, and shelter in place situations, in consultation with Police Services.

9.2.4 Communication Services will provide assistance with all messaging and information.

9.2.5 Regular updates will be provided if a hold and secure school situation is prolonged.

9.2.6 The Board and/or school will send home communication regarding the incident at the earliest possible opportunity.

9.2.7 In extreme cases, Police Services may determine that a parent, guardian or caregiver staging area needs to be established where parents, guardians or caregivers can go to learn the most up-to-date information about the situation at the school.

REPORT TO THE BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD POLICY COMMITTEE

Prepared by: Kevin Greco, Superintendent of Education
Presented to: Policy Committee
Submitted on: September 16, 2025
Submitted by: Mike McDonald, Director of Education & Secretary

Threat to School Safety: Shelter in Place Administrative Procedure #400.33 Public Session

BACKGROUND INFORMATION:

The Brant Haldimand Norfolk Catholic District School Board recognizes the importance of emergency planning and its responsibility to provide immediate care and assistance to students and staff during emergency situations. The purpose of this administrative procedure is to establish consistency across the Brant Haldimand Norfolk Catholic District School Board regarding school response when a Shelter in Place is initiated.

DEVELOPMENTS:

This Administrative Procedure has been developed to establish consistency across the Board regarding school response when a Shelter in Place is initiated. This administrative procedure outlines safety procedures to be implemented to ensure student and staff safety.

The revision includes more detailed and updated information regarding communication with parents/guardians/community. It also provides precise terminology preprogrammed into Emergency Broadcast System that is used in every school in the district to initiate a shelter in place procedure.

RECOMMENDATION:

THAT the Policy Committee recommends that the Committee of the Whole refers the Threat to School Safety: Shelter in Place Administrative Procedure #400.33 to the Brant Haldimand Norfolk Catholic District School Board for approval.



Threat to School Safety: “Shelter in Place”

#400.33

Adopted:	July 2012
Last Reviewed/Revised:	September 2025
Responsibility:	Superintendent of Education
Next Scheduled Review:	2028-2029

PURPOSE:

The Brant Haldimand Norfolk Catholic District School Board (“the Board”) recognizes the importance of emergency planning and its responsibility to provide immediate care and assistance to students and staff during emergency situations, to mitigate the impact of the emergency, control the situation and resume normal operations as soon as possible. The purpose of this administrative procedure is to establish consistency across the Brant Haldimand Norfolk Catholic District School Board regarding school response **when a “Shelter in Place” is initiated.** ~~to emergency situations specifically, Lockdown.~~

APPLICATION AND SCOPE:

The Board is committed to enacting a measured response to emergencies with the foremost commitment to preserving the life and the safety of all staff, students and volunteers, as well as protecting property, and restoring operations as quickly as possible. **This administrative procedure applies to all Board staff and sets out their obligation to support the implementation of “Shelter in Place” procedures.**

REFERENCES:

- Section 265 (l) (j) of the Education Act (Care of Pupils and Property)
- Section 6 of Ontario Regulation 298 (Emergency Procedures)
- Section 11 (E) of Ontario Regulation 298 (Duties of Principals)
- Board Policy 400.04 – Emergency Response 10/12/04
- Board Emergency Response Manual
- School Emergency Response Manual
- Ontario Ministry of Education: “Guidelines for Developing and Maintaining Lockdown Procedures for Elementary and Secondary Schools in Ontario” – June 25, 2009

FORMS:

- N/A

APPENDICES:

- N/A



DEFINITIONS:

Shelter-in-Place: is a safety procedure implemented in schools during certain emergency situations when it is safer for students and staff to remain indoors rather than evacuating the building. This procedure is typically initiated in response to an external threat such as:

- environmental hazards
- extreme weather conditions
- local threats that do not immediately involve intruders or acts of violence
- chemical spill or gas leak in the neighbourhood.

These incidents require prudent action but do not require the implementation of Hold and Secure or Lockdown Procedures.

Administrative Procedures

1.0 Responsibilities

All school staff shall follow this administrative procedure adhering to the specific direction for principals/vice-principals, teachers and support staff.

- 1.1 **Principal** - is responsible for the overall safety of staff and students and for ensuring that all staff and students are aware of the procedures involved in a "Shelter in Place" response. The principal/supervisor will ensure one "Shelter in Place" drill is conducted each year.
- 1.2 **Staff** - are responsible for the safety and well-being of students and will understand and efficiently implement all parts of the "Shelter in Place" procedures.
- 1.3 **Students** - have a responsibility to be familiar with the "Shelter in Place" procedures and to respond quickly to the staff during a crisis situation.
- 1.4 **Police** - are responsible for supporting the safety of students and staff in schools.
- 1.5 **Parents/Guardians** - are responsible for reinforcing with their children their responsibility to follow directions during a crisis at school.

2.0 Mandatory Requirements

- 2.1 All publicly funded school boards in Ontario must establish a Policy to ensure the development and implementation of comprehensive individual school emergency response plans. This includes the mandate that school plans have procedures for "Shelter in Place".
- 2.2 A minimum of one "Shelter in Place" Drill should be performed each school year.

3.0 Initiating a "Shelter in Place"

- 3.1 A "Shelter in Place" response is initiated in heightened risk situations (i.e., external environmental threat).
- 3.2 In most instances, the school will be contacted by the police and/or other agencies, such as fire services, having jurisdiction over the incident. They are responsible for managing the crisis and will determine if a "Shelter in Place" response is required.
- 3.3 In the event the school receives information of a serious nature from other sources, the principal should call the Police to determine whether the school falls within the parameters of the "Shelter in Place" response.



- 3.4 The principal will call 911 when necessary. Typically, this will not be necessary, as the “Shelter in Place” response is most often initiated by Police/Emergency Services.
- 3.5 Ensure both a telephone line and a cell phone line connection are kept open for incoming communication from Police, Board personnel.
- 3.6 Contact your Superintendent and Communications Services.
- 3.7 The principal will gather and use the Emergency Measures Supply Kit.

4.0 Communication During a “Shelter in Place”

- 4.1 The use of proper terminology regarding school emergency procedures is very important. All schools have been outfitted with an Emergency Broadcast System that is used to inform the school when a “Shelter in Place” is initiated.
- 4.2 All school emergency plans will clearly explain when and why the term “Shelter in Place” will be used.
- 4.3 The announcement to initiate the procedure will be made in plain, clear language. Secret codes or passwords to announce a lockdown will not be used. The following is the terminology preprogrammed into the Emergency Broadcast System and is used in every school in the district:
“Attention all occupants, this facility is in a “Shelter in Place” situation, all staff begin “Shelter in Place” protocols now”
- 4.4 The all-clear message to end the “Shelter in Place” is performed through the PA by school administration.
- 4.5 Communication must be done in a way to inform all occupants, including staff, students, contractors, visitors (tenants, permit holders, daycare centres, etc.) that a “Shelter in Place” response has been initiated.
- 4.6 The principal will contact the Superintendent and Communication Services.

5.0 Securing Persons

- 5.1 All students/staff outside of school buildings and portables should proceed indoors promptly.
- 5.2 Normal operations may continue inside the school, however all outdoor activities are cancelled.
- 5.3 “Shelter in Place” signs are posted on exterior doors.
- 5.4 Window and window coverings are closed.
- 5.5 Exterior doors should be secured and monitored by staff to permit entry of people and to prohibit anyone from leaving.
- 5.6 Ensure that air exchange systems (fans, exhausts, and air conditioners, etc.) are turned off when applicable.
- 5.7 In specific extreme cases, staff and students may need to be moved to the interior of the building away from perimeter walls, doors and windows.
- 5.8 Attendance should be taken in each room (including all classrooms, cafeterias, gyms, hallways, libraries, offices, etc.) noting those who are absent or unaccounted for.
- 5.9 Non-teaching staff should report to a previously designated location (Main office, Library, etc.)
- 5.10 Adults should remain calm and reassure students that the situation is under control. Students should be aware that “Shelter in Place” response may be in effect for an extensive period of time.
- 5.11 Cell phones and electronic devices should be turned off.



- 5.12 No calls for information should be made to the office. Updates will be provided.
- 5.13 Contact the Brant Haldimand Norfolk Catholic District School Board's Student Transportation Services to advise if "Shelter in Place" response may pose delays or other complications.
- 5.14 Prepare a message for the school answering system indicating that a "Shelter in Place" response is in effect at the school.

6.0 School Bus Considerations

- 6.1 Notify the Brant Haldimand Norfolk Catholic District School Board's Student Transportation Services that a "Shelter in Place" response has been initiated at your school. Student Transportation Services will provide direction.
- 6.2 If buses are arriving with students at the school:
 - 6.2.1 Designate the safest access to the building (i.e., entry furthest from the danger, as the drop off point).
 - 6.2.2 Have staff escort students from the bus to the school/portables.
- 6.3 If buses are redirected to an alternate drop-off site:
 - 6.3.1 Use bus lists to record the names of students who have been relocated.
 - 6.3.2 Notify parents/caregivers to collect students at the alternate site.
- 6.4 If students can be safely dismissed from the school:
 - 6.4.1 Have staff escort students to buses using the exit furthest from danger.
 - 6.4.2 Use bus lists to record the names of students who are placed on buses.
 - 6.4.3 Have staff remain on site until all students have departed by bus or have been collected by parents.
- 6.5 If students cannot be safely dismissed from the school:
 - 6.5.1 Retain students pending instructions from Police and Emergency Services, Superintendent, Manager of Communications and Community Relations, and Student Transportation Services.
- 6.6 School Buses in Transit
 - 6.6.1 If a school bus approaches a designated drop-off site where Emergency Services are restricting access, or Student Transportation Services Dispatcher has advised of an emergency situation, the driver will follow established Brant Haldimand Norfolk Catholic District School Board's Student Transportation protocols.

7.0 Lifting The "Shelter in Place" Response

- 7.1 When the Principal receives information from Police or other Emergency Services that the "Shelter in Place" response may be lifted (i.e. the danger has passed), the principal will:
 - 7.1.1 ~~Ring the emergency bell.~~ Make a P.A. announcement stating, "*The "Shelter in Place" has been lifted.*"
 - 7.1.2 Communicate specific instructions as required e.g. revised bus schedules, dismissal procedures, etc.
 - 7.1.3 If the Principal has invoked the "Shelter in Place" response independent of Police or other Emergency Services, it is the responsibility of the principal to confirm with the local Police that the "Shelter in Place" response may be lifted.



8.0 Follow-Up

8.1 In consultation with the Brant Haldimand Norfolk Catholic District School Board's Manager of Communications and Community Relations:

- Update the school answering system message.
- Prepare a scripted response to be given to callers.
- Amend auto-attendant message if needed.
- Prepare a letter for the school community to communicate the details of the incident and response.

8.2 Debrief the incident and response with staff.

8.3 Debrief the incident and response with students as needed.

9.0 Communication with Parents/Guardians/Community

9.1 General

9.1.1 School Principals will communicate general information regarding school emergency measures.

9.1.2 Schools will provide regular emergency procedure reminders for parents including the emergency off-site location for staff and students should the need arise to relocate students in an emergency.

9.1.3 Parents are encouraged to ensure their contact information at the school is up to date so they can easily be reached by staff in the event of an emergency.

9.2 During a "Shelter in Place"

9.2.1 Depending upon the circumstances, it is not always possible to provide instant public notification of a Lockdown, Hold & Secure or Shelter in Place situation at a school. While all efforts will be made to provide timely information regarding any ongoing emergency to parents/guardians (including using social media), the primary concern of the school board in such instances is to ensure the safety and security of students, staff and property.

9.2.2 Parents and guardians must not contact their children in the school via cell phone.

9.2.3 Communication Services will facilitate all communication during lockdowns, hold and secure, and "Shelter in Place" situations, in consultation with Police Services.

9.2.4 Communication Services will provide all communication and information sharing.

9.2.5 Regular updates will be provided if a secure school situation is prolonged.

9.2.6 The Board and/or school will send home communication regarding the incident at the earliest possible opportunity.

9.2.7 Police Services may determine that a parent, guardian or caregiver staging area needs to be established where parents, guardians or caregivers can go to learn the most up-to-date information about the situation at the school.

REPORT TO THE BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD POLICY COMMITTEE

Prepared by: Kevin Greco, Superintendent of Education
Presented to: Policy Committee
Submitted on: September 16, 2025
Submitted by: Mike McDonald, Director of Education & Secretary

Threat to School Safety: Lockdown Administrative Procedure #400.34 Public Session

BACKGROUND INFORMATION:

The Brant Haldimand Norfolk Catholic District School Board recognizes the importance of emergency planning and its responsibility to provide immediate care and assistance to students and staff during emergency situations, to mitigate the effects of the emergency, control the situation and resume normal operations as soon as possible. The purpose of this administrative procedure is to establish consistency across the Brant Haldimand Norfolk Catholic District School Board regarding school response when a Lockdown is initiated.

DEVELOPMENTS:

This Administrative Procedure has been developed to establish consistency across the Board regarding school response when a Lockdown is initiated. This administrative procedure outlines safety procedures to be implemented to ensure student and staff safety. This revision provides a more detailed description of a Lockdown and when the term "Lockdown" is used when.

All schools have now been outfitted with an Emergency Broadcast System that is used to inform the school when a Lockdown is initiated. The announcement to initiate the procedure will be made in plain, clear language. Secret codes or passwords to announce a lockdown will not be used. The following is the terminology preprogrammed into Emergency Broadcast System and used in every school in the district.

"Attention everyone, the school has been placed in Lockdown, please follow the lockdown procedures".

The announcement to initiate the procedure will also be audible outside the building. The all-clear message to end the Lockdown is performed through the P.A. by school administration.

The revision also clearly identifies specific steps to follow when securing persons in classrooms, washrooms, open areas, and outside school buildings.

RECOMMENDATION:

THAT the Policy Committee recommends that the Committee of the Whole refers the Threat to School Safety: Lockdown Administrative Procedure #400.34 to the Brant Haldimand Norfolk Catholic District School Board for approval.



Threat to School Safety: Lockdown

#400.34

Adopted:	July 2012
Last Reviewed/Revised:	September 23, 2025
Responsibility:	Superintendent of Education
Next Scheduled Review:	September 2029

PURPOSE

The Brant Haldimand Norfolk Catholic District School Board ("the Board") recognizes the importance of emergency planning. The Board has a responsibility to provide immediate care and assistance to students and staff during emergency situations, to mitigate the effects of the emergency, control the situation and resume normal operations as soon as possible. The purpose of this administrative procedure is to establish consistency across the Brant Haldimand Norfolk Catholic District School Board regarding school response **when a Lockdown is initiated**. ~~to emergency situations specifically, Lockdown.~~

APPLICATION AND SCOPE:

The Board is committed to enacting a measured response to emergencies with the foremost commitment to preserving the life and the safety of all staff, students and volunteers, as well as protecting property, and restoring operations as quickly as possible. **This administrative procedure applies to all Board staff and sets out their obligation to support the implementation of Lockdown procedures.**

REFERENCES:

- Section 265 (l) (j) of the Education Act (Care of Pupils and Property)
- Section 6 of Ontario Regulation 298 (Emergency Procedures)
- ~~Section 11 (E) of~~ Ontario Regulation 298 (Duties of Principals)
- Board Policy 400.04 – Emergency **Preparedness and** Response
- **District Emergency Response Plan**
- Ontario Ministry of Education: Guidelines for Developing and Maintaining Lockdown Procedures for Elementary and Secondary Schools in Ontario

FORMS:

- **Form 1 - School Lockdown Report**
- **Form 2 - School Lockdown Drill Report**

APPENDICES:

- N/A

DEFINITIONS:



Lockdown: (usually initiated by Police Services, and sometimes by the principal or school personnel) is defined by police as the restriction of movement during the time of a potentially serious violent threat or violent incident that would endanger the lives of students and staff. The term Lockdown is used when:

- there is a major incident or threat of serious violence within the school, or in relation to the school;
- the threat is inside the school, or is on school property, and poses an immediate threat to the students and staff; and,
- all movement within the school and into and out of the school is restricted and doors remain open to permit police and emergency services immediate entry.

ADMINISTRATIVE PROCEDURES

1.0 Responsibilities

All school staff are responsible for adhering to this administrative procedure and the specific site-based plan when implementing Lockdown Procedures. ~~and adhering to specific directions for principals, teachers and support staff.~~

- 1.1 **Police** - are responsible for ~~responsible to and~~ investigating violent incidents at schools. During a violent incident, police will assume command and control of the response and investigation and will liaise and work closely with school administration and other emergency services throughout the process. In an actual incident (not a drill), the police are responsible for management of the threat and subsequent criminal investigation.
- 1.2 **Principal** - will be a resource to the police. The school principal is responsible for overall lockdown planning, scheduling of drills, inviting police, fire and Emergency Medical Services (EMS) to participate in and be aware of planning and drills, training of **staff and** students and for the overall safety of staff and students. The principal/supervisor will ensure two lockdown drills are conducted each year.
- 1.3 **All School Staff** - have overall responsibility for the training, safety and well-being of students. Staff are responsible for understanding and efficiently implementing **ing** all parts of the Lockdown plan assigned to them.
- 1.4 **Staff in Non-School Sites** - also have a responsibility to take part in training and follow the direction of the site supervisor.
- 1.5 **Students** - have a responsibility to be familiar with the Lockdown Plan and to respond quickly to the direction of staff during an emergency situation. Any student with information or prior knowledge of an individual or a potential situation which may result in a violent incident must come forward with that information as soon as possible (including during a Lockdown).
- 1.6 **Parents/Guardians** - will be informed of the school's lockdown plan and will be encouraged to reinforce with their children the responsibility of students to follow directions during any school emergency and to disclose any information they may have prior to or during a Lockdown. Parents are responsible for keeping their child's contact information up to date so they can easily be reached by staff in the event of an emergency.

2.0 Mandatory Requirements

- 2.1 All publicly funded school boards in Ontario must establish a Lockdown Policy to ensure the development and implementation of individual school lockdown plans.
- 2.2 A minimum of two lockdown drills must occur in every school each school year.



3.0 School Floor Plans and Identification of Buildings, Exterior Doors and Classrooms

- 3.1 Accurate floor plans are a key component of lockdown plans and are important both from a planning and response standpoint.
- 3.2 Black and white floor plans will be posted throughout each school and site. Specifically, in schools, in every classroom and at every entry point to the school. In multi-level schools, only the floor plan appropriate to that specific level will be posted.
- 3.3 ~~Facilities Services provide digital~~ Colour-coded floor plans are available to school staff and to Brantford Police Services, Brant County O.P.P., Haldimand County OPP, and Norfolk County O.P.P. on an annual basis. **Updates are provided as new schools are built, or significant renovations are made to existing buildings.**
- 3.4 To assist police in responding to a major incident or threat of violence, all school buildings, entrances and all rooms within buildings will be clearly identified. All portable structures will also be clearly identified.
- 3.5 Exterior doors will be clearly labeled (e.g. "A, B, C..."), all rooms within the school and portable structures will be numbered (e.g. Rm. 1, Rm. 224, Portable 1).
- 3.6 **Police and schools should plan, in advance, how police will gain access to the school in the event of a lockdown. Floor plans and facility master keys should be up to date and available at the command post, for emergency responders who may be involved in any type of search of the premises.**
- 3.7 **It is particularly important for elementary schools that have locked doors during the school day to have a plan for making keys available at the command post to emergency services personnel.**
- 3.8 **All staff, including occasional, part-time, or itinerant teachers, must have the ability to lock their room door.**

4.0 Initiating a Lockdown

- 4.1 A Lockdown response is initiated when imminent danger is present on the school site, and the safety of students and staff is threatened (an active attacker is in the building or on school property/grounds or enroute to the school).
- 4.2 At first indication of a major incident of school violence, regardless of where it occurs on the school grounds, notification will go immediately to **school administration**. ~~the main office.~~
- 4.3 **Principals and office staff will gather and use the Emergency Response Supply Kit and Emergency Response Plan ("Red Binder") as a resource.**
- 4.4 **Where time permits, school administration will consult with Police Services and Police Services will make the determination to initiate a lockdown. In exigent circumstances, the principal may decide that the lockdown will commence immediately followed by an immediate call to Police Services.**
- 4.5 **The principal/supervisor will contact the Superintendent and Communication Services.**



- 4.6 All school staff members are authorized to initiate a "911" call **where the staff member experiences in their best judgment a real and immediate threat to the life and safety of staff and students.** ~~if the circumstances warrant it.~~ This staff member must then immediately contact the main office.

~~The actual wording of the lockdown announcement will be permanently affixed on or within easy reading distance of the PA system so that it is clearly visible and can be read out verbatim by the person announcing the lockdown to the school.~~

~~When the school receives reliable information that danger is present at the school site, the Principal will determine whether a lockdown response is necessary. If so, the following should occur as quickly as possible:~~

~~Initiate Lockdown response, Make the announcement stating:~~

- ~~• "Attention please, this school is now in lockdown~~
- ~~• Stay in your classroom or go to the nearest safe area NOW". Follow all lockdown procedures.~~
- ~~• Repeat: "This school is now in lockdown. Stay in your classroom or go to the nearest safe area NOW."~~

- 4.7 Lockdown will be initiated using the Emergency Broadcast System. All main office staff will be trained to be able to accomplish this task.
- 4.8 Staff and students are to remain calm and reassuring. Students should be aware that the lockdown response may be in effect for an extensive period of time.
- 4.9 If an individual has information that may aid the police response (e.g. the location of an active attacker) a direct call to 911 should be made using a cell phone. This must be done as quietly as possible.

5.0 Communication During a Lockdown

- 5.1 The use of proper terminology regarding school emergency procedures is very important. **All schools have been outfitted with an Emergency Broadcast System** that is used to inform the school when a Lockdown is initiated.
- 5.2 All school emergency plans will clearly explain when and why the term Lockdown will be used.
- 5.3 The announcement to initiate the procedure will be made in plain, clear language. Secret codes or passwords to announce a lockdown will not be used. The following is the terminology **preprogrammed into Emergency Broadcast System** and used in every school in the district.

"Attention everyone, the school has been placed in Lockdown, please follow the lockdown procedures".

- 5.4 The announcement to initiate the procedure will also be audible outside the building.**

- 5.5 The all-clear message to end the Lockdown is performed through the P.A. by school administration.**

- 5.6 The term "Lockdown" will only be used when there is a major incident or threat of school violence within the school or in direct relation to the school. The overuse or misuse of lockdowns will desensitize staff and students to the seriousness of a lockdown.



5.7 Communication must be done in a way to inform all occupants including staff, students, contractors, visitors (permit holders, daycare centres, etc.) that a lockdown response has been initiated.

6.0 Call 911 to Communication with Police and other Emergency Service

6.1 The caller must call 911 and be prepared to provide:

- 6.1.1 The nature **and current status** of the incident. ~~that has made a lockdown response necessary;~~
- 6.1.2 Contact cell phone number for police to use., ~~if requested.~~
- 6.1.3 Information about all occupants, tenants and visitors (permit holders, daycare centres, etc.).
- 6.1.4 Information needed to determine and secure the potential location for:
 - 6.1.4.1 School/Administrative Command Centre.
 - 6.1.4.2 Alternate School/Administrative Command Centre.
 - 6.1.4.3 School/Administrative Relocation Site (in immediate area).
 - 6.1.4.4 School/Administrative Relocation Site (outside of the immediate area).
 - 6.1.4.5 Parent Staging Area where communication will be provided to the school community.

7.0 Securing Persons

Once a lockdown has been initiated, the school becomes an emergency site under the authority of Police Services. Ensure that the designated exterior doors remain unlocked to allow access for emergency personnel. **Staff and students will take direction from the Police.**

7.1 Classrooms:

- 7.1.1 **Students/staff in classrooms (including offices, portables, seminar rooms) should close doors and lock if possible and gather in an area away from window site lines and doors.**
- 7.1.2 **Classroom staff will gather students in the immediate vicinity into their classroom.**
- 7.1.3 **Doors are closed and locked. Consider barricading doors where possible and safe to do so, when doors cannot be locked.**
- 7.1.4 **Windows and window coverings should be closed.**
- 7.1.5 **Interior glass panes should be covered wherever possible.**
- 7.1.6 **Lights must be turned off.**
- 7.1.7 **It may be necessary to use school furnishings to secure a room or to provide shelter.**
- 7.1.8 **All cell phones, electronic devices, televisions, radios and computers must be turned off.**
- 7.1.9 **Students/staff must remain silent and still within the designated area.**
- 7.1.10 **Students/staff should lie on the floor if gunshots are heard.**
- 7.1.11 **Students/staff are to remain in secured rooms until further instructions are received. Under no circumstances should anyone leave a secured area to access washrooms, lockers, etc.**
- 7.1.12 **If possible and safe to do so, attendance should be taken and maintained.**



- 7.1.13 Portable and other unique classroom spaces pose some unique issues. Due to thin wall construction (which could be penetrated by firearms) it is recommended that desks be tipped onto their sides in a large circle with the desktops facing out. Students and staff should then gather within the circle keeping their bodies below the top edge of the desks. This will provide an additional barrier for all.
- 7.1.14 Under no circumstances should anyone be allowed in once a space has been secured.
- 7.1.15 No calls should be made to the office. Be aware that active attackers may use the P.A. system to access potential victims.

7.2 Open Areas:

- 7.2.1 The unique physical layout of each school site will be assessed for the vulnerabilities and to develop a range of potential responses to violent incidents in open areas including the possibility of evacuating to the exterior of the school.
- 7.2.2 The school's lockdown plan will identify a preferred safety option for each unique classroom and open area and student/staff training will ensure everyone understands the preferred option (where to go and what to do) while also ensuring everyone is aware of other options if a lockdown is ordered while they are in an open area and the preferred option is not available.
- 7.2.3 Staff in these areas should direct students to the nearest secure area.
- 7.2.4 If unable to enter a secure area, find shelter with furniture, hall closets, etc.
- 7.2.5 If near an exit and unable to go to a secure area, leave the building and go to the emergency off-site 'safe location'.

7.3 Washrooms

- 7.3.1 Lockdown plans for elementary schools will identify an adult who normally works in close proximity to student washrooms. Staff in classrooms in close proximity to student and/or staff washrooms (if it is safe to do so), will quickly check both the male and female washrooms and take any students found there into their classrooms or safe area to lock down.
- 7.3.2 Students in the washroom should go immediately to the closest classroom or secure space if safe to do so.
- 7.3.3 If it is not safe to leave the washroom, students (or staff) trapped in a washroom should attempt to secure the bathroom door, enter a stall, lock the door, climb on top of the toilet and remain silent/still.
- 7.3.4 Lockdown plans for secondary schools will include a student training component that explains the responsibility of students to get out of the washrooms immediately upon hearing a lockdown announced and to get to the nearest classroom or other designated safe area.

7.4 Outside School Buildings

- 7.4.1 School Plans will address where staff and students outside the school should go in the event of a lockdown, including a lockdown that occurs during recess or during arrival and dismissal times.
- 7.4.2 Students and staff should move away from the building as quickly as possible, assemble at the school's emergency evacuation location (to be determined and communicated in advance by the school) and remain there until further instructions are received.



8.0 Teacher/Student Instructions

- ~~8.1 Doors are closed and locked.~~
- ~~8.2 Windows and window coverings should be closed.~~
- ~~8.3 Interior glass panes should be covered wherever possible.~~
- ~~8.4 Lights must be turned off.~~
- ~~8.5 Students/staff must move as far as possible from doors and windows. It may be necessary to use school furnishings to secure a room or to provide shelter.~~
- ~~8.6 All cell phones, electronic devices, televisions, radios and computers must be turned off.~~
- ~~8.7 Students/staff must remain silent and still within the designated area.~~
- ~~8.8 Students/staff should lie on the floor if gunshots are heard.~~
- ~~8.9 Remain calm and reassuring. Students should be aware that the lockdown response may be in effect for an extensive period of time.~~
- ~~8.10 Students/staff are to remain in secured rooms until further instructions are received. Under no circumstances should anyone leave a secured area to access washrooms, lockers, etc.~~
- ~~8.11 Student/Staff will not evacuate if the fire alarm is sounded. Wait for instructions from Police.~~
- ~~8.12 Given the unique, and possibly rapidly changing dynamic of a lockdown situation, consideration must always be given to evacuating the site or to relocating to another area in the building should a space become unsafe. Individual discretion must be used to determine the best course of action.~~
- ~~8.13 Under no circumstances should anyone be allowed in once a space has been secured.~~
- ~~8.14 No calls should be made to the office. Be aware that active attackers may use the P.A. system to access potential victims.~~
- ~~8.15 In the event that an individual has information that may aid the police response, e.g. the location of an active attacker, a direct call to 911 should be made using a cell phone. This must be done as quietly as possible.~~
- ~~8.16 If possible and safe to do so, attendance should be taken and maintained. when the lockdown has been lifted.~~

8.0 If the fire alarm rings during a lockdown:

- 8.1 Once a lockdown has been initiated, staff and students shall not respond as they normally would to a fire alarm, but shall remain locked down, and follow direction of the Police.
- 8.2 Staff and students must always be aware of other dangers such as fire and be prepared to respond accordingly in order to ensure their own safety.

9.0 Procedures for Child Care Centres and Other Facilities

- 9.1 A number of schools have licensed childcare centres or other tenants and community groups using school premises.
- 9.2 In developing a lockdown plan for the building, Principals will ensure the appropriate staff sharing the school building is consulted in the development and implementation of lockdown procedures.
- 9.3 The principal will ensure that these organizations participate in annual training and drills.

Responding to a Fire Alarm during a Lockdown already stated above

~~If a fire alarm is pulled once a lockdown has been called, staff and students shall not respond as they normally would to a fire alarm but shall instead remain locked down, if it is safe to do so.~~



10.0 Controlled Evacuation During a Lockdown

- 10.1 In the event of a prolonged situation, or a situation where the threat has been contained (e.g. a barricaded individual contained by police in one section of the building) may become possible for a controlled evacuation of the areas of the school not in the vicinity of the contained area. Police will decide whether the controlled evacuation of a school under lockdown is a viable option and will direct the evacuation process.
- 10.2 School staff, including administrators, will follow police instructions quickly and explicitly.
- 10.3 A controlled evacuation will normally be done on a room-by-room basis, with evacuees being escorted by police to the evacuation location.

11.0 Ending a Lockdown

- 11.1 The actual procedure for ending a Lockdown will vary by location and circumstance.
- 11.2 Only police personnel determine when the incident is controlled, and the danger has passed. No individuals or groups can be released from a secured area until authorized by a police officer. The principal and police personnel will determine any necessary instructions as required (e.g., revised bus schedules, dismissal procedures, etc.).
- 11.3 Only authorized board communication personnel will speak to the media.
- 11.4 Brant Haldimand Norfolk Catholic District School Board students should not be interviewed or photographed without parental permission.
- 11.5 As soon as it is safe and in advance of the ending of a lockdown, contact the Brant Haldimand Norfolk Catholic District School Board's Student Transportation Services to advise if emergency response may pose delays or other complications.

12.0 Follow-up to a Lockdown

- 12.1 In consultation with the Manager of Communications and the appropriate Police Services representative, the following will occur:
 - 12.1.1 Update the school answering system message
 - 12.1.2 Prepare a scripted response to be given to callers
 - 12.1.3 Amend auto-attendant message if needed
 - 12.1.4 Prepare a letter for the school community to communicate the details of the incident and response
 - ~~12.1.5 Prepare a media information release~~ Communicate applicable updates via websites and social media (if applicable).
- 12.2 In a lockdown situation, the following Board staff are authorized to speak to the media: the Director of Education and/or the School Superintendent and/or the Manager of Communications. No other staff or students are authorized to speak to the media during or after a school lockdown.
- 12.3 Schedule a meeting with staff to debrief the incident and response.
- 12.4 Schedule a meeting with students to debrief the incident and response as needed.
- 12.5 Complete and sign the School Lockdown Report (Form 1) and submit it to the Family of Schools Superintendent.

13.0 Communication with Parents/Guardians/Community About a Lockdown

13.1 General

- 13.1.1 School Principals ~~should~~ will communicate general information regarding school emergency measures including lockdown drills.
- 13.1.2 Schools will provide regular emergency procedure reminders for parents including the emergency off-site location for staff and students should the need



arise to relocate students in an emergency.

- 13.1.3 Parents are encouraged to ensure their contact information at the school is up to date so they can easily be reached by staff in the event of an emergency.

13.2 During a Lockdown

- 13.2.1 Depending upon the circumstances, it is not always possible to provide instant public notification of a Lockdown, or other emergency situations at a school. While all efforts will be made to provide timely information regarding any ongoing emergency to parents/guardians (including using social media), the primary concern of the school board in such instances is to ensure the safety and security of students, staff and property.
- 13.2.2 Parents, guardians and the general community are strongly discouraged from rushing to a school engaged in a Lockdown, Hold & Secure or Shelter in Place. Parents/guardians will not be allowed into the school, and students inside the school will not be allowed out until police deem it safe for them to leave. Moreover, the presence of bystanders may impede the work of emergency responders.
- 13.2.3 All communication to parents/guardians/community will be done with the support of the Communication Services Department.
- 13.2.4 Parents and guardians ~~must not~~ are strongly discouraged from attempting to contact their children in the school via cell phone. ~~The ringing of a mobile phone can draw an intruder's attention to the location of students and staff.~~
- 13.2.5 Any parents, guardians, visitors or outside contractors inside a school when a lockdown is initiated must remain in a secure area with staff and students until the "all clear" is given.
- 13.2.6 Communication Services will facilitate all communication during lockdowns, hold and secure, and shelter in place situations, in consultation with Police Services.
- 13.2.7 Should an offsite parent staging area be required, the Board's Communication Department will be available to provide parents and guardians with information as available.
- 13.2.8 Communication Services will regularly share details, in consultation and coordination with police services, according to the Board's Communication Guidelines and as the situation unfolds.
- 13.2.9 The Board and/or school will send home a communication regarding the incident at the earliest possible opportunity.
- 13.2.10 Police Services may determine that a parent, guardian or caregiver staging area needs to be established where parents, guardians or caregivers can go to learn the most up-to-date information about the situation at the school.

14.0 Lockdown Training

- 14.1 All students and staff must be trained in how to respond to a lockdown.
- 14.2 Orientation for new school staff will include lockdown training.
- 14.3 Individual school **principals** will establish a method to conduct an annual lockdown plan review for all staff.
- 14.4 Students will also be trained using methods deemed by the principal appropriate for each individual school.
- ~~Secondary schools may consider assemblies to train students while elementary classroom teachers may be responsible for the training.~~



- 14.5 Where possible, it may be advantageous to have police partners present **for drills and** during training and to assist with the training of staff and students.
- 14.6 Lockdown information for parents will be communicated each year using a variety of methods including the ~~school handbook~~, school newsletters, school open houses and the school website.
- 14.7 Parents will be encouraged to review the lockdown procedures with their children.

15.0 Lockdown Drills

- 15.1 Lockdown drills are an important tool in preparing staff and students and are a mandatory requirement of the Ministry of Education. All schools will work cooperatively with police partners on lockdown drills.
- 15.2 The principal is responsible for setting the date of drills and overseeing the drills.
- 15.3 Although it is not mandatory, it is suggested that schools invite their local police, fire and EMS personnel to participate in drills to promote familiarity with lockdown plans.
- 15.4 Drills must take place twice a year, **preferably having one in** Term 1 and one in Term 2.
- 15.5 Staff, adjacent schools, the School Superintendent and the Manager of Communications will be given advance warnings of an impending lockdown drill.
- 15.6 Each lockdown drill will be followed by a debriefing session to identify areas needing improvement.
- 15.7 The principal must track lockdown drills and record the required follow-up on the School Lockdown Report form (Form 2). The completed form is to be sent to the school's Superintendent of Education when both drills have been completed, but no later than the end of each school year.

16.0 Reviewing School Lockdown Plans and Board's Lockdown Policy

- 16.1 Each school lockdown plan ~~—as well as the Board's lockdown policy—~~ will be thoroughly reviewed and updated as required. ~~annually.~~
- 16.2 Each school plan will include a page documenting when and who reviewed the plan, along with an area for the Principal's and School Superintendent's signature.



SCHOOL LOCKDOWN REPORT

School Name: Click or tap here to enter text.

YEAR	DRILL DATE	DEBRIEFING RECOMMENDATION	REQUIRED FOLLOW-UP
	(Drill #1-Term1) Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
	(Drill #2 -Term 2) Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.

Principal Signature _____ Date _____

Superintendent Signature _____ Date _____

**Please submit completed form to your Superintendent of Education
no later than June 30 annually. following the completion of an actual Lockdown.**



SCHOOL LOCKDOWN DRILL REPORT

School Name: _____

YEAR	DRILL DATE	DEBRIEFING RECOMMENDATION	REQUIRED FOLLOW-UP
	(Drill #1-Term 1) Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
	(Drill #2 -Term 2) Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.

Principal Signature _____ Date _____

Superintendent Signature _____ Date _____

Please submit completed form to your Superintendent of Education
no later than June 30 annually.

REPORT TO THE BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD POLICY COMMITTEE

Prepared by: Kevin Greco, Superintendent of Education
Presented to: Policy Committee
Submitted on: September 16, 2025
Submitted by: Mike McDonald, Director of Education & Secretary

Employee Assistance Program Policy #300.13

Public Session

BACKGROUND INFORMATION:

The Brant Haldimand Norfolk Catholic District School Board ("the Board") is committed to fostering a healthy and supportive work environment that reflects the values of the Catholic Faith. Recognizing that employees may encounter personal or family challenges that can affect their overall well-being, the Board provides access to a confidential and professional Employee Assistance Program (EAP).

DEVELOPMENTS:

The Employee Assistance Program provides free, confidential and voluntary counselling and support services to eligible employees. After receiving feedback from staff, the Human Resource Services Department began an exploration to determine whether there were other providers that could better serve the needs of the Board.

As of September 2, 2025, the Board transitioned to Telus Health One as the new EAP provider. The Policy and Procedure have been updated to reflect the change. The EAP can be accessed by:

- Calling the TELUS Health intake line at 1-844-671-3327 (available 24/7).
- Visiting the TELUS Health One portal: <https://one.telushealth.com>.
- Using the TELUS Health One App.

RECOMMENDATION:

THAT the Policy Committee recommends that the Committee of the Whole refers the Employee Assistance Program Policy #300.13 to the Brant Haldimand Norfolk Catholic District School Board for approval.



Employee ~~and Family~~ Assistance Program (EAP)

#300.13

Adopted:	November 13, 2001
Last Reviewed/Revised:	September 23, 2025
Responsibility:	Superintendent of Education – Human Resource Services
Next Scheduled Review:	September 2029

POLICY STATEMENT:

The Brant Haldimand Norfolk Catholic District School Board (“the Board”), as followers of Jesus Christ, fosters a workplace founded upon tenets and values of the Catholic Faith. The Board is committed to fostering a healthy and supportive work environment that reflects the values of the Catholic Faith. Recognizing that employees may encounter personal or family challenges that can affect their overall well-being, the Board provides access to a confidential and professional Employee Assistance Program (EAP). This service is designed to support their personal well-being of all of its employees—spiritual, emotional, mental, social and physical, social and spiritual wellness. The Board further recognizes that professional help may be required as additional support and, therefore, provides an Employee Assistance Program (EAP).

APPLICATION AND SCOPE:

~~The Brant Haldimand Norfolk Catholic District School Board in its compassion recognizes that employees, from time to time, may experience difficulties related to either personal and/or family difficulties and encourages such employees to seek and receive assistance from appropriate professional sources.~~

The Brant Haldimand Norfolk Catholic District School Board strives to ensure respect, compassion and humanity are reflected and valued in our Catholic learning and work environments. This policy applies to eligible employees of the Brant Haldimand Norfolk Catholic District School Board. The EAP provides voluntary and confidential counselling and support services to eligible employees and their immediate family members, delivered through a third-party provider. Available 24/7, these services support a wide range of personal, family, and professional concerns that may impact well-being.

REFERENCES:

- ~~Employee Assistance Program (EAP) Administrative Procedure—300.13~~
- ~~HRS—Employee Assistance Program Information Sheet~~
- BHNCDSB 2023-27 Mission Statement
- Occupational Health and Safety Act (OHSA)
- Personal Health Information Protection Act (PHIPA)
- Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

FORMS:

- ~~HRS—EAP Information Sheet.pdf~~

APPENDICES:

- N/A

DEFINITIONS:

Dependent: refers to an individual who qualifies for EAP services as part of the employee’s immediate family. This includes:

- An Employee’s spouse, where “spouse” means a person who is a resident of the same country in which the Employee resides and who is legally married to the Employee, or is a partner of the opposite sex or of the same sex, who is publicly represented as a spouse;



- (ii) A child which includes (a) a natural or legally adopted child, a child living with the Employee during adoption probation, or a child living with the Employee and supported solely by the Employee, and who is a relative by blood or marriage, or is under the Employee's legal guardianship; (b) a child who is a full-time student until their 26th birthday who attends an educational institution recognized by the Canada Revenue Agency as long as the child is entirely dependent on the Employee for financial support; (c) a child who remains in the Employee's household and is incapable of financial self-support because of a physical or mental disability; and who depends on the Employee for financial support;
 - (ii) An individual who is living with the Employee and is under his/her legal guardianship;
- **Long-Term Assignment:** refers to a temporary position held by an employee, typically an occasional teacher, support staff member, or temporary hire, that is scheduled to last for a defined period of five (5) months or more.
 - **Permanent Employee:** An individual who holds a permanent employment position with the Board.

ADMINISTRATIVE PROCEDURES:

What is an EAP?

1. Purpose

~~To provide clear direction and information to employees who wish to utilize the supportive, confidential and free Employee Assistance Program (EAP) available to employees and their immediate family members.~~

1.0 EAP Overview

An Employee Assistance Program (EAP) is an employee benefit program, which provides **free**, confidential and voluntary **counselling and support services assistance** to employees and **their** immediate family members (**spouse or dependent child/ren**). It provides short-term, solution-focused assistance for a wide range of personal and professional concerns, including mental health, family and relationship issues, grief, trauma, addictions, and caregiving responsibilities. Services also include consultations in areas such as legal, financial, and nutritional wellness. Available 24/7, support is delivered by qualified professionals through telephone, video, in-person, and/or secure digital platforms. ~~who wish to utilize the professional counselling services. The EAP is free of cost — to a maximum of ten (10) sessions per employee/family, per year. The program provides counselling services to assist employees with coping and navigating through a multitude of personal stressors that can occupy one's mind — whether those be family-related, financial, marital/relationship matters, psychological, trauma or grief-related, or even related to substance abuse challenges, among others. Additional information can be provided by the Board's EAP Service Providers.~~

2.0 Benefits of an EAP

What are the benefits of an EAP?

~~The EAP is a key component of the Board's commitment to employee well-being and a safe, supportive workplace. As a Catholic community, we are called to be witness to our faith, reaching out to those in need. The EAP is one way of reaching out to the members of our community. An EAP assists the Board by **helping to preserve and maintain** promoting and supporting the well-being of its most valuable asset — its employees. Having an EAP reflects this belief and is a proven benefit to both employees and employers.~~

The Employee Assistance Program (EAP) is an important part of the Board's commitment to fostering employee well-being and maintaining a safe, supportive workplace. As a Catholic community, we are called to live out our faith by caring for those in need. The EAP is one way we extend that care to members of our community. By promoting and supporting the well-being of our greatest resource - our employees - the EAP reflects our core values and serves as a valuable benefit to both staff and the organization as a whole.

Who are the Board's EAP Service Providers?

The Board's EAP Service Providers are:

*Mike Fidler & Associates Inc. _____ Guthrie & Associates Inc. _____



~~1 Oak Street~~ 108 St. George Street, Suite 5
~~Simcoe, ON N3Y 3J4~~ Brantford, ON N3R 1V6
~~t: 519 428 0776~~ t: 519 752 8280
~~e: associatefidler@gmail.com~~ e: info@guthrieandassociates.com
* Service locations:
Brantford and Simcoe

ADMINISTRATIVE PROCEDURES:

3.0 Scope of Services

3.1 Services include, but are not limited to:

- Individual, couple, and family counselling
- Mental health support (e.g., anxiety, depression, stress, grief, trauma, addiction)
- Relationship and family counselling
- Legal, financial, and nutritional consultations
- Eldercare and childcare guidance
- 24/7 crisis and risk response
- Access to digital tools and self-directed programs through the TELUS Health One platform
- Manager Consultation Services – Supervisors and managers may access confidential consultation through TELUS Health for workplace concerns affecting employee well-being, including team dynamics, conflict, performance, or mental health awareness.

4.0 Eligibility Eligibility

- The Employee Assistance Program (EAP) is available to all permanent employees of the Brant Haldimand Norfolk Catholic District School Board.
~~Long Term Occasional (LTO)~~ Employees in Long Term Assignments with known durations of five months or longer are also eligible to access the Employee Assistance Program (EAP),

5.0 Access to Services

1.0 EAP Services – How to Access and Session Limits per Employee/Family

- ~~An employee of the Board, or an immediate family member of a Board employee, may seek assistance through a self-referral process by directly contacting any one of the Board's EAP Service the EAP Provider, Telus Health Providers.~~
- ~~Employees, or their immediate family member, are availed can access up to ten (10) sessions per presenting issue, per year, per family. Sessions range from 50 minutes to 60 minutes depending on the Service Provider.~~
- ~~Should an employee, or their immediate family member, require sessions beyond the ten (10) sessions availed by the Board, the Service Provider must contact the Manager of Human Resources to seek approval for up to a maximum of three (3) additional sessions, which the employee is responsible for 50% of the cost of each session. Any additional sessions required by the employee or their immediate family member are to be 100% paid by the employee. The Service Provider will maintain anonymity of the employee or their immediate family member when requesting a maximum of three (3) additional sessions per employee/f~~ Counselling is available by phone, video, in-person, or through secure messaging.

- **Employees can access the EAP by:**



- Calling the TELUS Health intake line at **1-844-671-3327** (available 24/7)
- Visiting the TELUS Health One portal: <https://one.telushealth.com>
- Downloading the **TELUS Health One** app

6.0 Employee Expectations

- Employees are expected to maintain an acceptable attendance level at work throughout treatment or utilization of EAP services, whether their own or their immediate family member.
- Employees are expected to maintain acceptable job performance throughout treatment or utilization of EAP services, whether their own or their immediate family member.
- Employees are expected to schedule any EAP service appointments outside of regular business hours, so not to interrupt their ability to maintain regular work attendance.

7.0 Post-Employment Access

Employees engaged in counselling at the time their employment ends may complete their remaining sessions. After employment ends, they must contact Telus Health directly to schedule appointments.

8.0 Confidentiality

All EAP services are confidential, in accordance with the Personal Health Information Protection Act (PHIPA). No identifying information is shared with the Board without the employee's written consent, unless required by law.

9.0 Accessibility and Language Options

EAP services are available in multiple languages and accessible formats. Employees requiring specific accommodations may inform TELUS Health during [the intake process](#).

REPORT TO THE BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD POLICY COMMITTEE

Prepared by: Kevin Greco, Superintendent of Education
Presented to: Policy Committee
Submitted on: September 16, 2025
Submitted by: Mike McDonald, Director of Education & Secretary

Health and Safety Policy #300.16 Public Session

BACKGROUND INFORMATION:

The Brant Haldimand Norfolk Catholic District School Board (BHNCSD) is committed to ensuring a safe and healthy environment for its employees and will take all reasonable precautions to prevent injuries or occupational illness. Health and Safety policies and programs will be carried out and maintained in accordance with the Occupational Health and Safety Act and its Regulations.

The objective of the health and safety program is to achieve safe and healthy working conditions for all employees and to prevent or reduce the risk of workplace injury, illness, and disease. This will be accomplished through effective management and with the cooperation of all employees. As an employer, the Board is responsible for the health and safety of its employees and all parties employed by or contracted by the Board must act in compliance with the Occupational Health and Safety Act and its Regulations.

DEVELOPMENTS:

This Policy and Administrative Procedure for Health and Safety is in alignment with the Occupational Health and Safety Act.

This Policy and Administrative Procedure has had minimal revisions. However, it does better define which employees are considered supervisors in order to ensure all supervisors understand their obligations in taking every reasonable precaution in the protection of the employees.

RECOMMENDATION:

THAT the Policy Committee recommends that the Committee of the Whole refers the Health and Safety Policy #300.16 to the Brant Haldimand Norfolk Catholic District School Board for approval.



Health and Safety

#300.16

Adopted:	October 24, 2006
Last Reviewed/Revised:	September 23, 2025
Responsibility:	Superintendent of Education
Next Scheduled Review:	September 2029

POLICY STATEMENT:

The Brant Haldimand Norfolk Catholic District School Board is committed to ensuring a safe and healthy environment for its employees and will take all reasonable precautions to prevent injuries or occupational illness. Health and Safety policies and programs will be carried out and maintained in accordance with the Occupational Health and Safety Act and its Regulations.

APPLICATION AND SCOPE:

The objective of the health and safety program is to achieve safe and healthy working conditions for all employees and to prevent or reduce the risk of workplace injury, illness, and disease. This will be accomplished through effective management and with the cooperation of all employees.

It is policy of the Board that:

- As an employer, the Board is responsible for the health and safety of its employees. All parties employed by or contracted by the Board must act in compliance with the Occupational Health and Safety Act and its Regulations.
- Supervisors will be held accountable for the health and safety of the employees who are under their supervision. This includes the responsibility for ensuring that machinery and equipment are safe and that employees work in compliance with established safe work practices and procedures. Supervisors will ensure that employees receive adequate training in their specific work tasks to protect their health and safety.
- Every employee has the responsibility to protect his or her own health and safety by working in compliance with the Occupational Health and Safety Act and safe work practices and procedures which have been established by the Board. Every employee is responsible for bringing the existence of any unsafe work practices or conditions to the attention of their supervisor.
- Commitment to health and safety must be an integral part of the operations of the Board and requires the continued cooperation of all employees in the existence of their respective responsibilities.

REFERENCES:

- Occupational Health and Safety Act and Regulations
- Education Act

FORMS:

- N/A



APPENDICES:

- N/A

DEFINITIONS:

- N/A

ADMINISTRATIVE PROCEDURES:

1.0 Information

- 1.1** The Board will review the Health and Safety policy annually and ensure that it is clearly posted in each workplace.
- 1.2** A Health and Safety program will be developed and disseminated on the BHN Hub.
- 1.3** The Board will maintain and support a Joint Health and Safety Committee which operates under the **"Terms of Reference for the Structure and Function of the Brant Haldimand Norfolk Catholic District School Board Multi-Site Joint Health and Safety Committee"**.

2.0 Responsibilities

- 2.1** The rights of employees are to:
 - Be informed about workplace health and safety hazards.
 - Participate in making recommendations on health and safety issues.
 - Refuse work if they believe it endangers health or safety.
- 2.2** The responsibilities of employees are to:
 - Work in compliance with the **Occupational** Health and Safety Act and its Regulations and follow safe work practices and procedures.
 - Wear protective equipment, devices and clothing required by the Board.
 - Report any injury or illness to their supervisor immediately.
 - Report any defective equipment, hazard, unsafe acts and conditions or violation of the Occupational Health and Safety Act to their supervisor immediately.
 - Work in a manner that does not endanger the employee or others.
 - Not remove or make ineffective any protective device.
 - Not engage in any prank, contest, feat of strength, unnecessary running or rough and boisterous conduct.
 - Complete the mandatory Health and Safety online training module within one month from date of hire.
 - Complete any additional training related to Health and Safety as required by the Board or through changes in legislation.
- 2.3** The responsibilities of supervisors **(including supervisory officers, principals, vice-principals, managers, and supervisors)** are to:
 - Take every reasonable precaution in the protection of the employee.
 - Advise employees of potential or actual health and safety hazards known by the supervisor.
 - Ensure that employees work safely and follow safe work procedures.
 - Ensure that employees wear the required protective devices or clothing.
 - Ensure that safe and healthy work conditions are maintained.
 - Facilitate correction of unsafe acts and conditions.
 - Report and investigate all accidents/incidents.
 - Instill safety awareness in staff.



2.4 The responsibilities of senior management staff are to:

- Provide health and safety training and information to supervisors and employees.
- Provide a safe and healthy workplace.
- Establish and maintain a health and safety policy and program.
- Provide first aid facilities.
- Support supervisors in their health and safety activities.
- Evaluate health and safety performance of supervisors.

REPORT TO THE BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD POLICY COMMITTEE

Prepared by: Kevin Greco, Superintendent of Education
Presented to: Policy Committee
Submitted on: September 16, 2025
Submitted by: Mike McDonald, Director of Education & Secretary

Work Refusal Administrative Procedure #300.21

Public Session

BACKGROUND INFORMATION:

The Brant Haldimand Norfolk Catholic District School Board (BHNCSDB) is committed to the protection of its employees and endeavors to maintain a safe work environment in order to prevent workplace accidents, injuries and incidents of workplace violence.

DEVELOPMENTS:

This Administrative Procedure provides a protocol for work refusal consistent with the Occupational Health and Safety Act for employees.

This Administrative Procedure has been updated to provide clarity about what a workplace hazard is. A workplace hazard refers to any source of potential damage, harm, or adverse health effects on a person or property in a workplace setting. Hazards can be physical, chemical, biological, ergonomic, or psychosocial in nature and are governed by the Occupational Health and Safety Act (OHSA) of Ontario.

When a workplace hazard has been identified, further investigation is required by the supervisor

RECOMMENDATION:

THAT the Policy Committee recommends that the Committee of the Whole refers the Work Refusal Administrative Procedure #300.21 to the Brant Haldimand Norfolk Catholic District School Board for approval.



Work Refusal

#300.21

Adopted:	April 13, 2018
Last Reviewed/Revised:	September 23, 2025
Responsibility:	Superintendent of Education
Next Scheduled Review:	September, 2029

PURPOSE:

The Brant Haldimand Norfolk Catholic District School Board (BHNCSDB) is committed to the protection of its employees and endeavors to maintain a safe work environment in order to prevent workplace accidents, injuries and incidents of [workplace violence](#).

APPLICATION AND SCOPE:

The purpose of this administrative procedure is to provide a protocol for work refusal consistent with the Occupational Health and Safety Act for employees to follow in the event that they believe the work is unsafe. This administrative procedure applies to all BHNCSDB employees. Note that under the Occupational Health and Safety Act, Regulation 857 – Teachers, Section 3(3), teachers have a limited right to refusing work where the circumstances are such that the life, health or safety of a pupil is in imminent jeopardy.

REFERENCES:

- Occupational Health and Safety Act and Regulations
- BHNCSDB Health and Safety Policy and Administrative Procedure 300.16
- Terms of Reference for the Structure and Function of the BHNCSDB Multi-Site Joint Health and Safety Committee

FORMS:

- [Hazard](#) Work Refusal Form

APPENDICES:

- N/A

DEFINITIONS:

Internal Responsibility System (IRS): is the underlying philosophy of the occupational health and safety legislation in all Canadian jurisdictions. Its foundation is that everyone in the workplace – both employees and employers – are responsible for his or her own safety and for the safety of co-workers.

Workplace Violence: as defined in the Occupational Health and Safety Act, means:

- a) The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker,
- b) An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker,
- c) A statement or behaviour that 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.



ADMINISTRATIVE PROCEDURES:

1.0 Information **Workplace Hazards**

- 1.1 A workplace hazard refers to any source of potential damage, harm, or adverse health effects on a person or property in a workplace setting. Hazards can be physical, chemical, biological, ergonomic, or psychosocial in nature and are governed by the Occupational Health and Safety Act (OHSA) of Ontario.
- 1.2 When a workplace hazard has been identified, further investigation is required by the supervisor. A sited workplace hazard is not necessarily cause for a work refusal.
- 1.3 Workplace parties should use the Internal Responsibility System to control substandard and unsafe conditions through health and safety hazard reporting; hazard identification and assessment; monthly and annual health and safety inspections, investigations and implementation of corrective actions.
- 1.4 Staff can complete the Workplace Hazzard Form using the Online Reporting Tool in the BHN Hub.

2.0 Conditions when a worker can refuse to work

- 2.1 Under the Occupational Health ~~and~~ Safety Act an employee has the right to refuse work where the employee has reasonable grounds for believing that the work is likely to endanger ~~their~~ his/her health or safety. The Occupational Health and Safety Act is specific about the procedure to be followed when an employee indicates they are refusing unsafe work.
- 2.2 If the work refusal meets the criteria defined under Section 43(3) of the Occupational Health and Safety Act as outlined below, a worker may refuse to work or do particular work, where ~~they have~~ he/she has reason to believe that:
 - a) Any equipment, machine, device or thing the worker is to use or operate is likely to endanger ~~them, himself, herself,~~ or another worker;
 - b) The physical condition of the workplace or part thereof in which the worker works or is to work is likely to endanger ~~them; himself or herself;~~
 - c) Workplace violence is likely to endanger ~~them himself or herself;~~ or
 - d) Any equipment, machine, device or thing the ~~worker~~ he or she is to use or operate or the physical condition of the workplace or part thereof in which the ~~worker~~ he or she works or is to work is in contravention of this Act or the regulations and such contravention is likely to endanger them or another worker.
- 2.3 Employees will not be penalized for exercising or seeking to exercise their rights under the Occupational Health and Safety Act.

3.0 First Stage Work Refusal

- 3.1 Upon refusing to work, the employee shall promptly report the circumstances of the work refusal to their direct Supervisor. ~~The~~ employee will complete their section of the ~~"Hazard/Work Refusal Form"~~ **Work Refusal Form-Form 1.**
- 3.2 The Supervisor will immediately contact the Health and Safety Coordinator. The Supervisor will follow direction from the Health and Safety Coordinator.
- 3.3 The Supervisor will immediately investigate the work refusal in the presence of the employee, ~~the Health and Safety Coordinator~~ (where deemed appropriate) and a Joint Health and Safety Committee (JHSC) site representative.



- 3.4 The JHSC site representative must be made available and must attend the investigation without delay. Time spent by this representative is deemed to be work time, for which the person shall be paid at ~~his/her~~ **their** regular rate, or premium rate if deemed proper.
- 3.5 The Supervisor or the JHSC site representative may request through the JHSC co-chairs assistance with the investigation by the certified members of the JHSC.
- 3.6 Until the investigation is completed, the employee initiating the work refusal must remain in a safe place near as reasonably possible to their workstation and be available to the Supervisor for the purpose of the investigation.
- 3.7 **During the investigation, the Supervisor may assign the employee to alternative work.**
- 3.8 During the investigation, the Supervisor must record as many details as possible regarding the refusal.
- 3.9 If action can be taken to resolve the complaint without need for further investigation, the Supervisor will carry out the action decided upon, and the Supervisor will complete their section of the ~~"Hazard/Work Refusal Form"~~ **Work Refusal Form**.
- 3.10 If the employee is satisfied with the corrective action, they can return to work after signing the ~~"Hazard/Work Refusal Form"~~ **Work Refusal Form**. The JHSC site representative and Supervisor must also sign the report.
- 3.11 If the reasons for work refusal cannot be resolved internally, the work refusal will progress to a Second Stage work refusal and the Ministry of Labour will be called to resolve the work refusal.

4.0 Second Stage Work Refusal

- 4.1 If the employee continues to refuse work after the ~~completion of the first stage work refusal investigation,~~ the Supervisor will immediately contact the Health & Safety Coordinator **will notify the Ministry of Labour**.
- 4.2 If the employee continues to refuse work after the ~~completion of the first stage work refusal investigation,~~ The Health and Safety Coordinator ~~will immediately notify the Ministry of Labour and will conduct internal notifications to the Director of Education, Human Resources~~ **Services** Manager, and the JHSC Co-Chairs.
- 4.3 The Ministry of Labour Inspector will investigate the work refusal in consultation with the Health & Safety Coordinator, the employee, the Supervisor and the JHSC site representative.
- 4.4 Pending the investigation and decision of the Ministry of Labour Inspector, the employee must remain, during normal working hours, in a safe place that is near as reasonably possible to their workstation and be available to the Ministry of Labour Inspector for the purposes of investigation. This does not apply if the employer is able to find suitable alternative work for the employee to do during normal working hours.
- 4.5 During the investigation, the Supervisor must record all matters relating to the work refusal and ensure that these records are maintained on file. Copies of all investigation notes must be provided to the Health and Safety Coordinator and the JHSC site representative.
- 4.6 Following the investigation, the Ministry of Labour Inspector will decide whether the work being refused is likely to endanger the employee or another person.
- 4.7 The Ministry of Labour Inspector will provide their decision in writing, as soon as **practical** ~~practicable~~, to the Health and Safety Coordinator, the employee and the JHSC site representative.
- 4.8 Pending the completion of the investigation, another employee may be assigned to the work that is being investigated, however that employee must be advised of the other employee's refusal and reasons for it, in the presence of the JHSC site representative. The Supervisor will confirm in writing that they have



advised the employee of the work refusal and reasons for the work refusal in the presence of the JHSC site representative.

- 4.9 If the Ministry of Labour Inspector determines the work is unsafe, ~~they~~ he/she will direct the workplace parties by issuing an order for corrective actions. The employee will not return to work until corrective actions are in place. Once compliance is achieved, the worker will return to work.
- 4.10 If the Ministry of Labour Inspector does not consider that the work is likely to endanger a worker, the employee is expected to return to work.
- 4.11 If the employee continues to refuse work after the Ministry of Labour Inspector's decision that the work is not likely to endanger a worker and no reasonable grounds exist for the ongoing refusal, the employee may be subject to disciplinary action.

REPORT TO THE BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD POLICY COMMITTEE

Prepared by: Kevin Greco, Superintendent of Education
Presented to: Policy Committee
Submitted on: September 16, 2025
Submitted by: Mike McDonald, Director of Education & Secretary

Transfers Related to School Safety Policy #200.52

Public Session

BACKGROUND INFORMATION:

The Brant Haldimand-Norfolk Catholic District School Board ("the Board") is committed to providing safe, caring, inclusive, and healthy Catholic school communities in which every student can achieve their full potential. Furthermore, the Board believes in the dignity of all people and affirms the need for students and staff to feel safe at school.

In some instances, it may be necessary to impose an administrative transfer of a student, for reasons of safety, or to comply with a Police undertaking or court order. The implementation process in such cases shall be the responsibility of the Superintendent for the Family of Schools in consultation with the Superintendent responsible for Safe and Accepting Schools.

DEVELOPMENTS:

This new Policy was created to provide direction and procedural guidelines to parents, principals, school administrators, teachers, support staff, and students regarding their respective responsibilities with respect to School Transfers Related to School Safety.

RECOMMENDATION:

THAT the Policy Committee recommends that the Committee of the Whole refers the Transfers Related to School Safety Policy #200.52 to the Brant Haldimand Norfolk Catholic District School Board for approval.



School Transfers Related to School Safety

#200.52

Adopted:	September 2025
Last Reviewed/Revised:	NEW
Responsibility:	Superintendent of Education
Next Scheduled Review:	2028- 2029

POLICY STATEMENT:

The Brant Haldimand-Norfolk Catholic District School Board ("the Board") is committed to providing a safe, caring, inclusive, and healthy Catholic school community in which every student can achieve their full potential.

The Board believes in the dignity of all people and affirms the need for students and staff to feel safe at school.

In some instances, it may be necessary to impose an administrative transfer of a student, for reasons of safety, or to comply with a police undertaking or court order. The implementation process in such cases shall be the responsibility of the Superintendent(s) of Education responsible for the affected Family of Schools, and the Director of Education.

The Board is committed and facilitating successful transitions for those students that are subject to a transfer for reasons of student safety.

APPLICATION AND SCOPE:

The purpose of this policy and administrative procedure is to provide direction and procedural guidelines to parents, principals, school administrators, teachers, support staff, and students regarding their respective responsibilities with respect to School Transfers Related to School Safety.

REFERENCES:

- Education Act, R.S.O. 1990, c. E.2, Section 169.1, Section 265(1)(m), Section 32
- PPM 145 *Progressive Discipline and Promoting Positive Student Behaviour*
- Occupational Health and Safety Act (OHSA), section 32.0.5(3).

FORMS:

- N/A

APPENDICES:

- Appendix A: Principal Fresh Start Checklist – Sending and Receiving Schools
- Appendix B: Sample Letter for Notice of a Fresh Start Transfer



DEFINITIONS:

Receiving School Principal: Refers to the school administrator responsible for the school that will receive a student who is being transferred under a Safe Schools provision.

Sending School Principal: Refers to the school administrator of the current or originating school where the student was enrolled before the transfer was initiated.

Undertaking: A written promise by a person charged with a criminal offence, agreeing to appear in court as required, and abide by certain conditions, such as no contact with specified individuals, pending trial. A breach of any condition of the undertaking is a criminal offence.

ADMINISTRATIVE PROCEDURES:

1.0 Principles

- 1.1 The *Education Act* provides that a resident pupil of the Board who meets the eligibility criteria outlined at subsections 33(3) and 36(3) of the *Act* has the right to attend a BHNCD SB school, but not the right to attend a particular school of the Board.
- 1.2 Administrative student transfers may be imposed for reasons of safety, or in order to facilitate compliance with a police undertaking or court order.
- 1.3 Administrative transfers shall not be imposed as a disciplinary consequence to an infraction under Part XIII of the *Education Act*, although in some cases a student may also be subject to disciplinary consequences.
- 1.4 The student who has threatened or inflicted harm will be the student who is transferred, except where the victim has expressed a preference to be transferred.

2.0 Victim's Rights

- 2.1 All students and staff are entitled to feel safe and be safe at school. The Board is obligated to provide appropriate support for all students and staff who are affected by serious student incidents that impact safety and all forms of inappropriate behaviour.
- 2.2 The Board and school staff will develop specific plans to protect each student who has been harmed or threatened with harm.
- 2.3 Where a victim has been threatened or harmed as a result of a serious incident, and the school principal believes the victim's safety (physical, emotional, and/or psychological) may be compromised by the continued presence of the individual(s) who threatened or caused the harm, the principal will:
 - 2.3.1 Ensure temporary separation of the intended/actual victim and the individual(s) who threatened/caused the harm;
 - 2.3.2 Facilitate care, support, and/or medical assistance (as required) for the victim;
 - 2.3.3 Investigate the circumstances of the harm or threatened harm, and upon conclusion of their investigation, determine whether the initial separation of the individuals involved should continue;
 - 2.3.4 Where the principal, in consultation with their Family of Schools Superintendent and the Superintendent responsible for Safe and Accepting Schools, determines that the separation should continue, the principal shall assign a "Fresh Start" administrative transfer for the individual(s) who threatened/caused the harm.



3.0 Determining Receiving School

- 3.1 All requests for Fresh Start transfers will be coordinated and approved by the Superintendent of Schools and the Superintendent responsible for Safe and Accepting Schools.
- 3.2 The following criteria will be taken into account when determining which school a student will be transferred to:
 - 3.2.1 Distance from student's home, as transportation will not be provided by the Board.
 - 3.2.2 Access to academic and social-emotional supports.
 - 3.2.3 Provisions of any court order, undertaking, or conditions of release agreed to by the student and/or student's parent/legal guardian.
 - 3.2.4 Availability of classroom space.
 - 3.2.5 Any previous Fresh Start or safety related transfers for the student.
 - 3.2.6 Presence of student(s) or staff who were previously the victim of, or in conflict with, the student.
 - 3.2.7 Presence of student(s) who may have been involved in previous serious incidents with the student.
 - 3.2.8 Additional factors that, in the professional judgement of the principal, may affect student safety and well-being.

4.0 Implementation

- 4.1 The Sending School Principal will notify the student and parent/guardian (if student is a minor) that a Fresh Start transfer is being imposed (see sample letter at Appendix B).
- 4.2 The Sending School Principal will provide the student and family with information about the new school.
- 4.3 The Sending School Principal will ensure all pertinent information including, but not limited to, a Credit Counselling Summary, the student's Ontario Student Record ("OSR"), and details related to the reason for the transfer are provided to the Receiving School Principal.
- 4.4 The Receiving School Principal will coordinate a Fresh Start transfer meeting, to include the student and their parent(s)/guardian(s), the Sending School Principal and the Receiving School Principal, and any teachers whose input may be helpful in developing a transition plan.
- 4.5 The purpose of the Fresh Start transfer meeting is to develop a transition strategy, to include any additional supports and resources the student may require.
- 4.6 The Sending School Principal will ensure that the OSR is available for reference at the Receiving School for the Fresh Start transfer meeting.
- 4.7 The meeting must occur prior to the student being transferred, or on the day the student is being transferred, in which case the meeting must occur before the student attends class.
- 4.8 At the Fresh Start transfer meeting, the following will be discussed:
 - 4.8.1 School and Board Code of Conduct.
 - 4.8.2 Social Work and other Support Staff referrals.
 - 4.8.3 Academic transition plan.
 - 4.8.4 Safety Planning.
- 4.9 Prior to the student starting class, the principal will provide the student's teachers with information relevant to their academic success.



- 4.10 The Receiving School Principal will also ensure that appropriate staff are advised in accordance with the *Occupational Health and Safety Act* (OHSA) requirements. Specifically, the Board recognizes Section 32.0.5(3) of the OHSA which states the employer's "duty to provide information, including personal information, related to a risk of workplace violence from a person with a history of violent behaviour if, (a) the worker can be expected to encounter that person in the course of his or her work; and (b) the risk of workplace violence is likely to expose the worker to physical injury."
- 4.11 Where a student is subject to a Fresh Start transfer more than once or they were previously expelled, the student and the parent(s)/guardian(s) must meet with the Family of Schools Superintendent and/or Superintendent of Safe Schools prior to transferring to the new school placement.
- 4.12 Where a secondary student is subject to a Fresh Start transfer immediately preceding the end of a semester, the Sending and Receiving School Principals will consult on whether to make arrangements for the student to attempt to complete their credits at an alternate location, or at the Receiving School.
- 4.13 Where a student's Fresh Start transfer is necessary due to a police undertaking, and the terms of that undertaking are subsequently amended such that the student is no longer prohibited from attending their previous school, they may apply in writing to the Superintendent of Schools for permission to return. The Superintendent shall consider the request, taking all of the circumstances into account.

5.0 Documentation

- 5.1 The Fresh Start meeting and any transition or other plans will be documented by the Receiving School.
- 5.2 A record of the Fresh Start transfer will be kept by the Superintendent Responsible for Safe and Accepting Schools.

6.0 Fresh Start Appeals

- 6.1 A parent/guardian (or an adult student/student who is 16 or 17 years old and has withdrawn from parental control) shall have the right to file an appeal of the Fresh Start.
- 6.2 The Fresh Start appeal must be filed in writing with the Director of Education or designate, within five (5) school days of receiving written notice of the decision to transfer.
- 6.3 The Fresh Start Appeal meeting shall be held by a Student Hearings Committee of the Board within fifteen (15) school days of receipt of the Notice of Intention to Appeal a Fresh Start.



Principal Fresh Start Checklist – Sending and Receiving Schools

- ☐ Family of Schools Superintendent confirms initiation of Fresh Start transition with both Principals.
- ☐ Receiving school requests OSR from sending school.
***Receiving school must be in possession of OSR prior to the intake meeting and OSR must be available to be consulted during intake meeting (PPM145)*
- ☐ Review of OSR by Receiving School to identify relevant information to support successful student transition.
***Note: this review includes any applicable accommodations/supports outlined in the Individual Education Plan (IEP) or via Identification Placement and Review Committee (IPRC), if applicable.*
- ☐ Receiving School Principal (or designate) engages in an exchange of information with Principal (or designate) of Sending School.
- ☐ Receiving School develops student timetable (Secondary)/assigns the student to the appropriate classroom (Elementary).
- ☐ Fresh Start Transfer meeting arranged by the Receiving School prior to the day or on the day the student is transferred and before the student attends class.
- ☐ Receiving School Principal (or designate) to ensure the academic and social work supports, including a Transition Plan and/or Safety Plan are in place.
***Transition Plan must also include considerations related to extra-curricular activities to ensure that at no time the student will be in contact with previous victim(s), witness(es), or co-accused. Should the student be a member of an extra-curricular team or club, the principal should contact the Family of Schools Superintendent for further direction.*
- ☐ Prior to the student beginning classes, Receiving School Principal (or designate) meets or speaks with teaching and non-teaching staff that will have direct and regular contact with the student to review key information from the Intake Meeting and strategies to best support the student.
- ☐ Receiving School Principal (or designate) informs teaching and non-teaching staff that they must treat any information about the student and the incident disclosed at the meeting as confidential.



(School Letterhead)

Date:

(**Name of parent(s)/guardian(s)**)
(**Mailing Address**)

RE: Notice of a Fresh Start Transfer

Dear (**Name of parent(s)/guardian(s)**)

I am writing to inform you that a Fresh Start transfer has been imposed for (**insert student name/DOB**). A Fresh Start is a **non-disciplinary** administrative transfer to a new school to preserve student and staff safety.

A Fresh Start is being implemented for (**insert student name/DOB and SELECT ONE OR MORE OF THE FOLLOWING:**)

- [**in response to the Policy 200.09, Catholic Code of Conduct**]
- [**to assist the student with an undertaking or conditions agreed to by the student**] and/or **student's parent/legal guardian,**
- [**in other circumstances to preserve student and/or school safety and well-being**]

(**Insert student name**) will be assigned to (**insert name of Receiving School**). A transfer meeting will be coordinated by (**insert name of Receiving School**). The purpose of the meeting is to put in place a transition strategy to identify any additional supports and resources that (**insert name of student**) may require. This transfer meeting must occur before (**insert student name**) attends any classes.

Should you wish to appeal the implementation of this Fresh Start transfer, you must provide written notice of your intention to appeal to the Director of Education, within five (5) school days of receiving this letter. Upon receipt of a notice of appeal, the Superintendent of Education will contact you to discuss the appeal hearing process.

Sincerely,

Principal
School
Phone Number

Cc Superintendent