



YORK CATHOLIC DISTRICT SCHOOL BOARD SPECIAL BOARD MEETING AGENDA

Thursday, June 26, 2025

8:30 a.m.

Catholic Education Centre

320 Bloomington Rd. West, Aurora, ON. L4G 0M1

Watch the Special Board Meeting STREAM event on our YCDSB TV Channel: <http://bit.ly/YCDSB-TV>

Land Acknowledgement:

We are gathered on the ancestral lands and waters of all Indigenous Peoples, who have left their footprints on Mother Earth before us. We respectfully acknowledge, those who have walked on it, those who walk on it now, and future generations who have yet to walk upon it. We pray to the Creator for strength and wisdom that all may continue to serve as stewards of the earth.

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21. PRAYER TO ST. MICHAEL THE ARCHANGEL

St. Michael the Archangel, defend us in battle, be our protection against the wickedness and snares of the devil. May God rebuke him we humbly pray; and do thou, O Prince of the Heavenly Hosts, by the power of God, cast into hell Satan and all the evil spirits who prowl about the world seeking the ruin of souls. Amen.

22. ADJOURNMENT

Next Regular Board Meeting

Tuesday, August 26, 2025

6:30 pm Mass



YORK CATHOLIC DISTRICT SCHOOL BOARD

BOARD POLICY	
<i>Policy Section</i> Students	<i>Policy Number</i> 206
<i>Former Policy #</i>	<i>Page</i> 1 of 9
<i>Original Approved Date</i> June 20, 2023	<i>Subsequent Approval Dates</i>

POLICY TITLE: SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS (ANAPHYLAXIS, ASTHMA, DIABETES, AND/OR EPILEPSY) IN SCHOOLS

SECTION A

1. PURPOSE

The York Catholic District School Board ~~strives to create a safe and accepting learning environment for students with prevalent medical conditions. The York Catholic District School Board recognizes that Health Management Plans are a shared responsibility that require a team approach among students, Parent(s)/Guardian(s), health care providers and the school community. In addition, the Board believes in the importance of empowering students with prevalent medical conditions to be confident and capable learners who can reach their full potential for self-management of their medical conditions, according to their plan of care.~~ **is committed to supporting students with prevalent medical conditions to fully access school in a safe, accepting, and healthy learning environment that supports well-being. The policy promotes a collaborative approach with the student, parent(s)/guardian(s), Principal, school staff and health care professionals, to ensure a full understanding of the prevalent medical conditions, supports, clarity of roles and communication associated with the student's Plan of Care. The Board seeks to empower students, as confident and capable learners, to reach their full potential for self-management of their medical condition(s), according to their Plan of Care. The Board also aims to support parent(s)/guardian(s) in feeling confident that their child is safe at school and during school-related activities, and has the same opportunities as other students to fully access the education system. This policy is in accordance with Policy/Program Memorandum 161 and all other applicable legislation.**

2. OBJECTIVE

It is the policy of the York Catholic District School Board that all students be entitled to safe and healthy environments in our schools. The Board is committed to ~~supporting students with prevalent medical conditions to fully access school in a safe, accepting and healthy learning environment that supports well-being. The Board will support the empowerment of students as confident and capable learners, to reach their full potential for self-management of their medical condition(s) according to their Health Management Plan.~~ **ensuring that the appropriate staff are familiar with the prevalent medical condition(s) as outlined in the Plan of Care and are trained and confident in prevention strategies to minimize risks, recognize the symptoms of a medical emergency, and know the steps to follow in dealing with a medical emergency. This policy is in accordance with Policy/Program Memorandum 161 and all other applicable legislation.**

3. PARAMETERS

- 3.1 Every school in the York Catholic District School Board shall implement and maintain procedures in accordance with this policy for students with Anaphylaxis, Asthma, Diabetes, and/or Epilepsy and will cross reference Policy 208 *Student Disability Accommodation* and Policy 207 *Administration of Oral Medication to Elementary and Secondary Students*. While it is impossible to create a risk-free environment, school staff and Parent(s)/Guardian(s) can take important steps to minimize potentially life-threatening situations including the following:
- 3.1.1 Clearly articulate the expected roles and responsibilities of parents(s)/guardian(s), school staff and of the student themselves;
 - 3.1.2 Establish a communication and implementation plan for the dissemination of information to Parent(s)/Guardian(s), students, employees and include any other person who has direct **and regular** contact with a student who has one or more of these diagnoses;
 - ~~3.1.3 Provide annual training and resources for all school employees who are in direct and regular contact with students with prevalent medical conditions to ensure the safety and well-being of students.~~
 - 3.1.4 ~~To d~~Develop and implement strategies that reduce the risk of a medical incident for students with prevalent medical conditions in classrooms, common school areas and on approved excursions and activities.
- 3.2 **The Board shall provide annual training and resources for all school employees who are in direct and regular contact with students with prevalent medical conditions to ensure the safety and well-being of students.**
- 3.3 Upon registration or upon being informed of a student's diagnosis, Parents/Guardians ~~and students of 16 years of age or older~~ **shall** supply information specific to their **child's** symptoms and the management of their prevalent medical condition.
- 3.4 A ~~Health Management Plan~~ **of Care** shall be co-created, reviewed, and updated for each student diagnosed with a prevalent medical condition in consultation with the parent(s)/guardian(s), appropriate school staff, and with the student, along with any notes and instructions from the student's health care provider.
- 3.5 Employees and other staff who are in direct contact on a regular basis with a student with a prevalent medical condition shall be informed of the contents of the student's ~~Health Management Plan~~ **of Care**.
- 3.6 A ~~centrally~~ **locally** accessible file containing all individual ~~Health Management Plans~~ **of Care** shall be created, maintained and shall contain a copy of any notes and instructions from a health care provider for students with a prevalent medical condition for the current school year.
- 3.7 **Schools ~~must~~ shall comply with applicable privacy legislation and obtain parental consent in the individual Plan of Care prior to sharing student health information with school staff or other students.**
- 3.8 All decisions regarding admittance of service animals to a school shall be made in accordance with YCDSB's Policy 214, *Student Use of Service Animals*, and the *Decision-Making Protocol for Entry of a Personal Service Animal*.

- 3.9 No action or other proceedings for damages shall be commenced against an employee for an act or omission, done or omitted by the employee in good faith, in the execution or intended execution of any duty or power under the *Good Samaritan Act*. Subsection 2(1) and (2) of this act outline the following with regard to individuals:

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

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

- 3.10 Principals shall ensure that transportation providers are informed of a student's Plan of Care, to support student safety during transit. The Board recognizes that the level of supervision and access to medical support on school buses may differ from that available within the school setting.

4. RESPONSIBILITIES

4.1 Director of Education

- 4.1.1 To oversee compliance with the Supporting Students with Prevalent Medical Conditions (Anaphylaxis, Asthma Diabetes and/or Epilepsy) in schools policy.

4.2 Superintendent of Education: Exceptional Learners

- 4.2.1 To oversee the implementation of the Supporting Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools policy.
- 4.2.2 To liaise with the Superintendent of Human Resources to ensure ongoing training is provided to all relevant staff.
- 4.2.3 To ensure the requirements of *Policy/Program Memorandum 161* are implemented and maintained across all schools.

4.3 Superintendent of Human Resources

- 4.3.1 To ensure that all staff who have direct and regular contact with students with prevalent medical conditions are trained upon hiring and on an annual basis.
- 4.3.2 To maintain a list of school personnel who have received training.

4.4 Superintendent of Education: School Leadership

- 4.4.1 To support Principals with the implementation of and compliance with the Supporting Students with prevalent medical conditions (Anaphylaxis, Asthma Diabetes and/or Epilepsy) in schools policy.

4.5 Student Transportation Services

- 4.5.1 To ensure that the names of students with a prevalent medical condition (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) has been communicated to Transportation Service Providers.
- 4.5.2 To ensure that Policy 206: Supporting Students with Prevalent Medical

- Conditions has been communicated with all Transportation Service Providers.
- 4.5.3 To ensure that the current Plan of Care form received from the Principal is available on file:
- i) in the Student Transportation Services office,
 - ii) in the appropriate service provider's dispatch office, and,
 - iii) in the appropriate school vehicle(s)
- 4.5.4 To require the service provider to ensure there has been adequate training of all regular drivers and substitute drivers that transport a student with a prevalent medical condition.
- 4.5.5 To work with the school Principal and service provider to assign a specific seat to a student with a prevalent medical condition, if required.

4.6 Principals

- 4.6.1 To participate in annual training with staff and others in direct ~~and~~ regular contact with students to learn how to recognize the symptoms of prevalent medical conditions and the procedures to follow should a life-threatening reaction occur.
- 4.6.2 ~~To implement and comply with this policy.~~
- 4.6.3 To clearly communicate to parents/~~guardians~~ and appropriate staff the process for parents/~~guardians~~ to notify the school of their child's medical condition(s), as well as the expectation for parents/~~guardians~~ to co-create, review, and update a ~~Health Management Plan~~ of Care with the Principal or the Principal's designate. This process should be communicated to parents/~~guardians~~, at a minimum:
- (i) during the time of registration
 - (ii) each year during the first week of school
 - (iii) when a child is diagnosed and/or returns to school following the diagnosis.
- 4.6.4 To co-create, review, or update the ~~Health Management Plan~~ of Care for a student with a prevalent medical condition with the parent(s)/~~guardian(s)~~, in consultation with school staff (as appropriate) and with the student (as appropriate).
- 4.6.5 To maintain a file with the ~~Health Management Plan~~ of Care and supporting documentation for each student with a prevalent medical condition.
- 4.6.6 To provide relevant information from the student's ~~Health Management Plan~~ of Care to school staff and others who are identified in the ~~Health Management Plan~~ of Care (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct and regular contact with the student), including any revisions that are made to the plan.
- 4.6.7 To communicate with parent(s)/guardian(s) in medical emergencies, as outlined in the ~~Health Management Plan~~ of Care.
- 4.6.8 To encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions, while honouring the provisions within their collective agreements.
- 4.6.9 To maintain appropriate storage of medications or medical devices for students with prevalent medical conditions.
- 4.6.10 To communicate regularly with school staff and parents/guardians regarding any life threatening conditions.
- 4.6.11 To inform parents/guardians about relevant Board and school policies and

- procedures and encourage them to review them.
- 4.6.12 To ensure occasional teachers have access to the student's Plan of Care and are familiar with the emergency procedures.
- 4.6.13 To promote a supportive learning environment recognizing the need for an accepting social climate for students with prevalent medical conditions.
- 4.6.14 To in addition to their role, carry out the responsibilities listed in section 4.6 'School Staff'.

4.7 School Staff

- 4.7.1 To abide by all Board policies and collective agreement provisions related to supporting students with prevalent medical conditions in schools.
- 4.7.2 To review the contents of the ~~Health Management Plan~~ of Care for any student with prevalent medical conditions with whom they have direct and regular contact.
- 4.7.3 To participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board.
- 4.7.4 To share information on a student's signs and symptoms with other students, if the parent(s)/guardian(s) give consent to do so and as outlined in the ~~Health Management Plan~~ of Care and authorized by the Principal in writing.
- 4.7.5 To follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's ~~Health Management Plan~~ of Care.
- 4.7.6 To support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in Board policies and procedures.
- 4.7.7 To 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 ~~Health Management Plan~~ of Care, while being aware of confidentiality and the dignity of the student.
- 4.7.8 To enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care.
- 4.7.9 To collaborate with parents/guardians in developing transition plans for students with prevalent medical conditions, as appropriate.

4.8 Parent(s)/Guardian(s) of Children with Prevalent Medical Conditions

- 4.8.1 To be active participants in supporting the management of their child's medical condition(s) while the child is in school.
- 4.8.2 To educate their child about their medical condition(s) with support from their child's healthcare professional, as needed.
- 4.8.3 To guide and encourage their child to reach their full potential for self-management and self-advocacy.
- 4.8.4 To inform the school of their child's medical condition(s) and co-create the ~~Health Management Plan~~ of Care for their child with the Principal or their designate.
- 4.8.5 To communicate changes to the ~~Health Management Plan~~ of Care, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage the medical condition(s), to the Principal or their designate.
- 4.8.6 To confirm annually to the Principal or their designate that their child's medical status is unchanged.
- 4.8.7 To initiate and participate in annual meetings to review their child's ~~Health~~

- Management Plan of Care.**
- 4.8.8 To supply their child and/or school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the **Health Management Plan of Care**, and track the expiration dates if they are supplied.
 - 4.8.9 To seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate.
 - 4.8.10 **To provide the school with copies of any medical reports or instructions from the student's health care provider.**
 - 4.8.11 **To review all Board policies related to the management of their child's medical condition(s).**
- 4.9 Students with Prevalent Medical Conditions**
- 4.9.1 ~~Depending on their cognitive, emotional, social, and physical stage of development, and their capacity for self-management, students are expected to~~ **To actively support the development and implementation of their Health Management Plan of Care, depending on their cognitive, emotional, social and physical stage of development, and their capacity for self-management.**
 - 4.9.2 To 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.
 - 4.9.3 To participate in the development of their **Health Management Plan of Care.**
 - 4.9.4 To participate in meetings to review their **Health Management Plan of Care.**
 - 4.9.5 To carry out daily or routine self-management of their medical condition to their full potential, as described in their **Health Management Plan of Care (e.g. carry their medication and medical supplies; follow school board policies on disposal of medication and medical supplies).**
 - 4.9.6 To set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s)/guardian(s) and health care professionals.
 - 4.9.7 To communicate with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical condition(s) at school.
 - 4.9.8 **To wear medical alert identification that they and /or parent(s)/guardian(s) deem appropriate.**
 - 4.9.9 **To, if possible, to inform school staff and/or their peers if a medical incident or a medical emergency occurs.**

5. DEFINITIONS

5.1 Anaphylaxis

~~Is a serious and possibly life-threatening allergic reaction that requires immediate recognition and intervention. Symptoms can vary from person to person and may include:~~

- ~~— Skin: hives, swelling (face, lips, and tongue), itching, warmth, redness~~
- ~~— Breathing (respiratory): coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing~~
- ~~— Stomach (gastrointestinal): nausea, pain/cramps, vomiting, diarrhea~~
- ~~— Heart (cardiovascular): paler than normal/blue skin colour, weak pulse, passing out, dizziness or light-headedness, shock~~

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

A sudden and severe allergic reaction, which can be fatal, requiring medical emergency measures be taken.

5.2 Asthma

As defined by the Ontario Lung Association, is a very common chronic (long-term) lung disease that can make it hard to breathe. People with asthma have sensitive airways that react to triggers. There are many different types of triggers such as; poor air quality, mold, dust, pollen, viral infections, animals, smoke and cold air. The symptoms can cause mild to severe reactions and be fatal. Common asthma symptoms include:

- Shortness of breath;
- Wheezing (whistling sound from inside the chest);
- Difficulty breathing;
- Chest tightness; and
- Coughing.

A chronic, inflammatory disease of the airways in the lungs.

5.3 Diabetes –Type 1

A chronic condition where the pancreas stops producing insulin, a hormone that helps the body controls the level of glucose (sugar) in your blood. The body produces glucose, and also gets it from foods that contain carbohydrates, such as bread, potatoes, rice, pasta, milk and fruit. Without insulin, glucose builds up in the blood instead of being used by your cells for energy. A lack of insulin can cause both short-term and long-term health problems. Symptoms of undiagnosed type 1 diabetes include:

- Increased thirst;
- increased urination;
- lack of energy;
- weight loss.

A chronic disease, in which the body either cannot produce insulin or cannot properly use the insulin it produces.

5.4 Diabetes –Type 2

Can affect children and youth, but it is more common in adults. With type 2 diabetes, the body does not respond well to insulin, and the pancreas cannot produce enough insulin to compensate. Type 2 diabetes can often be managed through changes to diet and lifestyle, as well as with oral medications (pills). Some children with type 2 diabetes may need insulin injections.

5.5 Epilepsy

Results from sudden bursts of hyperactivity in the brain; this causes “seizures” which vary in form, strength, and frequency, depending on where in the brain abnormal activity is found. Epilepsy is the diagnosis and seizures are the symptom. If a person has two (2) or more seizures that are not related to another condition, that person will be diagnosed as having epilepsy.

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

5.6 Health Management Plan

A plan of care that contains individualized information on a student with a prevalent medical condition.

5.7 Health Care Professional

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

5.8 Health Care Provider

May be a Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

5.9 Medical Emergency

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.

5.10 Medical Incident

A circumstance that requires an immediate response and monitoring, since as the incident may progress to an emergency requiring contact with Emergency Medical Services.

5.11 Plan of Care

A form that contains documented individualized information, including strategies for care, of a student with a prevalent medical condition.

5.12 Prevalent Medical Conditions

For the purposes of this policy, Prevalent Medical Conditions refer to the medical conditions of students in schools who have asthma, diabetes, epilepsy, and/or anaphylaxis as diagnosed by a medical doctor or nurse practitioner. includes anaphylaxis, asthma, diabetes, and epilepsy.

5.13 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 conditions(s). The students' journey to reach their full potential along the self-management continuum is not linear and can require varying levels of support over time. A student's capacity for self-management may be compromised during certain medical incidents, and additional support will be required.

6. CROSS REFERENCES

Legislation

[Asthma Canada](#)

[Canadian Lung Association](#)

[Diabetes at School](#)

[Education Act](#)

[Epilepsy Ontario](#)

[Food Allergy Canada](#)

[Good Samaritan Act](#)

[Municipal Freedom of Information and Protection of Privacy Act \(MFIPPA\)](#)

[Personal Health Information Protection Act \(PHIPA\)](#)

[PPM 161 Supporting Children and Students with Prevalent Medical Conditions \(Anaphylaxis,](#)

[Asthma, Diabetes, and/or Epilepsy\) in Schools](#)
[Ryan's Law \(Ensuring Asthma Friendly Schools\)](#)
[Sabrina's Law](#)

YCDSB Policies

YCDSB Policy 201A Healthy Schools – Eating and Nutrition

YCDSB Policy 203 Student Transportation Services

YCDSB Policy 207 Administration of Oral Medication to Elementary and Secondary Students

YCDSB Policy 208 Student Disability Accommodation

YCDSB Policy 214 Student Use of Service Animals

YCDSB Procedures

YCDSB Procedure 206A Supporting Students with Prevalent Medical Conditions: Anaphylaxis

YCDSB Procedure 206B Supporting Students with Prevalent Medical Conditions: Asthma

YCDSB Procedure 206C Supporting Students with Prevalent Medical Conditions: Diabetes

YCDSB Procedure 206D Supporting Students with Prevalent Medical Conditions: Epilepsy

Approval by Board	<u>June 20, 2023</u> Date
Effective Date	<u>June 21, 2023</u> Date
Revision Dates	<u>June 20, 2023</u> Date
Review Date	<u>June 2027</u> Date

York Catholic District School Board

REPORT

Report To: Special Board
From: Administration
Date: June 26, 2025
Re: Capital and Asset Renewal 5 Year Capital Plan (2026-2030) Update

Executive Summary

This report presents an updated and extended version of the Plant Department's Five-Year Capital Plan, covering the period from 2026 to 2030. This revised plan builds upon the previously approved 2025–2029 capital framework and reflects our ongoing work to align capital planning priorities with the Board's multi-year financial recovery strategy.

A well-structured capital plan is essential for strategic decision-making, risk management, long-term sustainability, and optimal resource allocation. This update ensures continued alignment with the Board's operational goals while positioning our infrastructure strategy within the broader financial recovery roadmap. The updated plan outlines approximately \$101 million in capital renewal projects to be executed across the Board's facilities.

Background

In our capacity as a publicly funded education provider, we recognize that strategic capital planning is a critical tool for effective governance, financial prudence, and infrastructure stewardship. This updated plan reflects an intentional effort to adapt to new fiscal constraints and Board priorities stemming from the multi-year recovery process.

The 2026–2030 plan builds directly on the foundational structure and methodology developed for the 2025–2029 plan. As the fiscal and operational landscape evolves, this updated plan responds to emerging pressures while continuing to support a safe, efficient, and modern learning environment. The plan supports asset longevity, cost avoidance, energy efficiency, and responsiveness to stakeholder needs, including accessibility, accommodation demands, and health and safety considerations.

Capital investments are supported by a combination of Ministry and Board funding sources, including the School Renewal Allocation (SRA), School Condition Improvement (SCI),

Full-Day Kindergarten (FDK), Temporary Accommodation Grant (TAG), Board contributions, and available carryforward balances.

Updated Capital Plan Development Process

The development of the revised 2026–2030 capital plan followed a comprehensive and collaborative approach. While maintaining consistency with the original plan, updates were made to reflect:

- Progress achieved under the current 2025–2029 capital framework
- Ongoing Ministry of Education funding guidelines and updates
- Adjusted timelines and funding reallocations aligned with recovery targets
- Updated building condition data from Ministry and third-party assessments
- Revised priorities based on deferred maintenance and operational requirements
- Feedback from internal stakeholders including Facilities, Maintenance, and Energy teams
- Enhanced integration of capital planning with the multi-year financial recovery process

The revised plan continues to be informed by building life-cycle data, inspection outcomes, critical repair needs, stakeholder input, and long-term program planning.

Plan Scope and Funding Overview

The revised plan currently includes approximately 200 projects, valued at a cumulative \$101 million, with an annual average investment of \$20 million. As departmental reviews continue and additional projects are identified through evolving needs assessments, the total number of projects may increase.

Appendix A provides a detailed breakdown of proposed projects by school site.

Implementation and Monitoring

Following approval, the 2026–2030 plan will proceed to implementation through an established project governance model. This includes formal resource allocation, defined project milestones, and responsibilities across departments. The Plan will be reviewed annually, allowing for updates based on operational realities, funding adjustments, or strategic redirection.

This updated plan reflects our continued commitment to prudent capital stewardship, operational efficiency, and alignment with broader Board priorities, including financial recovery.

As we move into this next planning cycle, we remain flexible and proactive, ensuring that our capital strategy supports the Board’s long-term sustainability and ability to deliver safe, functional, and future-ready learning environments.

Prepared and submitted by: Jeffrey Joss, Capital and Asset Renewal Manager.
Khaled Elgharbawy, Superintendent of Facilities Services and Plant.
Endorsed by: Calum McNeil, Chief Financial Officer and Treasurer of the Board
John De Faveri, Interim director of Education.

APPENDIX A – Proposed 5 Year Capital Renewal Plan

YCDSB 5 Year Capital Outlook (2026-2030)	Sum of 2026 Outlook (000's)	Sum of 2027 Outlook (000's)	Sum of 2028 Outlook (000's)	Sum of 2029 Outlook (000's)	Sum of 2030 Outlook (000's)
Total Grant	\$20,734	\$19,888	\$20,302	\$20,036	\$19,101
All Saints	\$0	\$87	\$0	\$1,500	\$0
PA Head End Replacement	\$0	\$72	\$0	\$0	\$0
Roof Replacement of All Areas	\$0	\$0	\$0	\$1,500	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
All Sites	\$0	\$0	\$0	\$0	\$150
Pavement Condition Re-Assessment	\$0	\$0	\$0	\$0	\$150
Blessed Trinity	\$0	\$0	\$15	\$0	\$250
Modernize Liftech Lift	\$0	\$0	\$0	\$0	\$250
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
Canadian Martyrs	\$15	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
Cardinal Carter	\$0	\$0	\$0	\$0	\$35
Replacement of Intrusion System	\$0	\$0	\$0	\$0	\$35
Christ the King	\$425	\$0	\$2,645	\$200	\$0
Ground Source Heat Pumps - Ground+Water to Air	\$0	\$0	\$2,400	\$0	\$0
Modernize Robertson Stage Lift -	\$0	\$0	\$230	\$0	\$0
Replace Gym Flooring	\$0	\$0	\$0	\$200	\$0
Window Replacement	\$425	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
Corpus Christi	\$0	\$0	\$1,300	\$0	\$0
Corpus Christi (Full Site)	\$0	\$0	\$1,285	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
Divine Mercy	\$0	\$0	\$15	\$235	\$0
Modernize Unitech Lift	\$0	\$0	\$0	\$235	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
Fr Bressani	\$0	\$0	\$0	\$700	\$260
Father Bressani South Parking Lot (Phase III)	\$0	\$0	\$0	\$700	\$0
Refinish Wood Floor in Double Gym + Paint Gym Walls	\$0	\$0	\$0	\$0	\$225
Replacement of Intrusion System	\$0	\$0	\$0	\$0	\$35
Fr Frederick McGinn	\$0	\$0	\$15	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
Fr Henri Nouwen	\$0	\$0	\$15	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
Fr John Kelly	\$175	\$0	\$15	\$0	\$0

Replace Gym Flooring	\$175	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
Fr Michael McGivney	\$0	\$0	\$0	\$2,450	\$35
Roof Replacement of All Sections Except B2	\$0	\$0	\$0	\$2,450	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$0	\$35
Good Shepherd	\$15	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
Guardian Angels	\$0	\$0	\$30	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$30	\$0	\$0
Holy Cross	\$1,500	\$875	\$0	\$0	\$35
Chiller Replacement (Tower is Newer)	\$1,500	\$0	\$0	\$0	\$0
Main Atrium Skylight Refurbishment	\$0	\$875	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$0	\$35
Holy Family	\$0	\$0	\$15	\$165	\$0
Replace/Upgrade - Simplex 4005 No Longer Supported	\$0	\$0	\$0	\$165	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
Holy Jubilee	\$0	\$0	\$15	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
Holy Name	\$15	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
Holy Spirit	\$15	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
Immaculate Conception	\$0	\$220	\$0	\$15	\$0
Replace Gym/Stage Flooring (ACM)	\$0	\$220	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
Light of Christ	\$2,315	\$0	\$0	\$0	\$0
Ground Source Heat Pumps - Ground+Water to Air	\$2,300	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
Notre Dame	\$315	\$950	\$1,400	\$235	\$0
Modernize Liftech Lift -	\$0	\$0	\$0	\$235	\$0
Notre Dame Parking Lot + Heavy Traffic (Phase II)	\$0	\$950	\$0	\$0	\$0
Replace Condensing Units (x2) Serving Library & Office	\$300	\$0	\$0	\$0	\$0
Roof Replacement of All Areas	\$0	\$0	\$1,400	\$0	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
Our Lady Good Counsel (Old)	\$15	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
Our Lady Help of Christians	\$0	\$0	\$15	\$0	\$1,500
Our Lady Help of Christians (Full Site)	\$0	\$0	\$0	\$0	\$1,500
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0

Our Lady of Annunciation	\$15	\$0	\$1,900	\$0	\$0
Replacement of Roof Areas A1, B1, C1	\$0	\$0	\$1,900	\$0	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
Our Lady of Fatima	\$315	\$0	\$0	\$15	\$0
Replace/Upgrade - Simplex 4005 No Longer Supported	\$150	\$0	\$0	\$0	\$0
Replacement of Staircase	\$165	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
Our Lady of Good Counsel (New)	\$15	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
Our Lady of Grace	\$15	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
Our Lady of Hope	\$15	\$1,285	\$300	\$0	\$0
Our Lady of Hope (Full Site)	\$0	\$1,285	\$0	\$0	\$0
Replace Condensing Units (x1) Serving Library & Office	\$0	\$0	\$300	\$0	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
Our Lady of Peace Catholic Learning Centre	\$0	\$0	\$1,515	\$0	\$350
Boiler Replacement	\$0	\$0	\$0	\$0	\$350
Roof Replacement - All Sections	\$0	\$0	\$1,500	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
Our Lady of the Lake	\$115	\$100	\$0	\$1,800	\$35
Chiller & Tower Replacement	\$0	\$0	\$0	\$1,800	\$0
Paint Common Areas - 25th Anniversary	\$115	\$100	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$0	\$35
Our Lady of the Rosary	\$215	\$0	\$15	\$0	\$0
Replace Gym/Stage Flooring (ACM)	\$215	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
Our Lady Queen of the World	\$1,000	\$0	\$0	\$0	\$35
Roof Replacement -Second Half of Roof Area C1 (Phase II)	\$1,000	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$0	\$35
Pope Francis	\$0	\$0	\$0	\$15	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
Prince of Peace	\$15	\$900	\$0	\$0	\$0
Prince of Peace (Full Site)	\$0	\$900	\$0	\$0	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
Sacred Heart	\$1,825	\$975	\$0	\$1,350	\$35
PA Head End Replacement	\$125	\$0	\$0	\$0	\$0
Paint Common Areas - 50th Anniversary	\$0	\$0	\$0	\$150	\$0
Replace RTU	\$0	\$0	\$0	\$1,200	\$0

Sacred Heart North Parking lot + Drive Aisle (Phase II)		\$975	\$0	\$0	\$0
Sacred Heart South Parking lot + West Entrance (Phase I)	\$1,700	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$0	\$35
San Lorenzo Ruiz	\$0	\$15	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
San Marco	\$1,250	\$160	\$0	\$15	\$250
Modernize Liftech Lift	\$0	\$0	\$0	\$0	\$250
Replace/Upgrade - Simplex 4005 No Longer Supported	\$0	\$160	\$0	\$0	\$0
San Marco (Full Site)	\$1,250	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
Sir Richard Scott	\$875	\$15	\$0	\$76	\$76
Boiler Plant Replacement (Non-Condensing to Condensing)	\$725	\$0	\$0	\$0	\$0
PA Head End Replacement	\$0	\$0	\$0	\$76	\$76
Replace/Upgrade - Simplex 4005 No Longer Supported	\$150	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Agnes of Assisi	\$0	\$105	\$0	\$15	\$0
Paint Common Areas - 25th Anniversary	\$0	\$105	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
St Andrew	\$1,405	\$0	\$0	\$15	\$850
Boiler Plant Replacement (Non-Condensing to Condensing)	\$0	\$0	\$0	\$0	\$850
Paint Common Areas - 25th Anniversary	\$105	\$0	\$0	\$0	\$0
St. Andrew Play Area (Full Site)	\$1,300	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
St Angela Merici	\$0	\$0	\$0	\$15	\$850
Boiler Plant Replacement (Non-Condensing to Condensing)	\$0	\$0	\$0	\$0	\$850
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
St Anne	\$0	\$0	\$15	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
St Anthony	\$1,925	\$15	\$120	\$0	\$0
AHU Replacement for School and Gym	\$1,200	\$0	\$0	\$0	\$0
Boiler Plant Replacement	\$725	\$0	\$0	\$0	\$0
Replace Room 106-108 Flooring (ACM)	\$0	\$0	\$120	\$0	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Augustine	\$115	\$100	\$0	\$800	\$1,935
Chiller (x3) & Tower (x3) Replacement	\$0	\$0	\$0	\$0	\$1,900
Paint Common Areas - 25th Anniversary	\$115	\$100	\$0	\$0	\$0

St. Augustine North Parking Lot (Phase III)	\$0	\$0	\$0	\$800	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$0	\$35
St Benedict	\$725	\$15	\$160	\$0	\$0
Boiler Plant Replacement	\$725	\$0	\$0	\$0	\$0
Replace/Upgrade - Simplex 4005 No Longer Supported	\$0	\$0	\$160	\$0	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Bernadette	\$30	\$1,630	\$1,800	\$0	\$0
Heat Pumps - Water to Air	\$0	\$0	\$1,800	\$0	\$0
Modernize Robertson Lift	\$0	\$230	\$0	\$0	\$0
St. Bernadette Play Area & West Parking Lot (Phase II)	\$0	\$1,400	\$0	\$0	\$0
Replacement of Intrusion System	\$30	\$0	\$0	\$0	\$0
St Brendan	\$0	\$15	\$0	\$1,800	\$0
St. Brendan (Full Site)	\$0	\$0	\$0	\$1,800	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Brigid	\$105	\$175	\$735	\$0	\$0
Boiler Plant Replacement (Non-Condensing to Condensing)	\$0	\$0	\$735	\$0	\$0
Paint Common Areas - 25th Anniversary	\$105	\$0	\$0	\$0	\$0
Replace/Upgrade - Simplex 4005 No Longer Supported	\$0	\$160	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Brother Andre	\$675	\$0	\$175	\$0	\$475
Refinish Wood Floor in Triple Gym + Paint Gym Walls	\$0	\$0	\$0	\$0	\$275
Repair Leaking hydraulic cylinder + Lift Modernization	\$0	\$0	\$175	\$0	\$0
Replace/Upgrade - Simplex 4005 No Longer Supported (Annex Only)	\$0	\$0	\$0	\$0	\$165
Window Replacement of Main Building	\$675	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$0	\$35
St Catherine of Siena	\$0	\$310	\$0	\$15	\$0
Roof Replacement of Area E1	\$0	\$310	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
St Cecilia	\$0	\$0	\$15	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
St Charles Garnier	\$0	\$1,900	\$15	\$0	\$0
Roof Replacement of All Areas	\$0	\$1,900	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
St Clare	\$0	\$230	\$0	\$215	\$0
Modernize Robertson Stage Lift	\$0	\$230	\$0	\$0	\$0
Replace Gym Flooring	\$0	\$0	\$0	\$200	\$0

Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
St Clement	\$70	\$0	\$0	\$15	\$0
PA Head End Replacement	\$70	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
St David	\$0	\$0	\$15	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
St Edward	\$0	\$15	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Elizabeth	\$0	\$0	\$0	\$0	\$35
Replacement of Intrusion System	\$0	\$0	\$0	\$0	\$35
St Elizabeth Seton	\$15	\$0	\$0	\$200	\$0
Replace Condensing Unit	\$0	\$0	\$0	\$200	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
St Emily	\$0	\$105	\$0	\$15	\$0
Paint Common Areas - 25th Anniversary	\$0	\$105	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
St Francis Xavier	\$0	\$15	\$0	\$475	\$0
Window Replacement	\$0	\$0	\$0	\$475	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Gabriel the Archangel	\$0	\$0	\$0	\$15	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
St Giovanni Battista Scalabrini	\$0	\$15	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Gregory the Great	\$0	\$0	\$234	\$15	\$0
PA Head End Replacement	\$0	\$0	\$74	\$0	\$0
Replace/Upgrade - Simplex 4005 No Longer Supported	\$0	\$0	\$160	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
St James	\$165	\$105	\$0	\$15	\$1,175
Boiler Plant Replacement (Non-Condensing to Condensing)	\$0	\$0	\$0	\$0	\$800
Paint Common Areas - 25th Anniversary	\$0	\$105	\$0	\$0	\$0
Replace Condensing Unit for Library and Office	\$0	\$0	\$0	\$0	\$375
Replacement of Staircase	\$165	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
St Jean de Brebeuf	\$0	\$0	\$0	\$0	\$3,985
Boiler Plant Replacement (Non-Condensing to Condensing)	\$0	\$0	\$0	\$0	\$1,350
St. Jean de Brebeuf South Parking Lot & West Asphalt	\$0	\$0	\$0	\$0	\$2,600
Replacement of Intrusion System	\$0	\$0	\$0	\$0	\$35
St Jerome	\$15	\$72	\$0	\$105	\$0

PA Head End Replacement	\$0	\$72	\$0	\$0	\$0
Paint Common Areas - 25th Anniversary	\$0	\$0	\$0	\$105	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
St Joan of Arc	\$0	\$0	\$0	\$0	\$35
Replacement of Intrusion System	\$0	\$0	\$0	\$0	\$35
St John Bosco	\$0	\$0	\$0	\$15	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
St John Chrysostom	\$15	\$0	\$1,740	\$740	\$1,400
Boiler Plant Replacement	\$0	\$0	\$0	\$740	\$0
Paint Common Areas - 25th Anniversary	\$0	\$0	\$105	\$0	\$0
Replace Condensing Units (x2) Serving Library & Office	\$0	\$0	\$350	\$0	\$0
Roof Replacement of All Areas	\$0	\$0	\$0	\$0	\$1,400
St. John Chrysostom West Parking Lot + Play Area	\$0	\$0	\$1,285	\$0	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
St John Paul II	\$185	\$1,080	\$290	\$400	\$0
Boiler Replacement	\$0	\$0	\$275	\$0	\$0
Replace Atrium Condensing Unit	\$0	\$0	\$0	\$75	\$0
Replace Rooftop AHU Serving YCDSB Office + Shared Library + Shared Gym (Langstaff Discovery Centre Managed by YRDSB)	\$0	\$330	\$0	\$0	\$0
Replace/Upgrade Fire Alarm System (Langstaff Discovery Centre Managed by YRDSB)	\$155	\$0	\$0	\$0	\$0
Replacement of Intrusion System (Langstaff Discovery Centre Managed by YRDSB)	\$30	\$0	\$0	\$0	\$0
Replacement of Roof R8 + R9 + R10 (Langstaff Discovery Centre Managed by YRDSB)	\$0	\$750	\$0	\$0	\$0
Roof Replacement Area R2,3,4 - Gym Wing (Langstaff Discovery Centre Managed by YRDSB)	\$0	\$0	\$0	\$325	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
St John XXIII	\$0	\$15	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Joseph (Aurora)	\$15	\$1,870	\$0	\$650	\$0
Boiler Plant Replacement + Replacement of Radiator Piping. Existing piping is 60 years old (Non-Condensing to Condensing)	\$0	\$1,100	\$0	\$0	\$0
St. Joseph Aurora Play Area	\$0	\$770	\$0	\$0	\$0
Window Replacement	\$0	\$0	\$0	\$650	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
St Joseph (Markham)	\$0	\$15	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Joseph (Richmond Hill)	\$0	\$0	\$15	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0

St Joseph the Worker	\$0	\$0	\$15	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
St Julia Billiard	\$0	\$15	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Justin Martyr	\$0	\$15	\$0	\$0	\$1,000
AHU Replacement for School and Gym	\$0	\$0	\$0	\$0	\$1,000
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Kateri Tekakwitha	\$0	\$15	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Margaret Mary	\$0	\$0	\$0	\$15	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
St Marguerite d'Youville	\$0	\$0	\$15	\$105	\$0
Paint Common Areas - 25th Anniversary	\$0	\$0	\$0	\$105	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
St Mark	\$0	\$15	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Mary	\$15	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
St Mary Immaculate	\$430	\$0	\$115	\$0	\$0
Front Foyer Flooring	\$0	\$0	\$100	\$0	\$0
Replacement of Underground Sanitary/Storm	\$430	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
St Mary of the Angels	\$70	\$0	\$0	\$15	\$0
PA Head End Replacement	\$70	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
St Matthew	\$0	\$15	\$525	\$0	\$0
Roof Replacement of Area C1	\$0	\$0	\$525	\$0	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Maximilian Kolbe	\$0	\$0	\$0	\$0	\$35
Replacement of Intrusion System	\$0	\$0	\$0	\$0	\$35
St Michael	\$0	\$15	\$0	\$76	\$76
PA Head End Replacement	\$0	\$0	\$0	\$76	\$76
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Michael the Archangel	\$0	\$0	\$0	\$15	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
St Monica	\$0	\$2,415	\$0	\$0	\$0
Ground Source Heat Pumps - Ground+Water to Air	\$0	\$2,400	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Nicholas	\$15	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
St Padre Pio	\$0	\$0	\$0	\$15	\$0

Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
St Patrick (Markham)	\$0	\$15	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Patrick (Schomberg)	\$15	\$0	\$0	\$0	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
St Paul	\$15	\$0	\$0	\$365	\$0
Replace Condensing Unit	\$0	\$0	\$0	\$200	\$0
Replace/Upgrade - Simplex 4005 No Longer Supported	\$0	\$0	\$0	\$165	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
St Peter	\$0	\$0	\$0	\$15	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
St Raphael the Archangel	\$0	\$0	\$15	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$15	\$0	\$0
St Rene Goupil-St Luke	\$0	\$15	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$15	\$0	\$0	\$0
St Robert	\$2,000	\$1,775	\$0	\$0	\$35
Library Modernization	\$0	\$950	\$0	\$0	\$0
Roof Replcaement of Areas M, N, O & P (Phase III)	\$0	\$825	\$0	\$0	\$0
St. Robert Replacement of South Hard Surfaces (Phase II)	\$2,000	\$0			\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$0	\$35
St Stephen	\$0	\$105	\$74	\$15	\$0
PA Head End Replacement	\$0	\$0	\$74	\$0	\$0
Paint Common Areas - 25th Anniversary	\$0	\$105	\$0	\$0	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
St Theresa of Lisieux	\$210	\$100	\$1,600	\$1,300	\$35
Convert Non-Linear Lights to LED	\$95	\$0	\$0	\$0	\$0
Paint Common Areas - 25th Anniversary	\$115	\$100	\$0	\$0	\$0
St. Theresa of Lisieux East Parking Lot + Front Dirve Aisle (Phase I)	\$0	\$0	\$1,600	\$0	\$0
St. Theresa of Lisieux West Parking Lot, Drive Aisle , Track (Phase II)	\$0	\$0	\$0	\$1,300	\$0
Replacement of Intrusion System	\$0	\$0	\$0	\$0	\$35
St Thomas Aquinas	\$15	\$0	\$1,400	\$0	\$0
St. Thomas Aquinas (Full Site)	\$0	\$0	\$1,400	\$0	\$0
Replacement of Intrusion System	\$15	\$0	\$0	\$0	\$0
St Veronica	\$0	\$0	\$0	\$15	\$1,950
St. Veronica (Full Site)	\$0	\$0	\$0	\$0	\$1,950
Replacement of Intrusion System	\$0	\$0	\$0	\$15	\$0
St. Mary of the Angels	\$0	\$0	\$0	\$1,800	\$0
St. Mary of the Angels (Full Site)	\$0	\$0	\$0	\$1,800	\$0

Various	\$2,014	\$1,989	\$1,989	\$1,979	\$2,184
Abatement projects based on on-going condition assessments	\$50	\$50	\$50	\$50	\$50
Annual Asbestos Re-assessment	\$40	\$40	\$40	\$40	\$40
Annual Portable Relocations	\$129	\$129	\$129	\$129	\$129
Area A Small Capital Fund (North)	\$50	\$50	\$50	\$50	\$50
Area B Small Capital Fund (East)	\$50	\$50	\$50	\$50	\$50
Area C Small Capital Fund (South)	\$50	\$50	\$50	\$50	\$50
Area D Small Capital Fund (West)	\$50	\$50	\$50	\$50	\$50
Braille Signage	\$10	\$10	\$10	\$0	\$0
Building Automation Contingency/Upgrades	\$100	\$100	\$100	\$100	\$250
Door Replacement Contingency	\$150	\$150	\$150	\$150	\$150
Energy Conservation Plan - 5 Year Update	\$0	\$0	\$0	\$0	\$55
HVAC - BAS (ALC)	\$35	\$35	\$35	\$35	\$35
HVAC - BAS (Delta Controls)	\$35	\$35	\$35	\$35	\$35
HVAC - BAS (reliable Controls)	\$35	\$35	\$35	\$35	\$35
HVAC - Water Treatment	\$30	\$30	\$30	\$30	\$30
Main Panel Switch Gear Annual (Half of Schools in North & West)	\$0	\$0	\$100	\$100	\$100
Main Panel Switch Gear Annual (Half of Schools in South & East)	\$100	\$100	\$0	\$0	\$0
New Portables	\$0	\$0	\$0	\$0	\$0
Premise Backflow Device Installation	\$125	\$100	\$100	\$100	\$100
Replace/Upgrade Based on Response to Maintenance	\$100	\$100	\$100	\$100	\$100
Restoration	\$100	\$100	\$100	\$100	\$100
Sub-Metering Requirements/Upgrades	\$50	\$50	\$50	\$50	\$50
Uncommitted Accessibility Projects TBD based on priorities identified by Student Services	\$350	\$350	\$350	\$350	\$350
Uncommitted Condition Assessments, Design Work, Retro-Commissioning	\$150	\$150	\$150	\$150	\$150
Uncommitted Emergency Replacement Contingency	\$225	\$225	\$225	\$225	\$225
Total Asset Renewal/Repair program	\$20,734	\$19,888	\$20,302	\$20,036	\$19,101

York Catholic District School Board

2025-26 Estimates Budget Book Operating Revenue & Expenses

June 26, 2025



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1. Budget Process

1.1. York Catholic District School Board (YCDSB)

The YCDSB provides a safe and caring environment in which our students have opportunities to grow intellectually, physically, spiritually and socially. Our YCDSB community is comprised of:

- Approximately 49,000 Students (29,500 Elementary and 19,500 Secondary)
- 103 Schools (86 Elementary, 15 Secondary, 2 Combined)
- 10 Trustees + 2 Student Trustees
- Approximately 5,500 full time equivalent dedicated staff members and supply support staff

1.2. Multi-Year Strategic Plan (MYSP)

The York Catholic District School Board's Multi-Year Strategic Plan (MYSP) was created with the support of our community. It will guide our Board from 2023-2028 by defining our Mission, Vision, Values and Strategic Commitments. This strategic plan sets priorities that will ensure the YCDSB remains one of the top-performing school boards in Ontario.

Mission: With Jesus Christ as our model, we provide all students with a Catholic education rooted in equity, well-being and learning.

Vision: A recognized leader in Catholic education committed to inclusion, excellence and innovation that develops socially responsible global citizens.

Values: Catholicity, Equity, Diversity and Inclusion, Excellence, Fiscal Responsibility, Integrity, Respect

Strategic Commitments:

Catholic Faith - Nurture faith formation and relationships with Christ.

- Foster a culture that respects and honours the human dignity of all persons that is inspired by our relationship with Christ.
- Embed and prioritize the Ontario Catholic School Graduate expectations into all curriculum areas.
- Cultivate school environments focused on spiritual growth to support Catholic faith formation and deeper faith knowledge.

Equity and Inclusion - Build and sustain an equitable, inclusive and accessible learning and working environment.

- Recognize, value, integrate and celebrate the dignity and diversity of all students, staff, and Catholic school communities.
- Identify and eliminate barriers to equity of access, opportunity and outcomes for all, as we acknowledge that we are all created in the image of God.
- Actively promote, support and expect excellence for all students to achieve their God-given potential.

Student Achievement - Enrich and improve student learning so that excellence in achievement and engagement is possible for all.

- Embed culturally responsive and relevant pedagogy (CRRP) for the improvement of literacy and numeracy skills and to promote evidence-based instructional practices.
- Align program initiatives with the global competencies and future trends in education and the workforce.
- Offer inclusive and specialized programs that address and engage all student learner profiles.

Well-Being - Promote and nurture the social-emotional, spiritual, and physical well-being of all members of the YCDSB.

- Provide equitable access to evidence-based culturally-responsive services and resources for all.
- Support ongoing individualized accommodations that support staff to perceive that their working conditions and environments are healthy, safe and inclusive.
- Foster a culture of ongoing professional development to increase mental health literacy and enhance staff efficacy to improve employee engagement and support student well-being.

1.3. Budget Process

The 2025-26 Budget is based on the 2024-25 Revised Estimates and updated with financial information taking into consideration the following factors:

- 2025-26 Core Education Grants and Ministry funding announcements
- Multi-Year Strategic Plan (MYSP)
- Trustees' feedback
- Parents/Guardians and community groups input
- Input from board staff

YCDSB is committed to supporting student success and well-being in a Catholic learning environment through effective and efficient management of resources.

The Board's budget plan supports the Multi-Year Strategic Plan. Engaging parents/guardians and community stakeholders is important to the Board as we develop the 2025-26 Operating Budget. Parents/guardians and community groups were invited to the budget meetings to give presentations as well as submit their input and suggestions through a budget survey.

YCDSB continues to be widely recognized as one of the top-performing elementary and secondary school systems in the province. The Board of Trustees and the Board's Leadership Team is continuously focused on student achievement. YCDSB recognizes that equity of opportunity and equity of access to the full range of programs and the delivery of services and resources are critical to the achievement of successful outcomes for those served by our school system, as well as for those who serve our system.

1.4. Budget Parameters and Assumptions

For financial reporting purposes, the Board's annual budget is divided into two parts:

- The Operating Budget is the primary focus of the annual budgeting process and the focus of this report. The Operating Budget revenues, expenses and compliance items will determine the Board's financial compliance position as defined by the Ministry.
- The Capital program grants and other grants/revenues with offsetting expenses (self-sustaining programs) are reported separately. The revenues from these programs are fully offset by equal expenses, resulting in a nil impact to the Board's financial position.

1.5. Multi Year Financial Recovery Plan

Due to the board's non-compliant in-year deficits in 2022-23 and 2023-24, the Ministry of Education required a Multi Year Financial Recovery Plan (MYFRP) to be submitted by January 31, 2025. The MYFRP projected a **balanced budget by 2026-27** and maintained this position into 2027-28.

YCDSB's submitted plan was approved by the Minister of Education on May 21, 2025 along with two outstanding POD approval requests. The Ministry requested that the Board submit an updated MYFRP by June 30, 2025, that **eliminates the accumulated deficit by 2030-31**.

2. 2025-26 Overview

2.1. YCDSB 2025-26 Fiscal Environment

All district school boards in Ontario receive the majority of their funding from the Ministry of Education (the “Ministry”) which uses a funding model that is largely based on student enrolment. YCDSB, like many school boards in the province, has experienced declining enrolment in recent years due to changing demographics.

2025-26 Grant Changes:

The Core Education Funding (Core Ed) funding announcement for 2025-26 school year was made by the Ministry of Education on May 23, 2025 and includes the following changes:

- Online (E-Learn) credit load updated (0.16 out of 7.5 credits).
- Transportation 6.3% increase across the sector and based on recent routing simulations for each school board.
- Additional funding to enhance school board financial management through the Regional Internal Audit Team component.
- Interim approach for the Special Incidence Portion (SIP) Allocation based on 2024-25 amounts adjusted for labour-related increases and an exceptional circumstances amount.
- New formula-based approach for Care and Treatment Education Programs (CTEP).
- Year 2 of 5 Year phase-in of the 2021 Statistics Canada census updates, including adjustments to allow school boards to adjust cost structures if needed.
- Benchmark increases overall 3.3% to support targeted investments including 2% non-staff portion for school operations and school facilities.

New 2025-26 Responsive Education Program (REP) allocated grants:

- None

Continued 2025-26 Responsive Education Program (REP) allocated grants:

- Education Staff to Support Reading Interventions, \$1.3M - hire teachers to work one-on-one or in small groups with students in Kindergarten to Grade 3 who would benefit from more support in reading.
- Early Reading Enhancements, \$0.2M, Reading Screening Tools - procure ministry-approved early reading screening tools for students in year 2 of Kindergarten to Grade 2 to ensure students are identified early and supported within the classroom.
- Licenses for Reading Programs and Interventions, \$0.2M - enable school boards to purchase licenses, resources and professional learning to support the provision of systematic, evidence-based reading interventions.
- Math Recovery Plan, \$0.7M:
 - School Math Facilitators – hire School Math Facilitators to work in Grades 3, 6 and 9 classrooms in priority schools.
 - Digital Math Tools - digital math tools for all students in Grades 3, 6, 7, 8 and 9 to support student learning at home and in classrooms
 - Board Math Lead – hire a Board Math Lead (Supervisory Officer unless exemption requested) who will inform, monitor and provide timely reporting of progress towards math achievement and improvement targets and lead board-wide actions to meet these targets.
- Summer Learning for Students with Special Education Needs, \$0.2M - support the transition of students with special education needs as they start the 2025-26 school year.
- Special Education Transition Navigators, \$0.2M –support improving educational outcomes for students with special education needs and/or disabilities, during and out of school.
- Transportation and Stability Support for Children and Youth in Care, \$0.03M - to improve the educational experience and outcomes of children and youth in care.
- Graduation Coach Program for Black Students, \$0.3M – Funding to provide intensive, culturally-responsive supports to Black students by engaging graduation coaches with lived experience and connections to Black communities to provide direct support and mentorship.
- Human Rights and Equity Advisors, \$0.02M - employ Human Rights and Equity Advisor (HREA) who work with the Director of Education and the board's senior team to foster a culture of respect for human rights and equity.
- Special Education Additional Qualifications, \$0.02M - support educators' participation in approved Schedule C and Schedule D special education Additional Qualification courses.
- Menstrual Equity Initiative (MEI), \$0.1M – Continuing from 2024-25, school boards have the ability to order menstrual products each school year.
- Summer Mental Health Supports, \$0.3M - for the summer of 2025 to provide mental health services to students and ensure the continuity of services over the summer months.
- Mental Health Strategy Supports: Emerging Needs, \$0.03M – for education and awareness raising among students to address substance use prevention, including addictions, cannabis use, vaping, and screen time.
- Health Resources, Training and Supports, \$0.03M - deliver local training to school staff related to current and emerging health and safety issues.

- Critical Physical Security Infrastructure, \$0.2M – Funding to support critical school physical infrastructure renewals, upgrades, and installation costs.
- Experiential Professional Learning for in the Skilled Trades for Guidance Teacher-Counsellors, \$0.07M - provide experiential professional learning opportunities for all guidance teacher-counsellors to develop an enhanced understanding of the skilled trades and apprenticeship pathway and the benefits of the skilled trades as a career.
- Cooperative Education Supports for Students with Disabilities Pilot, \$0.07M – Funding to participating boards to provide targeted supports to students with disabilities to pursue cooperative education credits within a variety of placement opportunities.
- Entrepreneurship Education Pilot Projects, \$0.03M - provide entrepreneurship education for Grades 7-12 students developed/provided in partnership with local third-party organizations that have expertise in entrepreneurship.
- Skilled Trades Bursary Program, \$0.02M - provide bursaries to students who will have earned or are earning two credits in a cooperative education program working in a skilled trades placement.

2.2. Challenges, Risks & Opportunities

The following are some of the identified challenges, risks and opportunities for the Board:

- The cost of absenteeism (replacement supply costs)
- Special Education deficit
- Implementation of Employee Life and Health Trust (ELHT) resulting in a permanent annual shortfall of approximately \$4.4M in benefits funding
- Approximately 10,000+ excess pupil places (capacity) which continues to grow due to declining enrolment and the Ministry mandated moratorium on Pupil Accommodation Reviews
- Funding that has not kept up with inflationary pressures
- External conditions affecting Board operations, immigration, interest, community partnerships and use of schools

2.3. YCDSB Leadership

The YCDSB is governed by a Board of Trustees (Chair, Vice-Chair, eight Trustees) and led by the Board's Director of Education and Secretary of the Board. There are also two Student Trustees.

The Director's Office is responsible to provide leadership for growth in student achievement and well-being as well as leadership in the growth and success of the organization. Along with the Associate Director, the Director has leadership responsibilities for implementing the Board's Multi-Year Strategic Plan (MYSP) and for developing and maintaining an effective organization with programs and services that operationalize the Board's policies within the following budget units:

Leadership Office:

- Director's Office
- Associate Director
- Human Rights and Equity
- Communications
- Inviting and Inclusive Initiatives

Instructional areas:

- Academic (5)
- Curriculum
- Indigenous Education
- Student Services

Corporate Support Services:

- Finance
- Human Resources
- Information Systems
- Planning and Operations
- Plant and Accommodation

2.4. YCDSB Operating Budget at a Glance

The projected in-year deficit of \$9.4M is mainly attributed to supply costs, pay equity, ELHT underfunding and the Special Education deficit.

		2024-25	
	2025-26	Revised	
Compliance (\$ millions)	Estimates	Estimates	Change
Compliance Revenue			
Core Education Operating Grants	661.0	661.0	-
Responsive Education Grants (REP) & Other	6.5	6.5	-
Continuing Education Other Revenues	5.9	5.9	-
International Student Fees	5.9	5.9	-
Miscellaneous Revenue	8.1	8.1	-
Total Compliance Revenue	687.4	687.4	-
Compliance Expenses			
Salaries and Benefits	621.2	621.2	-
Expenses	75.6	75.7	(0.1)
Total Compliance Expenses	696.8	696.9	(0.1)
COMPLIANCE IN-YEAR POSITION	(9.4)	(9.5)	0.1

Expenses include \$0.2M for amortization for unsupported capital projects.

2.5. Ministry Compliance Summary

The following table is a summary of the YCDSB 2025-26 budget estimates including both Operating and Non-Operating revenue and expenses:

(\$ millions)	2025-26 Operating	2025-26 Non-Operating	2025-26 Total
Revenues:			
Core Ed, REP, Other Grants and Revenues	687.4	112.6	800.0
Compliance Adj-School Generated Funds	-	(25.5)	(25.5)
Compliance Adj-Revenues for Land	-	(39.4)	(39.4)
Compliance Revenues	687.4	47.7	735.1
Expenditures:			
Salaries and Benefits	621.2	-	621.2
Other Expenses	75.6	73.2	148.8
Expenditures before Compliance Adjustments	696.8	73.2	770.0
School Generated Funds	-	(25.5)	(25.5)
Interest Compliance Adjustment	-	0.2	0.2
Asset Retirement Obligation	-	(0.2)	(0.2)
Compliance Expenditures	696.8	47.7	744.5
Compliance In-Year (Deficit) / Surplus	(9.4)	-	(9.4)

Non-Operating Details:

(\$ millions)	Revenues	Expenses	Net
Capital	2.1	2.1	-
Education Development Charges	39.5	0.1	39.4
Debt Interest	5.8	5.6	0.2
Deferred Capital Contributions	39.7	39.7	-
Amortization of Asset Retirement Obligations	-	0.2	-
School Generated Funds	25.5	25.5	-
Total Non-Operating	112.6	73.2	39.4
Compliance Adj-School Generated Funds	(25.5)	(25.5)	-
Compliance Adj-Revenues for Land	(39.4)	-	(39.4)
Compliance Adj-Interest	-	0.2	(0.2)
Compliance Adj-Asset Retirement Obligations	-	(0.2)	-
Total	47.7	47.7	-

The annual compliance adjustments result from the provincial implementation of Public Sector Accounting Standards (PSAS). Adjustments include accrued interest, school generated funds, land revenue and asset retirement obligations.

2.6. Accumulated Financial Position

The 2025-26 projected Accumulated Deficit is \$7.7M after incorporating the projected 2024-25 in-year surplus of \$11.6M and the projected 2025-26 estimated in-year deficit of \$9.4M. The Ministry permits school boards to incur an in-year deficit of up to 1% of its operating funding allocation. The projected operating funding allocation for YCDSB is \$662.2M; 1% of this amount is \$6.6M. The projected in-year deficit of \$9.4M is above this amount and is therefore non-compliant.

(\$ millions)	2023-24	2024-25 Forecast	2025-26 Estimates
In-Year Surplus/(Deficit)	(18.6)	11.6	(9.4)
Ending Accumulated Surplus ⁽¹⁾	(9.9)	1.7	(7.7)
Accumulated Surplus as a % of Operating Allocation	-1.6%	0.3%	-1.2%
In-Year Surplus/(Deficit) as a % of Operating Allocation	-3.0%	1.8%	-1.4%

(1) 2024-25 Forecast includes May 21/25 approval to use \$17.9M of Proceeds of Disposition (POD).

2.7. Enrolment Overview

The projected 2025-26-day school enrolment is based on Average Daily Enrolment (ADE); which is the average of the Full Time Equivalent student counts on October 31 and March 31:

	2025-26 Estimates	2024-25 Revised Estimates	Change	Change %
Elementary				
Junior Kindergarten	2,106	2,145	(39)	(1.8%)
Senior Kindergarten	2,320	2,343	(23)	(1.0%)
Subtotal Kindergarten	4,426	4,488	(62)	(1.4%)
Grades 1-3	8,219	8,521	(302)	(3.5%)
Grades 4-6	9,525	9,677	(152)	(1.6%)
Grades 7-8	7,185	7,347	(162)	(2.2%)
Pupils of the Board	29,355	30,033	(678)	(2.3%)
International Students	88	80	8	10.0%
Total Elementary	29,443	30,113	(670)	(2.2%)
Secondary				
Grades 9-12	19,378	18,883	495	2.6%
High Credit	4	4	-	0.0%
Pupils of the Board	19,382	18,887	495	2.6%
International Students	234	214	20	9.3%
Total Secondary	19,616	19,101	515	2.7%
TOTAL ENROLMENT	49,059	49,214	(155)	(0.3%)

3. Revenue

3.1. Revenue Summary

Operating revenues include Ministry funding and the Board's other sources of revenue excluding School Generated Funds, Capital/Other Revenue (Proceeds of Disposition/Education Development Charges).

(\$ millions)	2025-2026 Estimates	2024-2025 Revised Estimates	Change
CORE EDUCATION GRANTS			
Classroom Staffing Fund	375.7	365.6	10.1
Learning Resources Fund	106.5	103.7	2.8
Special Education Fund	80.2	78.0	2.2
School Facilities Fund	57.4	56.2	1.2
Student Transportation Fund	22.7	21.5	1.2
School Board Administration Fund	19.6	19.1	0.5
School Board Debt Service Costs	6.3	7.6	(1.3)
Core Education Funding	668.4	651.7	16.7
Minor Tangible Capital Assets (TCA) (capitalized op'g exp)	(1.0)	(1.0)	-
Operating Allocation	667.4	650.7	16.7
School Renewal Allocation	1.8	1.8	-
Temporary Accommodation Grant	0.1	0.1	-
Capital Allocation	1.9	1.9	-
Total Allocation	669.3	652.6	16.7
Deferred Capital Contributions	39.6	38.5	1.1
In Kind	0.1	0.1	-
Change in Operating Deferred Revenue	(0.7)	2.6	(3.3)
Total before Other Revenue	708.3	693.8	14.5
Other Revenue			-
International Student Tuition	5.9	5.4	0.5
Continuing Education Revenue	5.9	5.9	-
Other Opg Grants/Programs	6.5	10.3	(3.8)
Miscellaneous Revenue	8.1	8.0	0.1
Total Other Revenue	26.5	29.6	(3.1)
TOTAL REVENUE	734.8	723.4	11.4

3.2. Core Education Funding Details

(\$ millions)	2025-26 Estimates	2024-25 Revised Estimates	Change
Per Pupil Allocation	281.0	274.6	6.4
Language Classroom Staffing Allocation	17.6	16.9	0.7
Local Circumstances Staffing Allocation	71.5	69.2	2.3
Indigenous Education Classroom Staffing Allocation	0.1	-	0.1
Supplementary Staffing Allocation	5.5	4.9	0.6
Total Classroom Staffing Fund	375.7	365.6	10.1
Per Pupil Allocation	38.4	37.7	0.7
Language Supports and Local Circumstances Allocation	6.1	6.2	(0.1)
Indigenous Education Supports Allocation	2.4	2.3	0.1
Mental Health and Wellness Allocation	1.7	1.7	-
Student Safety and Well-Being Allocation	1.1	1.1	-
Continuing Education and Other Programs Allocation	9.2	9.0	0.2
School Management Allocation	43.0	41.6	1.4
Differentiated Supports Allocation	4.6	4.1	0.5
Total Learning Resources Fund	106.5	103.7	2.8
Per Pupil Allocation	43.0	42.3	0.7
Differentiated Needs Allocation	28.9	27.7	1.2
Complex Supports Allocation	5.4	5.1	0.3
Specialized Equipment Allocation (SEA)	2.9	2.9	-
Total Special Education Fund	80.2	78.0	2.2
School Operations Allocation	57.3	56.1	1.2
Rural and Northern Education Allocation	0.1	0.1	-
Total School Facilities Fund	57.4	56.2	1.2
Transportation Services Allocation	22.7	21.5	1.2
School Bus Rider Safety Training Allocation	0.02	0.02	-
Total Student Transportation Fund	22.7	21.5	1.2
Trustees and Parent Engagement Allocation	0.3	0.3	-
Board-Based Staffing Allocation	16.1	15.8	0.3
Central Employer Bargaining Agency Fees Allocation	0.1	0.1	-
Data Management and Audit Allocation	2.2	1.5	0.7
Declining Enrolment Adjustment (DEA) Allocation	0.9	1.4	(0.5)
Total School Board Administration Fund	19.6	19.1	0.5
School Board Debt Service Costs	6.3	7.6	(1.3)
Total Core Education Funding	668.4	651.7	16.7

3.3. Continuing Education

(\$ millions)	2025-2026 Estimates	2024-2025 Revised Estimates	Change
MCCS - Adult Non-Credit Language Learning	5.8	5.8	-
Fees	0.1	0.1	-
TOTAL	5.9	5.9	-

3.4. Other Operating Grants/Programs

(\$ millions)	2025-2026 Estimates	2024-2025 Revised Estimates	Change
Responsive Education Program	4.1	4.3	(0.2)
Other Ministries	0.3	0.3	-
Non-Ministry	1.6	1.5	0.1
YCDSB Programs	0.4	0.2	0.2
In Kind	0.1	0.1	-
Monetary Resolution to Bill 124	-	3.9	(3.9)
TOTAL	6.5	10.3	(3.8)

3.5. Miscellaneous Revenue

(\$ millions)	2025-2026 Estimates	2024-2025 Revised Estimates	Change
Rental Revenue	4.7	3.9	0.8
Community Use Rental Revenue	1.9	1.7	0.2
Interest Revenue	0.7	1.5	(0.8)
Solar Project	0.3	0.3	-
OSBIE Rebates	0.3	0.3	-
Other	0.2	0.3	(0.1)
TOTAL	8.1	8.0	0.1

4. Capital Budget

The Ministry continues its multi-year capital funding allocations designed to target board-identified capital needs. The primary means for funding new construction is the Capital Priorities Grant while School Renewal and School Condition Improvement funding helps address high priority and urgent renewal needs and facility condition. In addition, the Ministry provides funding to create new licensed child care spaces, meet enrolment demands through temporary accommodation, purchase land for new schools and additions and support expanded use of schools by communities. Capital expenditures are also funded by Education Development Charges and the Board's Proceeds of Disposition from the disposal of properties.

(\$ millions)	2025-26 Opening Balance	2025-26 Allocation	Total Allocation Available	2025-26 Expenditures	2025-26 Closing Balance
School Renewal Allocation (SRA)	-	6.7	6.7	6.7	-
School Condition Improvement (SCI)	-	12.6	12.6	12.5	0.1
Temporary Accommodation Grant (TAG)	-	0.3	0.3	0.3	-
Capital Priorities (CP)	37.9	-	37.9	12.0	25.9
Capital Priorities - Land (CPL)	0.1	-	0.1	-	0.1
Child Care Capital (CCC)	4.9	-	4.9	-	4.9
Full Day Kindergarten (FDK)	0.4	-	0.4	-	0.4
School First Child Care (SFCC)	0.4	-	0.4	-	0.4
Total Ministry Funding	43.7	19.6	63.3	31.5	31.8
Proceeds of Disposition (POD)	26.4	-	26.4	-	26.4
Education Development Charges (EDC)	31.7	7.8	39.5	52.3	(12.8)
Total Board/Other Funding	58.1	7.8	65.9	52.3	13.6
TOTAL CAPITAL FUNDING	101.8	27.4	129.2	83.8	45.4

5. Operating Expenses

5.1. Expense Summary

Compliance expenses are comprised of labour and non-labour expenses funded through Operating (primarily Core Ed), REP, Other Grants and Programs. The following tables exclude School Generated Funds (SGF), Capital Debt, Capitalized Expenditures and Amortization.

Salaries include labour updates for increases for all other staff as defined by collective agreements or the Ministry.

Discretionary Release Time is supply salaries for professional development and other planned absences.

Employee Benefits are comprised of the following:

- Statutory and “regular” benefits including EI, CPP, EHT
- OMERS pension contributions*
- Employee Future Benefits (outstanding retirement gratuities, retirement benefits, sick leave top-up benefits and WSIB**)
- Employee Benefits Plans managed through ELHT’s
- Employee Assistance Program

* Employer contributions to OMERS Pension Plan for non-teaching eligible employees are funded through the Core Education and are included in the Board’s Salary and Benefits Expenses. Pension Contributions for Ontario Teacher Pension Plan (OTPP) for employees with an Ontario College of Teachers Certificate (OCT) are paid directly by the Ministry to the pension plan.

** The Board is a Schedule II employer and pays actual claims plus an administrative charge.

Full Time Equivalent (FTE) represents employee staffing.

In the charts following:

2025-26 is the Estimates budget

2024-25 is the Revised Estimates budget

The comparative information (2024-25 Revised Estimates) has been restated where appropriate (such as a restructuring).

TOTAL OPERATING BUDGET	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating							
Salaries	527,872	519,759	8,114	2%	5,497.6	5,570.2	(72.7)
Discretionary Release Time	1,119	1,205	(86)	-7%	-	-	-
Benefits	88,306	85,830	2,476	3%	-	-	-
Expenses	72,877	72,762	115	0%	-	-	-
Subtotal	690,174	679,555	10,619	2%	5,497.6	5,570.2	(72.7)
REP and Other Grants/Programs							
Salaries	3,229	3,181	48	1%	29.4	29.4	-
Discretionary Release Time	36	36	-	-	-	-	-
Benefits	610	596	15	2%	-	-	-
Expenses	2,543	2,642	(99)	-4%	-	-	-
Subtotal	6,419	6,455	(36)	-1%	29.4	29.4	-
TOTAL	696,593	686,010	10,583	2%	5,526.9	5,599.6	(72.7)

Note: Expenses for amortization for unsupported capital projects not included.

5.2. Budget Unit Overview

Each of the budget units below is presented in further detail on the following pages except Other which includes recoveries, minor tangible capital assets adjustment and debt service support.

TOTAL BY BUDGET UNIT	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Director	3,482	3,437	45	1%	11.4	11.4	-
Associate Director	790	957	(167)	-17%	4.0	4.0	-
School Leadership	4,618	4,740	(122)	-3%	25.6	27.6	(2.0)
Regular Day	385,320	377,668	7,652	2%	3,231.8	3,263.4	(31.6)
School Administration	46,087	44,437	1,651	4%	410.3	405.8	4.5
School Budgets (GSB)	6,307	6,641	(334)	-5%	-	-	-
Curriculum	11,086	11,765	(679)	-6%	48.1	53.6	(5.5)
Continuing Education	14,050	14,070	(19)	0%	197.6	203.4	(5.7)
International Education	480	470	10	2%	3.0	3.0	-
Indigenous Education	1,439	939	500	53%	6.5	3.5	3.0
Student Services	103,290	103,890	(600)	-1%	942.6	963.9	(21.3)
Finance	5,672	5,572	100	2%	30.1	29.1	1.0
Regional Internal Audit Team (RIAT)	1,913	1,851	62	3%	5.0	5.0	-
Human Resources	6,226	6,209	17	0%	38.0	40.0	(2.0)
Information Systems	16,826	16,513	314	2%	59.0	62.0	(3.0)
Planning / Operations	3,366	3,272	94	3%	24.0	24.0	-
Planning / Operations - Transportation	22,863	23,311	(448)	-2%	15.0	15.0	-
Plant	63,223	61,658	1,565	3%	467.0	476.0	(9.0)
Trustee	303	303	0	0%	12.0	12.0	-
Trustee - Other	204	204	-	-	-	-	-
Other	(952)	(1,896)	943	-50%	(4.0)	(3.0)	(1.0)
TOTAL	696,593	686,010	10,583	2%	5,526.9	5,599.6	(72.7)

5.2.1. Director

Director includes administrative offices of the Director, Human Rights and Equity Advisor, Communications and Equity/Inclusion.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Salaries	1,451	1,507	(56)	-4%	11.4	11.4	-
Discretionary Release Time	63	63	-	-	-	-	-
Benefits	275	273	2	1%	-	-	-
Expenses	1,693	1,594	100	6%	-	-	-
TOTAL	3,482	3,437	45	1%	11.4	11.4	-

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Salaries and Benefits							
Supervisory Officers	461	461	-	-	2.0	2.0	-
Principals	-	171	(171)	-100%	-	1.0	(1.0)
Department Managers/Supervisors	491	479	12	3%	3.1	3.1	-
Administration Support Staff	578	473	104	22%	5.4	4.4	1.0
Admin Support, Technical & Spec-Temporar	26	25	1	3%	-	-	-
Teachers - Supply	63	63	-	-	-	-	-
Subtotal	1,618	1,672	(54)	-3%	10.5	10.5	-
Operating - Other Expenses							
Board Director - Student Legal	50	50	-	-	-	-	-
Board Director -Legal	300	300	-	-	-	-	-
Communications	119	119	-	-	-	-	-
Director	147	147	-	-	-	-	-
Director-Comm Events/Partnerships	48	48	-	-	-	-	-
Equity Office	233	233	-	-	-	-	-
Human Rights/Equity	30	30	-	-	-	-	-
Inclusive Schools - Technology	250	250	-	-	-	-	-
Parents Reaching Out	53	53	-	-	-	-	-
Principal Association Fee	20	20	-	-	-	-	-
Student Transportation Exemption	42	42	-	-	-	-	-
When Faith Meets Pedagogy	37	37	-	-	-	-	-
YCPIC	64	65	(0)	-1%	-	-	-
Subtotal	1,393	1,394	(0)	0%	-	-	-
Total Operating	3,012	3,066	(55)	-2%	10.5	10.5	-
REP & Other Grants/Programs							
Food for Learning	300	200	100	50%	-	-	-
Human Rights and Equity Advisor	170	170	-	-	0.9	0.9	-
Total REP & Other Grants/Programs	470	370	100	27%	0.9	0.9	-
TOTAL	3,482	3,437	45	1%	11.4	11.4	-

5.2.2. Associate Director

Associate Director oversees all academic areas and includes strategic planning, Board Leadership Development Strategy (BLDS), and attendance counselling.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Salaries	586	576	9	2%	4.0	4.0	-
Discretionary Release Time	3	6	(3)	-48%	-	-	-
Benefits	87	85	2	2%	-	-	-
Expenses	115	289	(175)	-60%	-	-	-
TOTAL	790	957	(167)	-17%	4.0	4.0	-

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Salaries and Benefits							
Supervisory Officers	242	242	-	-	1.0	1.0	-
Principals	88	86	2	3%	0.5	0.5	-
Department Managers/Supervisors	-	-	-	0%	-	-	-
Administration Support Staff	234	228	7	3%	2.0	2.0	-
Teachers - Supply	3	6	(3)	-48%	-	-	-
Subtotal	567	561	6	1%	3.5	3.5	-
Operating - Other Expenses							
Associate Director	13	13	-	-	-	-	-
Board Leadership Development	59	56	3	5%	-	-	-
Demographic Data Gathering	-	-	-	0%	-	-	-
MISA	-	-	-	0%	-	-	-
Strategic Planning	20	20	-	-	-	-	-
Student Success	-	-	-	0%	-	-	-
Subtotal	93	90	3	3%	-	-	-
Total Operating	660	651	9	1%	3.5	3.5	-
REP & Other Grants/Programs							
AQ Courses	130	136	(6)	-4%	0.5	0.5	-
Impl Supp-Revised Provincial Code of Cond	-	141	(141)	-100%	-	-	-
Parent Education and Awareness Campaign	-	29	(29)	-100%	-	-	-
Total REP & Other Grants/Programs	130	305	(175)	-57%	0.5	0.5	-
TOTAL	790	957	(167)	-17%	4.0	4.0	-

5.2.3. School Leadership

The administrative offices of five (5) Academic Superintendents, Elementary & Secondary Safe Schools and special programs.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Salaries	3,017	3,091	(74)	-2%	25.6	27.6	(2.0)
Discretionary Release Time	10	13	(4)	-26%	-	-	-
Benefits	483	490	(6)	-1%	-	-	-
Expenses	1,108	1,146	(38)	-3%	-	-	-
TOTAL	4,618	4,740	(122)	-3%	25.6	27.6	(2.0)

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Salaries and Benefits							
Supervisory Officers	1,040	1,040	-	-	5.0	5.0	-
Principals	175	171	4	3%	1.0	1.0	-
Coordinators & Consultants-Teacher Suppc	-	141	(141)	-100%	-	1.0	(1.0)
Teachers	885	864	22	2%	7.0	7.0	-
Teachers - Home Instruction	10	10	0	3%	-	-	-
Administration Support Staff	648	632	16	3%	6.0	6.0	-
Attendance Counselors	350	342	9	3%	3.0	3.0	-
Psychological Services	-	-	-	0%	-	1.0	(1.0)
Social Services	213	208	5	2%	2.0	2.0	-
Teachers - Supply	10	13	(4)	-26%	-	-	-
Subtotal	3,332	3,420	(88)	-3%	24.0	26.0	(2.0)
Operating - Other Expenses							
Academic Superintendents	72	73	(0)	-1%	-	-	-
Attendance Counselling	12	12	-	-	-	-	-
Bullying Prevention	31	31	-	-	-	-	-
Central Athletics - Secondary	63	59	4	6%	-	-	-
IB - International Baccalaureate	11	11	-	-	-	-	-
Safe schools - Elementary	214	214	-	-	-	-	-
Safe Schools - Secondary	557	557	-	-	-	-	-
St Luke Catholic Learning Centre	26	26	-	-	-	-	-
YSCPC	15	15	-	-	-	-	-
Subtotal	999	995	3	0%	-	-	-
Total Operating	4,331	4,416	(85)	-2%	24.0	26.0	(2.0)
REP & Other Grants/Programs							
Graduation Coach Program	261	238	23	10%	1.6	1.6	-
Health Resources, Training and Supports	27	27	-	-	-	-	-
Uniform Rebates	-	60	(60)	-100%	-	-	-
Total REP & Other Grants/Programs	288	324	(37)	-11%	1.6	1.6	-
TOTAL	4,618	4,740	(122)	-3%	25.6	27.6	(2.0)

5.2.4. Regular Day

Includes all instructional staffing budgets (except Special Education) and related expenses.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Salaries	337,379	331,332	6,046	2%	3,231.8	3,263.4	(31.6)
Discretionary Release Time	109	109	-	-	-	-	-
Benefits	47,696	46,090	1,605	3%	-	-	-
Expenses	137	137	-	-	-	-	-
TOTAL	385,320	377,668	7,652	2%	3,231.8	3,263.4	(31.6)

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Salaries and Benefits							
Teachers	295,058	289,514	5,544	2%	2,268.5	2,282.0	(13.6)
Teachers-Learning Resource/Other School	31,322	30,241	1,080	4%	243.9	241.0	2.8
Teachers - Department Head	24,573	23,930	643	3%	180.3	180.3	-
Teachers - Home Instruction	297	455	(158)	-35%	-	-	-
Early Childhood Educators	11,972	11,834	138	1%	150.0	152.0	(2.0)
Ed Assistants/Intervenors/SSWs/SEWs	37	36	1	3%	0.5	0.5	-
Instructors - Non-certified	76	74	2	2%	1.3	1.3	-
Noon Hour Supervisors	2,059	2,061	(2)	0%	365.3	384.2	(18.9)
Technicians - Student Support	1,594	1,556	38	2%	22.0	22.0	-
Technicians - Student Support-Temporary	216	210	6	3%	-	-	-
Teachers - Supply	16,811	16,520	290	2%	-	-	-
Early Childhood Educators-Supply	1,169	1,100	69	6%	-	-	-
Subtotal	385,183	377,532	7,652	2%	3,231.8	3,263.4	(31.6)
Operating - Other Expenses							
All Secondary Schools	26	26	-	-	-	-	-
Arts/Music	6	6	-	-	-	-	-
ESL - Elementary	10	10	-	-	-	-	-
FSL	20	20	-	-	-	-	-
Guidance	1	1	-	-	-	-	-
Phys Ed - Elementary	12	12	-	-	-	-	-
RNEF	62	62	-	-	-	-	-
Subtotal	137	137	-	-	-	-	-
TOTAL	385,320	377,668	7,652	2%	3,231.8	3,263.4	(31.6)

5.2.5. School Administration

Includes school-based administration/leadership staff and resources.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Salaries	39,006	37,651	1,355	4%	410.3	405.8	4.5
Benefits	6,638	6,392	246	4%	-	-	-
Expenses	443	393	50	13%	-	-	-
TOTAL	46,087	44,437	1,651	4%	410.3	405.8	4.5

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Salaries and Benefits							
Principals	17,399	16,938	460	3%	102.0	102.0	-
Vice-Principals	9,261	9,041	220	2%	58.0	58.0	-
Teachers - Department Head - Allowance	1,163	1,135	28	2%	-	-	-
Administration Support Staff	16,347	15,502	846	5%	211.1	206.6	4.5
Admin Support, Technical & Spec-Temporar	1,161	1,125	36	3%	-	-	-
Noon Hour Supervisors	313	303	11	3%	39.2	39.2	-
Subtotal	45,644	44,044	1,601	4%	410.3	405.8	4.5
Operating - Other Expenses							
All Elementary Schools	245	242	3	1%	-	-	-
All Secondary Schools	198	151	46	31%	-	-	-
Subtotal	443	393	50	13%	-	-	-
TOTAL	46,087	44,437	1,651	4%	410.3	405.8	4.5

5.2.6. School Budgets (GSB)

General School Budgets managed by school Principals.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Expenses	6,307	6,641	(334)	-5%	-	-	-
TOTAL	6,307	6,641	(334)	-5%	-	-	-

5.2.7. Curriculum

Reporting unit responsible for supporting teachers in the delivery of education programs and curriculum and to support areas such as math, literacy, languages, STREAM, new learning pedagogies and religion.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Salaries	5,500	6,062	(562)	-9%	48.1	53.6	(5.5)
Discretionary Release Time	631	700	(70)	-10%	-	-	-
Benefits	910	964	(54)	-6%	-	-	-
Expenses	4,045	4,038	6	0%	-	-	-
TOTAL	11,086	11,765	(679)	-6%	48.1	53.6	(5.5)

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Salaries and Benefits							
Supervisory Officers	208	208	-	-	1.0	1.0	-
Principals	88	86	2	3%	0.5	0.5	-
Department Managers/Supervisors	189	184	5	3%	1.0	1.0	-
Coordinators & Consultants-Teacher Suppc	2,154	2,596	(442)	-17%	14.7	18.2	(3.5)
Teachers	791	1,088	(297)	-27%	5.1	7.6	(2.5)
Teachers-Learning Resource/Other School	204	199	5	3%	1.5	1.5	-
Administration Support Staff	529	474	54	11%	5.5	5.0	0.5
Admin Support, Technical & Spec-Temporar	1	-	1	0%	-	-	-
Ed Assistants/Intervenors/SSWs/SEWs	278	272	6	2%	3.0	3.0	-
Instructors - Non-certified	46	45	1	3%	-	-	-
Teachers - Supply	615	684	(70)	-10%	-	-	-
Subtotal	5,102	5,836	(734)	-13%	32.3	37.8	(5.5)

Continued on next page...

Curriculum Expense Details continued...

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Other Expenses							
Arts/Music Program	96	96	-	-	-	-	-
Central Athletics - Elementary	103	103	-	-	-	-	-
Co-op expenses	48	50	(2)	-4%	-	-	-
Curriculum - General	43	43	-	-	-	-	-
Curriculum General Licences	44	40	4	10%	-	-	-
Curriculum Sr Administration	8	8	-	-	-	-	-
Demographic Data Gathering	7	39	(31)	-81%	-	-	-
E Learning	32	35	(3)	-9%	-	-	-
Equity	3	3	-	-	-	-	-
ESL - Central	1	1	-	-	-	-	-
ESL - Elementary	3	3	-	-	-	-	-
Experiential Learning	78	78	-	-	-	-	-
French Immersion	92	92	-	-	-	-	-
FSL Areas on Intervention	178	172	6	3%	-	-	-
Learning and Innovation for Teachers	25	25	-	-	-	-	-
Library	1	1	-	-	-	-	-
MISA	4	53	(49)	-92%	-	-	-
NTIP	30	30	-	-	-	-	-
Outdoor Education	106	76	30	39%	-	-	-
Phys Ed - Elementary	0	0	-	-	-	-	-
Religion	455	455	-	-	-	-	-
School Discretionary Athletics	68	68	-	-	-	-	-
SHSM	931	790	141	18%	-	-	-
STREAM Program	244	304	(60)	-20%	-	-	-
Student Success	283	307	(24)	-8%	-	-	-
Support Student Events	3	3	-	-	-	-	-
Technology Enabled Learning	2	2	-	-	-	-	-
Textbooks & Research for Schools	2	2	-	-	-	-	-
Subtotal	2,891	2,879	11	0%	-	-	-
Total Operating	7,992	8,715	(723)	-8%	32.3	37.8	(5.5)
REP & Other Grants/Programs							
Arts and Athletic Camp	200	80	120	150%	-	-	-
Democracy and Democratic Institutions Trav	-	35	(35)	-100%	-	-	-
De-Streaming Implementation Supports	-	60	(60)	-100%	-	-	-
Dual Credit Accelerated	40	18	22	122%	-	-	-
Dual Credit Project	54	100	(46)	-46%	-	-	-
Dual Credit SWAC	10	30	(20)	-67%	-	-	-
Early Reading Enhancements: Reading Scr	247	247	-	-	-	-	-
Education Staff to Support Reading Intervent	1,345	1,252	93	7%	11.6	11.6	-
Entrepreneurship Education Pilot Projects	30	30	-	-	-	-	-
Experiential Learning for Guidance Teachers	66	66	-	-	-	-	-
Math Recovery Plan: Lead, Facilitator and Tc	713	697	16	2%	2.7	2.7	-
Ontario Public School Boards' Association	-	10	(10)	-100%	-	-	-
OYAP	315	352	(37)	-10%	1.5	1.5	-
Professional Development for ECEs	56	56	-	-	-	-	-
Skilled Trade Bursary Program	17	17	-	-	-	-	-
Total REP & Other Grants/Programs	3,094	3,050	44	1%	15.8	15.8	-
TOTAL	11,086	11,765	(679)	-6%	48.1	53.6	(5.5)

5.2.8. Continuing Education

Serves students and adult learners by providing credit courses outside the regular day, remedial programming, language and general interest courses.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Salaries	10,956	11,026	(70)	-1%	197.6	203.4	(5.7)
Benefits	2,455	2,407	48	2%	-	-	-
Expenses	639	637	2	0%	-	-	-
TOTAL	14,050	14,070	(19)	0%	197.6	203.4	(5.7)

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Salaries and Benefits							
Principals	250	221	29	13%	2.0	1.7	0.4
Department Managers/Supervisors	170	166	4	3%	1.0	1.0	-
Administration Support Staff	469	525	(56)	-11%	6.3	7.3	(1.0)
Vice-Principals	94	97	(3)	-3%	1.6	1.6	-
Admin Support, Technical & Spec-Temporar	90	123	(33)	-27%	-	0.3	(0.3)
Continuing Education Teachers	5,841	5,838	3	0%	92.4	94.7	(2.3)
Instructors - Non-certified	6,459	6,424	35	1%	94.4	96.9	(2.5)
Custodians-Overtime	38	38	0	1%	-	-	-
Subtotal	13,411	13,432	(22)	0%	197.6	203.4	(5.7)
Operating - Other Expenses							
ACE Central Office	60	60	-	-	-	-	-
AKOMA Camp	-	0	(0)	-100%	-	-	-
Credit Summer	27	13	14	108%	-	-	-
Credit Summer - Coop	16	21	(5)	-24%	-	-	-
ESL Day Programs	439	439	-	-	-	-	-
General Interest Elementary	-	5	(5)	-100%	-	-	-
International Lang - Extended Day	33	35	(1)	-3%	-	-	-
International Lang - Saturday Morning	44	44	-	-	-	-	-
International Lang - Summer	11	11	-	-	-	-	-
Remedial - Skills Dev Summer 7/8	10	10	(0)	-3%	-	-	-
Sirius Stars Summer	-	0	(0)	-100%	-	-	-
Subtotal	639	637	2	0%	-	-	-
TOTAL	14,050	14,070	(19)	0%	197.6	203.4	(5.7)

5.2.9. International Education

Recruits and supports International Students working in partnership with the Planning/Admissions Department.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Salaries	298	290	8	3%	3.0	3.0	-
Benefits	57	55	2	3%	-	-	-
Expenses	125	125	-	-	-	-	-
TOTAL	480	470	10	2%	3.0	3.0	-

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Salaries and Benefits							
Principals	175	171	4	3%	1.0	1.0	-
Administration Support Staff	179	174	6	3%	2.0	2.0	-
Subtotal	355	345	10	3%	3.0	3.0	-
Operating - Other Expenses							
International Education	125	125	-	-	-	-	-
Subtotal	125	125	-	-	-	-	-
TOTAL	480	470	10	2%	3.0	3.0	-

5.2.10. Indigenous Education

Indigenous Education supports initiatives that promote Indigenous knowledge, perspectives, and achievement, through meaningful engagement with both Indigenous and non-Indigenous communities.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Salaries	839	386	453	118%	6.5	3.5	3.0
Discretionary Release Time	70	5	65	1427%	-	-	-
Benefits	104	57	46	81%	-	-	-
Expenses	427	492	(65)	-13%	-	-	-
TOTAL	1,439	939	500	53%	6.5	3.5	3.0

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Salaries and Benefits							
Supervisory Officers	208	-	208	0%	1.0	-	1.0
Principals	88	86	2	3%	0.5	0.5	-
Coordinators & Consultants-Teacher Suppc	568	281	287	102%	4.0	2.0	2.0
Administration Support Staff	78	76	2	3%	1.0	1.0	-
Teachers - Supply	70	5	65	1420%	-	-	-
Subtotal	1,012	447	565	126%	6.5	3.5	3.0
Operating - Other Expenses							
Indigenous Studies	427	492	(65)	-13%	-	-	-
Subtotal	427	492	(65)	-13%	-	-	-
TOTAL	1,439	939	500	53%	6.5	3.5	3.0

5.2.11. Student Services

Student Services provides special education programming for exceptional learners and includes psychology, behaviour resources, physical management and speech language supports. They also manage Child Care programming and provide mental health services.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Salaries	82,799	83,295	(496)	-1%	942.6	963.9	(21.3)
Discretionary Release Time	231	306	(75)	-24%	-	-	-
Benefits	17,277	16,994	283	2%	-	-	-
Expenses	2,983	3,295	(312)	-9%	-	-	-
TOTAL	103,290	103,890	(600)	-1%	942.6	963.9	(21.3)

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Salaries and Benefits							
Supervisory Officers	208	208	-	-	1.0	1.0	-
Principals	217	40	176	439%	1.0	-	1.0
Department Managers/Supervisors	899	986	(87)	-9%	5.0	6.0	(1.0)
Coordinators & Consultants-Teacher Suppc	1,958	2,110	(152)	-7%	13.5	14.5	(1.0)
Teachers	2,127	3,889	(1,762)	-45%	17.3	31.1	(13.8)
Teachers-Learning Resource/Other School	33,195	32,532	663	2%	253.1	254.5	(1.4)
Teachers - Department Head	2,008	1,959	49	3%	15.0	15.0	-
Administration Support Staff	591	543	48	9%	6.0	7.0	(1.0)
Other Professional & Para-professional	2,018	2,014	3	0%	15.5	16.0	(0.5)
Psychological Services	1,553	1,613	(59)	-4%	10.6	11.6	(1.0)
Social Services	3,744	3,543	201	6%	31.5	31.5	-
Speech Services	2,357	2,415	(58)	-2%	18.0	19.0	(1.0)
Technicians - Student Support	531	518	13	3%	5.0	5.0	-
Teachers - Supply	1,727	1,729	(2)	0%	-	-	-
Ed Assistants/Intervenors/SSWs/SEWs	40,647	39,621	1,025	3%	539.5	541.1	(1.6)
Educational Assistants - Discretionary Hour	31	29	2	6%	-	-	-
Educational Assistants - Supply	5,036	5,392	(356)	-7%	-	-	-
Subtotal	98,845	99,140	(295)	0%	932.0	953.3	(21.2)

Continued on next page...

Student Services Expense Details continued...

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Other Expenses							
After School Schools Development	1	1	-	-	-	-	-
BEA Funds	59	59	-	-	-	-	-
Behaviour Management Sys Training	20	14	6	47%	-	-	-
Chief Psychologist Admin	-	4	(4)	-100%	-	-	-
Childcare	2	2	-	-	-	-	-
Life skills - Secondary	73	73	0	0%	-	-	-
Mental Health	84	164	(80)	-49%	-	-	-
Mental Health Lead	0	0	-	-	-	-	-
Mental Health Workers	6	6	-	-	-	-	-
PACE - Elementary	15	15	0	0%	-	-	-
PDD/Other Contract Staff	114	114	-	-	-	-	-
Psych Tools/Resource	274	274	-	-	-	-	-
Rose of Sharon	3	3	0	3%	-	-	-
SEA Claims	1,217	1,567	(350)	-22%	-	-	-
Special Ed - Audiologist	29	29	-	-	-	-	-
Special Ed - Elementary	65	62	3	5%	-	-	-
Special Ed - General	58	72	(14)	-20%	-	-	-
Special ed - Hearing	9	8	0	5%	-	-	-
Special Ed - Language	4	4	-	-	-	-	-
Special Ed - Other	42	42	0	1%	-	-	-
Special Ed - Psychology	3	3	-	-	-	-	-
Special Ed - Secondary	14	10	3	31%	-	-	-
Special Ed - Speech/Language Resource	9	9	-	-	-	-	-
Special ed - Vision	3	3	-	-	-	-	-
Student Services Sr Administration	8	8	-	-	-	-	-
Support for Student Serv and Well-being	150	53	97	184%	-	-	-
York Hills Child's Program	3	3	0	3%	-	-	-
York Hills OLL Child's Program	3	3	0	3%	-	-	-
York Hills OLL Youth Program	3	3	(0)	-13%	-	-	-
York Hills Youth Program	3	3	0	3%	-	-	-
Subtotal	2,271	2,608	(337)	-13%	-	-	-
Total Operating	101,116	101,748	(633)	-1%	932.0	953.3	(21.3)
REP & Other Grants/Programs							
Children Treatment Network	1,185	1,150	35	3%	8.8	8.8	-
Best Buddies Dance	15	-	15	0%	-	-	-
Coop Ed Supp for Students with Disabilities	69	69	-	-	-	-	-
Licenses for Reading Intervention Supports	218	221	(3)	-1%	0.5	0.5	-
Mental Health Strategy Supports - Emerging	27	27	-	-	-	-	-
Removing Barriers for Students with Disabil	-	50	(50)	-100%	-	-	-
Spec Ed Needs Transition Navigators	162	165	(3)	-2%	1.3	1.3	-
Summer Spec Ed Support	181	184	(3)	-2%	-	-	-
Supporting Student Mental Health	317	276	41	15%	-	-	-
Total REP & Other Grants/Programs	2,174	2,142	32	2%	10.6	10.6	-
TOTAL	103,290	103,890	(600)	-1%	942.6	963.9	(21.3)

5.2.12. Finance

Provides expertise in financial reporting and analysis in the areas of accounting, payroll, benefits, budget, purchasing, treasury, risk management and capital reporting and support for school administrators and school councils regarding School Generated Funds.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Salaries	3,131	3,051	81	3%	30.1	29.1	1.0
Benefits	771	752	19	3%	-	-	-
Expenses	1,769	1,769	-	-	-	-	-
TOTAL	5,672	5,572	100	2%	30.1	29.1	1.0

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Salaries and Benefits							
Supervisory Officers	255	255	-	-	1.0	1.0	-
Department Managers/Supervisors	1,262	1,231	31	3%	7.0	7.0	-
Administration Support Staff	2,344	2,276	68	3%	22.1	21.1	1.0
Admin Support, Technical & Spec-Temporar	41	40	1	3%	-	-	-
Subtotal	3,903	3,802	100	3%	30.1	29.1	1.0
Operating - Other Expenses							
Accounting and Capital	10	10	-	-	-	-	-
Benefits	4	4	-	-	-	-	-
Budget	10	10	-	-	-	-	-
Business Services	18	18	-	-	-	-	-
Insurance Claim/OSBIE	10	10	-	-	-	-	-
Insurance Claims/Board	50	49	1	2%	-	-	-
Insurance Premium/Rebate	1,622	1,623	(1)	0%	-	-	-
Payroll	26	26	-	-	-	-	-
Purchasing	10	10	-	-	-	-	-
School Finances and Financial Reporting	10	10	-	-	-	-	-
Subtotal	1,769	1,769	-	-	-	-	-
TOTAL	5,672	5,572	100	2%	30.1	29.1	1.0

5.2.13. Regional Internal Audit (RIAT)

Regional Internal Audit Team (RIAT) reports under the Finance Department, however, it is separately funded by the Ministry. YCDSB is the host board for RIAT which serves the 6 GTA school boards.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Salaries	732	714	18	3%	5.0	5.0	-
Benefits	167	163	4	3%	-	-	-
Expenses	1,014	975	39	4%	-	-	-
TOTAL	1,913	1,851	62	3%	5.0	5.0	-

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Salaries and Benefits							
Department Managers/Supervisors	875	853	22	3%	5.0	5.0	-
Admin Support, Technical & Spec-Temporar	24	23	1	3%	-	-	-
Subtotal	899	876	22	3%	5.0	5.0	-
Operating - Other Expenses							
Regional Internal Audit Team	1,014	442	572	129%	-	-	-
Regional Internal Audit Team-Boards	-	533	(533)	-100%	-	-	-
Subtotal	1,014	975	39	4%	-	-	-
TOTAL	1,913	1,851	62	3%	5.0	5.0	-

5.2.14. Human Resources

Delivers human resources solutions in the areas of compensation and human resources information systems, employee/labour relations, health and safety, attendance support/disability management/ WSIB, recruitment, staffing and training/development.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Salaries	4,097	4,082	15	0%	38.0	40.0	(2.0)
Discretionary Release Time	39	39	-	-	-	-	-
Benefits	924	922	2	0%	-	-	-
Expenses	1,166	1,166	-	-	-	-	-
TOTAL	6,226	6,209	17	0%	38.0	40.0	(2.0)

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Salaries and Benefits							
Supervisory Officers	208	208	-	-	1.0	1.0	-
Principals	175	171	4	3%	1.0	1.0	-
Department Managers/Supervisors	1,509	1,472	37	3%	9.0	9.0	-
Administration Support Staff	2,904	2,936	(32)	-1%	26.0	28.0	(2.0)
Teacher on Secondment	120	117	3	2%	1.0	1.0	-
Teachers - Supply	126	121	4	3%	-	-	-
Subtotal	5,043	5,026	17	0%	38.0	40.0	(2.0)
Operating - Other Expenses							
Accommodation - Health & Safety	130	130	-	-	-	-	-
Employee Health & Safety	259	259	-	-	-	-	-
Employee Wellness Program	49	49	-	-	-	-	-
HR Superintendent	9	9	-	-	-	-	-
HR-Administration	619	619	-	-	-	-	-
HR-Employee Relations	87	87	-	-	-	-	-
Subtotal	1,154	1,154	-	-	-	-	-
Total Operating	6,197	6,180	17	0%	38.0	40.0	(2.0)
REP & Other Grants/Programs							
OSSTF Education Workers PD	8	8	-	-	-	-	-
Practice Teaching	20	20	-	-	-	-	-
Total REP & Other Grants/Programs	28	28	-	-	-	-	-
TOTAL	6,226	6,209	17	0%	38.0	40.0	(2.0)

5.2.15. Information Systems

Provides the technology necessary to support our Catholic Learning Community by cultivating positive learning environments through the appropriate and ethical use of technology for students, teachers and administrators. Information systems also oversees freedom of information and records management.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Salaries	5,978	5,934	44	1%	59.0	62.0	(3.0)
Benefits	1,505	1,496	9	1%	-	-	-
Expenses	9,344	9,083	260	3%	-	-	-
TOTAL	16,826	16,513	314	2%	59.0	62.0	(3.0)

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Salaries and Benefits							
Supervisory Officers	232	232	-	-	1.0	1.0	-
Department Managers/Supervisors	1,710	1,668	42	3%	10.0	11.0	(1.0)
Administration Support Staff	1,454	1,410	44	3%	12.0	12.0	-
Admin Support, Technical & Spec-Overtime	-	-	-	0%	-	-	-
Admin Support, Technical & Spec-Students	-	-	-	0%	-	-	-
Admin Support, Technical & Spec-Temporary	-	-	-	0%	-	-	-
Technicians - Student Support	4,087	4,119	(32)	-1%	36.0	38.0	(2.0)
Subtotal	7,483	7,429	54	1%	59.0	62.0	(3.0)
Operating - Other Expenses							
21st Century Learning	18	18	-	-	-	-	-
Application Systems	910	610	300	49%	-	-	-
Customer Support System	3	3	-	-	-	-	-
Information Systems	8,073	8,113	(40)	0%	-	-	-
Network & Infrastructure	10	10	-	-	-	-	-
SEA - Info Systems	4	4	-	-	-	-	-
Software, DB & Web Apps	1	1	-	-	-	-	-
Sr CIO Administration	9	9	-	-	-	-	-
Technology for Teachers	315	315	-	-	-	-	-
Subtotal	9,344	9,083	260	3%	-	-	-
TOTAL	16,826	16,513	314	2%	59.0	62.0	(3.0)

5.2.16. Planning and Operations

Planning and Operations includes planning, office support services and admissions assuring the effective and efficient use of the Board's assets.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Salaries	2,100	2,066	34	2%	24.0	24.0	-
Benefits	539	529	10	2%	-	-	-
Expenses	727	677	51	7%	-	-	-
TOTAL	3,366	3,272	94	3%	24.0	24.0	-

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Salaries and Benefits							
Supervisory Officers	236	260	(25)	-9%	1.0	1.0	-
Department Managers/Supervisors	526	513	13	3%	3.0	3.0	-
Administration Support Staff	1,629	1,582	47	3%	17.0	17.0	-
Technicians & Specialists-Non-Instructional	248	240	8	3%	3.0	3.0	-
Subtotal	2,639	2,595	43	2%	24.0	24.0	-
Operating - Other Expenses							
Admissions	8	8	-	-	-	-	-
Community Planning & Partnerships	25	25	-	-	-	-	-
Courier	51	51	-	-	-	-	-
Office Services	27	27	-	-	-	-	-
Planning	35	35	-	-	-	-	-
Planning & Operations Admin	3	3	-	-	-	-	-
Printing	3	3	-	-	-	-	-
Sr Cont Planning & Operations	8	8	-	-	-	-	-
Visa Agency Fees	513	462	51	11%	-	-	-
Warehouse	55	55	-	-	-	-	-
Subtotal	727	677	51	7%	-	-	-
TOTAL	3,366	3,272	94	3%	24.0	24.0	-

5.2.17. Planning and Operations – Transportation

YCDSB's share of consortium costs and home to school bussing.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Salaries	1,434	1,311	122	9%	15.0	15.0	-
Benefits	373	342	31	9%	-	-	-
Expenses	21,056	21,658	(602)	-3%	-	-	-
TOTAL	22,863	23,311	(448)	-2%	15.0	15.0	-

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Salaries and Benefits							
Department Managers/Supervisors	421	411	10	3%	3.0	3.0	-
Administration Support Staff	1,257	1,117	140	13%	11.0	11.0	-
Technicians - Student Support	129	126	3	3%	1.0	1.0	-
Subtotal	1,807	1,653	153	9%	15.0	15.0	-
Operating - Other Expenses							
Transportation	21,056	21,658	(602)	-3%	-	-	-
Subtotal	21,056	21,658	(602)	-3%	-	-	-
TOTAL	22,863	23,311	(448)	-2%	15.0	15.0	-

Note: 67% of administration expenses are recovered from York Region District School Board.

5.2.18. Plant

Responsible for ensuring a clean, safe and healthy environment for our students, staff and communities by overseeing facilities, energy, maintenance & environmental services and capital & asset renewal.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Salaries	31,993	31,399	594	2%	467.0	476.0	(9.0)
Benefits	8,839	8,660	179	2%	-	-	-
Expenses	22,391	21,598	793	4%	-	-	-
TOTAL	63,223	61,658	1,565	3%	467.0	476.0	(9.0)

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Salaries and Benefits							
Supervisory Officers	232	232	-	-	1.0	1.0	-
Department Managers/Supervisors	640	617	23	4%	6.0	6.0	-
Admin Support, Technical & Spec-Overtime	48	47	1	3%	-	-	-
Administration Support Staff	2,480	2,525	(45)	-2%	24.0	26.0	(2.0)
Technicians & Specialists-Custodians	32,665	32,081	584	2%	406.0	413.0	(7.0)
Custodians-Temporary Assistants	1,538	1,495	43	3%	-	-	-
Custodians-Overtime	228	223	6	3%	-	-	-
Technicians & Specialists-Non-Instructional	3,001	2,840	161	6%	30.0	30.0	-
Subtotal	40,832	40,060	772	2%	467.0	476.0	(9.0)
Operating - Other Expenses							
Cafeteria	56	56	-	-	-	-	-
Capital & Asset Renewal	58	33	25	77%	-	-	-
Community Use of Schools	72	72	-	-	-	-	-
Draperies & Furniture Purchase	135	135	-	-	-	-	-
Energy	10,900	10,706	194	2%	-	-	-
Facilities Contracts	5,744	5,674	70	1%	-	-	-
Facilities/Caretaking	443	443	-	-	-	-	-
Leased Schools	259	259	-	-	-	-	-
Maintenance - Child Care	22	22	(0)	-1%	-	-	-
Maintenance Services	4,079	3,575	503	14%	-	-	-
Plant - Administration	33	33	-	-	-	-	-
Recycling	341	340	1	0%	-	-	-
Solar Energy	6	7	(1)	-14%	-	-	-
Sr Cont Plant & Accommodation	9	9	-	-	-	-	-
Subtotal	22,157	21,364	793	4%	-	-	-
Total Operating	62,988	61,423	1,565	3%	467.0	476.0	(9.0)
REP & Other Grants/Programs							
Critical Physical Security Infrastructure	234	234	-	-	-	-	-
Total REP & Other Grants/Programs	234	234	-	-	-	-	-
TOTAL	63,223	61,658	1,565	3%	467.0	476.0	(9.0)

5.2.19. Trustees

Trustee board paid and discretionary expenses.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Salaries	162	161	0	0%	12.0	12.0	-
Benefits	11	11	-	-	-	-	-
Expenses	130	130	-	-	-	-	-
TOTAL	303	303	0	0%	12.0	12.0	-

EXPENSE DETAILS	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Operating - Salaries and Benefits							
Trustees	168	168	-	-	10.0	10.0	-
Student Trustees	5	5	0	3%	2.0	2.0	-
Subtotal	173	173	0	0%	12.0	12.0	-
Operating - Other Expenses							
Trustee	130	130	-	-	-	-	-
Subtotal	130	130	-	-	-	-	-
TOTAL	303	303	0	0%	12.0	12.0	-

5.2.20. Trustees – Other

OCTSA membership fee, integrity commissioner and shared school support.

SUMMARY	Budget (\$000's)				FTE		
	2025-26	2024-25	Change	%	2025-26	2024-25	Change
Expenses	204	204	-	-	-	-	-
TOTAL	204	204	-	-	-	-	-

York Catholic District School Board

2025-26 Estimates Salaries, Benefits & FTE Summary

June 17, 2025



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Introduction

The tables in this report provide salary and benefits and Full Time Equivalent (FTE) budgets for the 2025-26 Estimates.

The Ministry has updated the salary benchmarks and other funding elements to reflect ratified central collective agreements.

Note: The comparative information (2024-25 Revised Estimates) has been restated where appropriate (such as a restructuring).

Employee Salary, Benefits and Full Time Equivalent (FTE) Summary

Employee Groups	Full Time Equivalent (FTE)				Budget (\$000's)			
	2024-25 Revised Estimates	2025-26 Estimates	Change	Change (%)	2024-25 Revised Estimates	2025-26 Estimates	Change	Change (%)
Principals	103.0	103.0	-	0%	17,109	17,573	464	3%
Vice Principals	58.0	58.0	-	0%	9,041	9,261	220	2%
Seconded Principals - Central	5.5	5.5	-	0%	941	965	24	3%
Elementary Teachers	1,850.4	1,794.9	(55.5)	(3%)	236,682	235,585	(1,097)	(0%)
Secondary Teachers	1,166.6	1,193.7	27.1	2%	146,734	153,758	7,024	5%
Consultants, Coordinators & Addtl Teaching	38.7	35.2	(3.5)	(9%)	5,491	5,053	(438)	(8%)
Total Academic Staff	3,222.2	3,190.3	(31.9)	(1%)	415,998	422,195	6,197	1%
Classroom Support Staff	1,277.8	1,249.8	(28.0)	(2%)	71,480	72,829	1,349	2%
Non-Classroom Support Staff	866.8	859.8	(7.0)	(1%)	75,682	79,022	3,340	4%
Total Support Staff	2,144.6	2,109.6	(35.0)	(2%)	147,162	151,851	4,689	3%
SUBTOTAL	5,366.8	5,299.9	(66.9)	(1%)	563,160	574,046	10,886	2%
REP, Other Grants and Programs	29.4	29.4	-	0%	3,544	3,666	122	3%
Continuing Education Staff	203.4	197.6	(5.7)	(3%)	13,432	13,411	(21)	(0%)
Other Salaries & Benefits (Non-FTE)	-	-	-	-	30,470	30,050	(420)	0%
TOTAL SALARIES & BENEFITS	5,599.6	5,526.9	(72.7)	(1%)	610,606	621,173	10,567	2%

Academic Staff FTE Details

Employee Groups	Full Time Equivalent (FTE)			
	2024-25 Revised Estimates	2025-26 Estimates	Change	Change (%)
ACADEMIC STAFF				
Principals				
Elementary	86.0	86.0	-	0%
Secondary	14.0	14.0	-	0%
Combined Schools	2.0	2.0	-	0%
Alternative Education & Safe Schools	1.0	1.0	-	0%
Subtotal Principals	103.0	103.0	-	0%
Vice Principals				
Elementary	19.0	17.0	(2.0)	(11%)
Secondary	39.0	41.0	2.0	5%
Subtotal Vice Principals	58.0	58.0	-	0%
Seconded Principals - Central	5.5	5.5	-	0%
Total Principals and Vice Principals	166.5	166.5	-	0%
Elementary Teachers				
Classroom - Kindergarten to Grade 8	1,285.2	1,248.2	(37.0)	(3%)
Specialty Teachers (Phys. Ed., Music, FSL)	269.2	269.2	-	0%
Teacher Librarians	45.0	45.0	-	0%
STREAM Centre	6.0	4.0	(2.0)	(33%)
English Second Language (ESL)	37.0	37.0	-	0%
Subtotal Elementary Teachers	1,642.4	1,603.4	(39.0)	(2%)
Special Education Elementary Teachers				
Core Resource	155.5	155.5	-	0%
Section 23	2.0	2.0	-	0%
Itinerant Literacy Intensive Support Teacher	15.0	-	(15.0)	(100%)
Autism Spectrum Disorder (ASD) Itinerant	4.0	4.0	-	0%
Hearing Itinerant	6.5	5.0	(1.5)	(23%)
Subtotal Special Education Elementary Teachers	183.0	166.5	(16.5)	(9%)
Elementary Self-Contained Classes				
Program for Academic and Creative Extension (PACE)	20.0	21.0	1.0	5%
Transition Diagnostic (TD) Centre	1.0	-	(1.0)	(100%)
Multiple Exceptionalities (ME) Hubs	-	4.0	4.0	0%
Autism Spectrum Disorder (ASD) Centre	3.0	-	(3.0)	(100%)
Hearing Centre (HC)	1.0	-	(1.0)	(100%)
Subtotal Elementary Self-Contained Classes	25.0	25.0	-	0%
Subtotal Elementary Special Education Teachers	208.0	191.5	(16.5)	(8%)
Subtotal Elementary Teachers	1,850.4	1,794.9	(55.5)	(3%)

Employee Groups	Full Time Equivalent (FTE)			
	2024-25 Revised Estimates	2025-26 Estimates	Change	Change (%)
ACADEMIC STAFF				
Secondary Teachers				
Grades 9-12	943.1	960.0	16.9	2%
E-Learning	26.7	34.3	7.7	29%
Library	16.0	16.0	-	0%
Guidance	35.6	36.4	0.8	2%
Chaplains	15.7	15.7	0.0	0%
Math Facilitator	0.6	0.1	(0.5)	(83%)
English Second Language (ESL)	18.2	21.0	2.8	16%
Alternative Education	7.0	7.0	-	0%
Subtotal Secondary Teachers	1,062.7	1,090.5	27.8	3%
Special Programs (Approved by Motion)				
Advanced Placement	2.7	2.7	-	0%
International Baccalaureate	3.0	2.0	(1.0)	(33%)
High-Performance Athlete	2.7	1.7	(1.0)	(37%)
Regional Arts Program	1.0	1.0	-	0%
Northern Initiative	3.5	3.5	-	0%
Subtotal Special Programs	12.9	10.9	(2.0)	(16%)
Subtotal Secondary Teachers (Exc. Special Ed.)	1,075.6	1,101.3	25.8	2%
Special Education Secondary Teachers				
Core Resources	30.9	32.3	1.4	5%
Learning Strategies (GLE)	9.2	9.8	0.7	8%
Tutorial	5.0	5.2	0.2	3%
Work Experience	5.0	5.2	0.2	3%
Ed. Support(ES)/Functional Life Skills(FSL)/Social Comm(SC)	29.9	29.2	(0.6)	(2%)
Vision	1.0	1.0	-	0%
Section 23	3.0	3.0	-	0%
Subtotal Special Education Secondary Teachers	83.9	85.7	1.8	2%
Special Education Self-Contained Classes				
Program for Academic and Creative Extension (PACE)	2.7	2.7	-	0%
Autism Spectrum Disorder (ASD) Centre	3.0	3.0	-	0%
Hearing Centre (HC)	1.5	1.0	(0.5)	(33%)
Subtotal Special Education Self-Contained Classes	7.2	6.7	(0.5)	(7%)
Subtotal Special Education Secondary Teachers	91.1	92.4	1.3	1%
Subtotal Secondary Teachers	1,166.6	1,193.7	27.1	2%

Employee Groups	Full Time Equivalent (FTE)			
	2024-25 Revised Estimates	2025-26 Estimates	Change	Change (%)
ACADEMIC STAFF				
Consultants, Coordinators and Addt'l Teaching Staff				
Curriculum Coordinators	2.0	1.0	(1.0)	(50%)
Curriculum Consultants	17.2	16.7	(0.5)	(3%)
Special Education Coordinators	3.0	2.0	(1.0)	(33%)
Special Education Consultants	11.5	11.5	-	0%
Tech and Trades Consultant	1.0	-	(1.0)	
Mental Health Instructional Program Lead	1.0	1.0	-	0%
Special Programs Teachers	0.5	0.5	-	0%
Central ESL Resource Staff	1.5	1.5	-	0%
Health & Safety Officer	1.0	1.0	-	0%
Subtotal Consultants, Coordinators and Addt'l Teaching Staff	38.7	35.2	(3.5)	(9%)
Total Teaching	3,055.8	3,023.9	(31.9)	(1%)
TOTAL ACADEMIC STAFF	3,222.2	3,190.3	(31.9)	(1%)

Support Staff FTE Details

Employee Groups	Full Time Equivalent (FTE)			
	2024-25 Revised Estimates	2025-26 Estimates	Change	Change (%)
SUPPORT STAFF				
Teacher Assistants				
Educational Assistant (EA)	438.1	436.5	(1.6)	(0%)
Specialized Educational Intervenor (SEI)	92.0	92.0	-	0%
Student Support Worker (SSW)	11.0	11.0	-	0%
Food Services (EA)	0.5	0.5	-	0%
Subtotal Teacher Assistants	541.6	540.0	(1.6)	(0%)
Black Graduation Coach	0.4	0.4	-	0%
Designated Early Childhood Educator	152.0	150.0	(2.0)	(1%)
Elementary Supervision - Other	1.3	1.3	-	0%
Professional / Paraprofessional				
Behaviour Resource (Social Services)	22.5	22.5	-	0%
Behaviour Resource (Social Services) - Alternative Education	2.0	2.0	-	0%
Physiotherapist/Occupational Therapist/ABA	12.0	12.0	-	0%
Speech Services	15.0	15.0	-	0%
Psychological Services	11.6	10.6	(1.0)	(9%)
Psychological Services - Alternative Ed / Safe Schools	1.0	-	(1.0)	(100%)
Mental Health Services	12.0	12.0	-	0%
SEA Claims Management	14.0	12.5	(1.5)	(11%)
SEA Computer and Other Technical Services	4.0	4.0	-	0%
Technicians - Student Support	34.0	32.0	(2.0)	(6%)
Central Catalogers	3.0	3.0	-	0%
Library Technician	22.0	22.0	-	0%
Courier Drivers	3.0	3.0	-	0%
Lunchtime Supervisors (Classroom and Office Support)	423.4	404.5	(18.9)	(4%)
Attendance Counselors	3.0	3.0	-	0%
Subtotal Professional / Paraprofessional	582.5	558.1	(24.4)	(4%)
Subtotal Classroom Support Staff	1,277.8	1,249.8	(28.0)	(2%)

Other Staff FTE Details

Employee Groups	Full Time Equivalent (FTE)			
	2024-25 Revised Estimates	2025-26 Estimates	Change	Change (%)
SUPPORT STAFF				
School Administration Clerical/Secretarial	207.6	212.1	4.5	2%
Administration and Governance				
Trustees	10.0	10.0	-	0%
Student Trustees	2.0	2.0	-	0%
Director & Supervisory Officers	15.0	16.0	1.0	7%
Managerial/Professional	33.1	32.1	(1.0)	(3%)
Administration Support	98.1	96.6	(1.5)	(2%)
Regional Internal Audit Team (RIAT)	5.0	5.0	-	0%
Subtotal Administration and Governance	163.2	161.7	(1.5)	(1%)
Pupil Transportation Consortium				
Managerial/Professional	3.0	3.0	-	0%
Administration Support	11.0	11.0	-	0%
Technicians	1.0	1.0	-	0%
Subtotal Pupil Transportation Consortium	15.0	15.0	-	0%
School Operations				
Managerial/Professional	8.0	8.0	-	0%
Administration Support	30.0	27.0	(3.0)	(10%)
Custodial	413.0	406.0	(7.0)	(2%)
Maintenance	30.0	30.0	-	0%
Subtotal School Operations	481.0	471.0	(10.0)	(2%)
Subtotal Non-Classroom Support Staff	866.8	859.8	(7.0)	(1%)
TOTAL SUPPORT STAFF	2,144.6	2,109.6	(35.0)	(2%)

Employee Groups	Full Time Equivalent (FTE)			
	2024-25 Revised Estimates	2025-26 Estimates	Change	Change (%)
REP, Other Grants and Programs				
AQ Coordinator	0.5	0.5	-	0%
Graduation Coaches	1.6	1.6	-	0%
Consultants	2.8	2.8	-	0%
Teachers - Literacy (Elementary)	11.6	11.6	-	0%
Teachers - Math Recovery (Elementary and Secondary)	1.4	1.4	-	0%
Teachers - Transition Navigators (Secondary)	1.3	1.3	-	0%
Support Staff	10.2	10.2	-	0%
Total REP, Other Grants and Programs	29.4	29.4	-	0%
Continuing Education Staff	203.4	197.6	(5.7)	(3%)
TOTAL ALL STAFF	5,599.6	5,526.9	(72.7)	(1%)

Appendix 1: Support Staff Costing

This table excludes Supply and Non-FTE Salaries and Benefits.

Employee Groups	Budget (\$000's)			
	2024-25 Revised Estimates	2025-26 Estimates	Change	Change (%)
SUPPORT STAFF				
Teacher Assistants				
Educational Assistant (EA)	31,986	32,794	808	3%
Specialized Educational Intervenor (SEI)	6,717	6,912	195	3%
Student Support Worker (SSW)	888	910	22	2%
Food Services (EA)	36	37	1	3%
Subtotal Teacher Assistants	39,627	40,653	1,026	3%
Black Graduation Coach	21	48	27	129%
Designated Early Childhood Educator	11,834	11,972	138	1%
Elementary Supervision - Other	119	122	3	3%
Professional / Paraprofessional				
Behaviour Resource (Social Services)	2,540	2,655	115	5%
Behaviour Resource (Social Services) - Alternative Education	208	213	5	2%
Physiotherapist/Occupational Therapist/ABA	1,536	1,575	39	3%
Speech Services	1,999	2,073	74	4%
Psychological Services	1,614	1,553	(61)	(4%)
Psychological Services - Alternative Ed / Safe Schools	-	-	-	0%
Mental Health Services	1,516	1,615	99	7%
SEA Claims Management	1,573	1,422	(151)	(10%)
SEA Computer and Other Technical Services	425	435	10	2%
Technicians - Student Support	3,694	3,650	(44)	(1%)
Central Catalogers	272	278	6	2%
Library Technician	1,556	1,594	38	2%
Courier Drivers	240	248	8	3%
Lunchtime Supervisors (Classroom and Office Support)	2,364	2,373	9	0%
Attendance Counselors	342	350	8	2%
Subtotal Professional / Paraprofessional	19,879	20,034	155	1%
Subtotal Classroom Support Staff	71,480	72,829	1,349	2%

Employee Groups	Budget (\$000's)			
	2024-25 Revised Estimates	2025-26 Estimates	Change	Change (%)
SUPPORT STAFF				
School Administration Clerical/Secretarial	15,571	16,419	848	5%
Administration and Governance				
Trustees	168	168	-	0%
Student Trustees	5	5	-	0%
Director & Supervisory Officers	3,329	3,530	201	6%
Managerial/Professional	5,208	5,407	199	4%
Administration Support	10,060	11,183	1,123	11%
Regional Internal Audit Team (RIAT)	853	875	22	3%
Subtotal Administration and Governance	19,623	21,168	1,545	8%
Pupil Transportation Consortium⁽¹⁾				
Managerial/Professional	411	421	10	2%
Administration Support	1,117	1,257	140	13%
Technicians	126	129	3	2%
Subtotal Pupil Transportation Consortium	1,654	1,807	153	9%
School Operations				
Managerial/Professional	984	1,015	31	3%
Administration Support	2,929	2,947	18	1%
Custodial	32,081	32,665	584	2%
Maintenance	2,840	3,001	161	6%
Subtotal School Operations	38,834	39,628	794	2%
Subtotal Non-Classroom Support Staff	75,682	79,022	3,340	4%
TOTAL SUPPORT STAFF	147,162	151,851	4,689	3%

(1) 67% recovered from York Region District School Board

Appendix 2: FTE and Budget by Department

Category	Full Time Equivalent (FTE)			FTE and Non-FTE Budget (\$000's)		
	2024-25 Revised	2025-26 Estimates	Change	2024-25 Revised	2025-26 Estimates	Change
Director	9.4	9.4	-	1,382	1,327	(55)
Associate Director	3.0	3.0	-	425	433	8
Trustee	12.0	12.0	-	173	173	-
School Leadership	22.6	20.6	(2.0)	2,554	2,470	(84)
Curriculum	52.6	47.1	(5.5)	7,519	6,833	(686)
Indigenous Education	3.5	5.5	2.0	447	804	357
Continuing Education	203.4	197.6	(5.7)	13,432	13,411	(21)
Employee Contract Obligations	16.0	16.0	-	3,455	3,530	75
Student Services	961.9	941.6	(20.3)	100,278	100,099	(179)
Finance	28.1	29.1	1.0	3,547	3,647	100
Regional Internal Audit Team (RIAT)	5.0	5.0	-	876	899	23
Human Resources	39.0	37.0	(2.0)	4,835	4,852	17
International Education	3.0	3.0	-	345	355	10
Information Systems	61.0	58.0	(3.0)	7,197	7,251	54
Planning / Operations	23.0	23.0	-	2,335	2,403	68
Planning / Operations - Transportation	15.0	15.0	-	1,653	1,807	154
Plant	475.0	466.0	(9.0)	39,828	40,600	772
Regular Day	3,263.4	3,231.7	(31.7)	377,485	385,132	7,647
RNEF	-	-	-	47	51	4
School Administration	405.8	410.3	4.5	44,044	45,644	1,600
Other Including Transportation Recoveries	(3.0)	(4.0)	(1.0)	(1,251)	(548)	703
TOTAL	5,599.6	5,526.9	(72.7)	610,606	621,173	10,567

Appendix 3: Responsive Education Programs (REP), Other Grants and Programs

			Full Time Equivalent (FTE)		
Category	Budget Unit	Name of Grant	2024-25 Revised Estimates	2025-26 Estimates	Change
REP	Curriculum	Education Staff to Support Reading Interventions	11.6	11.6	-
REP	Curriculum	Math Recovery Plan: Lead, Facilitator and Tools	2.7	2.7	-
REP	Director	Human Rights and Equity Advisor	0.9	0.9	-
REP	Director	Graduation Coach Program	1.6	1.6	-
REP	Student Services	Licenses for Reading Intervention Supports	0.5	0.5	-
REP	Student Services	Special Education Needs Transition Navigators	1.3	1.3	-
Other Ministry	Curriculum	Ontario Youth Apprenticeship Program (OYAP)	1.5	1.5	-
Non-Ministry	Student Services	Children's Treatment Network (CTN)	8.8	8.8	-
YCDSB Prog	Associate Director	AQ Courses	0.5	0.5	-
TOTAL REP, OTHER GRANTS AND PROGRAMS			29.4	29.4	-



York Catholic District School Board

**PROCEDURE:
206A SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS:
ANAPHYLAXIS**

**Addendum to:
Policy 206 Supporting Students with Prevalent Medical Conditions
(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools**

Effective: **September 2025**
Revised: **XX**

The York Catholic District School Board recognizes that there are some students within the school system that are susceptible to severe anaphylactic reactions which could be life threatening. The York Catholic District School board also recognizes that anaphylaxis management is a shared responsibility that requires a team approach among allergic students, Parent(s)/Guardians, health care providers and the entire school community.

1. Roles & Responsibilities

1.1 ~~Parent(s)/Guardian(s) of Children with Anaphylaxis~~

~~As primary caregivers of their child, parent(s)/guardian(s) are expected to be active participants in supporting the management of their child's anaphylaxis while the child is at school and at school related activities. Parent(s)/Guardian(s) are expected to:~~

Parents of Children with Prevalent Medical Conditions

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

- ~~• Inform the Principal immediately upon registration and/or when in receipt of a diagnosis of an anaphylactic allergy~~
- ~~• Provide the school with a completed copy of form S15(a) for Elementary students and S15(a1) for Secondary students prior to, or immediately after the start of the student's Elementary career and prior to, or immediately after the start of the student's Secondary career, or immediately after a diagnosis of an anaphylactic allergy~~
- ~~• Participate in the co-creation, review and updating of the Anaphylaxis Health Management Plan and other required forms within the first 30 days of each school year, upon registration, and following any changes or new diagnosis~~
- ~~• Ensure that all medical information pertinent to the student's life-threatening allergy is always current~~
- ~~• Provide your child with a **MedicAlert® bracelet** to be worn at all times~~
- ~~• Practice allergen avoidance measures~~
- ~~• Research field trip sites and overnight excursion sites for potential allergen risks~~
- ~~• Provide education to their child about their medical condition, as well as the safekeeping and administration of their medication with support from their child's health care professional~~
- educate their child about their medical condition(s) with support from the child's health care professional, as needed
- guide and encourage their child to reach their full potential for self-management and self-advocacy
- inform the school immediately of their child's medical condition(s) and co-create the Plan of Care for their child with the principal or the principal's designate
- communicate changes to the Plan of Care, such as changes to the status of their child's medical condition(s), or changes to their child's ability to manage the medical condition(s), to the principal or the principal's designate
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged
- initiate and participate in meetings to review their child's Plan of Care
- supply their child and /or school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist where appropriate
- if the student has been prescribed an Epinephrine auto-injector, provide the school with two (2) * up-to-date single-dose applications of the Epinephrine auto-injector, one to be stored in the school office, clearly marked with student's name and known allergen and the second to be carried on the student's person, clearly

- Or, if the student has been prescribed an Allerject application of the Epinephrine auto-injector, to provide the school with one (1)* up-to-date ~~dose~~ **Allerject** application of the Epinephrine auto-injector, to be worn on the student's person, clearly marked with student's name and known allergen or to be kept with a person in a position of authority

*If the Parent(s)/Guardian(s) is not in agreement with providing the school with two up- to-date applications of the Epinephrine auto-injector or the possession and carrying of one application Epinephrine auto-injector or the ALLERJECT Epinephrine auto-injector on the student then the parent will be required to indicate this on the S15(a) or S15(a1) **Plan of Care** form upon submission to the Principal acknowledging that they take full responsibility for their decision.

1.2 Students with Anaphylaxis

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

Students with Prevalent Medical Conditions

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

- ~~Practice allergen avoidance measures~~
- ~~Learn to recognize symptoms of an anaphylactic reaction~~
- ~~Promptly inform an adult as soon as accidental exposure occurs or symptoms appear~~
- ~~Take responsibility for advocating for their personal safety and well-being, as well as the safekeeping and administration of their medication that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management~~
- ~~Communicate with their Parent(s)/Guardian(s) and school staff if they are facing challenges related to their medical condition at school~~
- ~~Wear a Medic Alert identification at all times~~
- **take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management**
- **participate in the development of their Plan of Care**
- **participate in the meetings to review their Plan of Care**
- **carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g. carry their medication and medical supplies, follow school board policies on disposal of medication and medical supplies)**
- **set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s) and health care professional(s) communicate with their parent(s) and school staff if they are facing challenges related to their medical conditions(s) at school**
- **wear medical alert identification that they and /or their parent(s) deem appropriate**
- **if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs**

1.3 School Staff

~~School staff play a key role in supporting the student's safe, accepting, and healthy learning environment, and allowing students to participate in school to their fullest potential. School staff will:~~

School staff should follow their school board's policy and provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff should:

- Participate in the regular and current training on anaphylaxis twice annually to learn how to recognize the symptoms of an anaphylactic reaction and the procedures to follow should a life threatening allergic reaction occur.
- Provide a copy of the S15(a) or S15(a1) form (which includes a photo of the student) to occasional teachers and support staff
- Discuss anaphylaxis with the class, in age appropriate terms outlining the allergen in the class, describing symptoms of an anaphylactic reaction and procedures to follow should an anaphylactic reaction occur.
- Ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible.
- Administer an Epinephrine auto injector or other medication that is prescribed, even if there is no pre-authorization to do so if there is reason to believe that a student is experiencing an anaphylactic reaction
- review the contents of the Plan of Care for any student with whom they have direct and regular contact
- participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board
- share information about a student's signs and symptoms with other students, verbatim as outlined in the Plan of Care and authorized by the principal in writing
- follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Plan of Care
- support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures
- support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care

1.4 Principal

In addition to the responsibilities outlined above under "School Staff", the principal (or designate) will:

In addition to the responsibilities outlined under "School Staff", the principal should:

- Participate with staff and others in direct contact with students in training on anaphylaxis twice annually to learn how to recognize the symptoms of an anaphylactic reaction and the procedures to follow should a life threatening allergic reaction occur.
- Inform Parent(s)/Guardian(s) of the need to advise the school if their child has a life threatening allergy.
- Communicate with all staff and others who are in direct contact with students the name, grade and classroom teacher of students who could require the immediate administration of medication due to life threatening allergies and where their Anaphylaxis-Health Management Plan and medication are located.
- Develop and co-create with parent(s)/guardian(s) a Health Management Plan for each student who has an anaphylactic allergy that includes details informing staff and others who are in direct contact with the student on a regular basis of the type of allergy, monitoring and avoidance strategies and appropriate treatment; a readily accessible emergency procedure for the student, including emergency contact information and storage for Epinephrine auto injector, where necessary.
- create and maintain a centrally accessible file containing all individual action plans for all students with anaphylaxis for the current school year.

- ~~Ensure that this policy and accompanying guidelines are included in the school's Emergency Response/Health Management Plan.~~
- ~~Provide and communicate to all staff the designated location of medication for students with anaphylaxis.~~
- ~~Establish an "allergy safe" school environment via food restrictions, no food sharing rules and hand washing routines.~~
- ~~Communicate to the entire school community stressing "allergen safe" schools via newsletter, website, student agendas, regular assemblies and posting of "allergy safe" signs throughout the school.~~
- ~~Provide separate communication to individual classrooms regarding allergens in that classroom and through the classroom to the community regarding specific allergens.~~
- ~~Promote the avoidance of allergens where practical and possible (i.e., school events, such as Pancake Tuesday, any Food & Nutrition program provided by a third party and all one day and/or overnight school excursions.)~~
- ~~Ensure that school volunteers and visitors are aware of Policy 206: Supporting Students with Prevalent Medical Conditions.~~
- clearly communicate to parents and appropriate staff for the process for parents to notify the school of their child's medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care, with the principal or principal's designate. This process should be communicated to parents at a minimum at the time of registration, each year during the first week of school, and when a child is diagnosed and /or returns to school following a diagnosis
- co-create, review or update the Plan of Care for a student with a prevalent medical condition with parent(s), in consultation with school staff (as appropriate) and with the student (as appropriate)
- maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition
- provide relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g. food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan
- communicate with parents in medical emergencies, as outlines in the Plan of Care
- encourage the identification of staff who can support the daily or routine management needs of the students in the school with prevalent medical conditions, while honouring the provisions within their collective agreements

1.5 Student Transportation Services

- Ensure ~~that~~ the names of students with a diagnosis of Anaphylaxis have prevalent medical condition (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) have been communicated to Transportation Service Providers.
- Ensure that Policy 206: Supporting Students with Prevalent Medical Conditions has been communicated with all Transportation Service Providers.
- Ensure that the current ~~form S15(a) or S15(a1)~~ Plan of Care form received from the Principal is available on file:
 - i) in the Student Transportation Services office,
 - ii) in the appropriate service provider's dispatch office, and,
 - iii) in the appropriate school vehicle(s)
- Require the service provider to ensure there has been adequate ~~Epinephrine auto-injector in servicing and training of all regular drivers and substitute drivers that transport a student with a prevalent medical condition life-threatening allergies.~~
- Work with the school Principal and service provider to assign ~~seating a specific seat to a student with a prevalent medical condition, if required~~

1.6 Human Resources

- To ensure that all occasional teachers and casual support staff are in serviced upon hiring and on an annual basis by Human Resources on how to recognize symptoms of an anaphylactic attack, on how to respond to life threatening allergic reactions, and how to administer medication (e.g. Epinephrine auto injector).

1.5 School Board

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

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

2. Anaphylaxis Health Management Plan of Care

The Anaphylaxis Action Plan of Care is a form that contains individualized information on the student's allergy, School Care Team of Staff, preventative strategies to reduce risk, symptoms of an anaphylactic reaction and emergency medical response.

The Anaphylaxis Action Plan of Care shall be co-created, reviewed or updated by the parent(s)/guardian(s) in consultation with the principal, designated staff and the student within the first 30 days of the school year or as soon as possible upon registration or diagnosis.

Parent(s)/guardian(s) have the authority to designate who is provided access to the Anaphylaxis Health Management Plan of Care. With authorization from parent(s)/guardian(s), the Anaphylaxis Health Management Plan of Care will be:

- i) Shared with appropriate school staff and others who are in direct contact with students with anaphylaxis (e.g. food service providers, transportation providers, volunteers).
- ii) Posted in a key area of the school where staff have access on a regular basis.
- iii) Posted inside the food preparation area of the cafeteria.
- iv) Located in the educator's daybook and/or occasional educator plans.

3. Facilitating and Supporting Daily or Routine Management

Students are to have access to two (2) epinephrine auto-injectors at school:

- (i) Children who have demonstrated maturity (usually by the age 6 years) must carry their own epinephrine. Direct adult supervision should be available in the case of younger children, as very young children might require staff to carry or store the auto-injector to allow medication to be available in the classroom.
- (ii) A spare epinephrine auto-injector is to be kept in a location on school site that is easily accessible, usually in the office, and not in locked cupboards or drawers.

All employees, the student with anaphylaxis and others who come in regular contact with the student should know the location of the auto-injectors.

It is a shared responsibility between the school, students and parent(s)/guardian(s) to promote and maintain an allergen minimized environment.

In addition to being carried by the student, an auto-injector with the original pharmacist label and container may be stored in the office or other secure location, in accordance with the Board's Policy 207: *Administration of Oral Medication to Elementary and Secondary Students*.

4. **Emergency Response**

"Emergency" is defined by the *Health Care Consent Act, 1996* to include a situation where the individual is experiencing severe suffering, or is at risk of sustaining serious bodily harm, if the treatment is not administered promptly.

All staff are required to be trained annually in the emergency response to an anaphylactic reaction. The individualized response to a student's anaphylactic emergency shall be detailed in their **Health Management Plan of Care**. Staff who are in direct contact with the student, shall review and be trained on the individual action plan.

Generally, in the event of an emergency, staff shall:

- (i) Give an epinephrine auto-injector (e.g., EpiPen, Allerject©) at the first sign of known or suspected anaphylactic reaction.
- (ii) Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.
- (iii) Call, or direct another adult to call, the emergency contact person.
- (iv) Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms.
- (v) Provide the used auto-injector to the paramedics for safe disposal.
- (vi) Document the Medical incident in the **Health Management Plan of Care**.

5. **Raising Awareness**

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

6. **Liability**

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

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

(2) Subsection (1) applies to, ...(b) and 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 assistance at the immediate scene of the accident or emergency.

In addition, Sabrina's Law (2005) includes provisions limiting the liability of individuals who respond to an emergency relating to these conditions, as cited below:

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

7. Definitions

Age and/or Developmentally Appropriate

Age and/or developmentally appropriate readiness for individual students will need to be considered by the Superintendent of Schools and Principal in consultation with the Parent(s)/Guardian(s). The responsibilities that a student can assume will be assessed based on the student's age and capability to understand their life-threatening condition. Students with special education needs may require additional assistance and avocation by school or central staff and Parent(s)/Guardian(s).

Allergens

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

Allergen Safe School Environment

Allergen safe school environment is one where every reasonable effort and precaution has been taken to minimize the risk of exposure to potentially life threatening allergens.

Anaphylactic Reaction

Anaphylactic reaction is a life-threatening reaction characterized by a range of symptoms including but not limited to:

Skin Reactions: hives, swelling, itching, body warmth, skin redness or rash,

Respiratory Reactions: coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, swelling of the tongue, tingling of the mouth, nasal congestion or hay fever-like symptoms or trouble swallowing,

Gastrointestinal Reactions: nausea, pain or cramps, vomiting or diarrhea,

Cardiovascular Reactions: pale/blue colour, weak pulse, unconsciousness, dizzy or lightheaded, shock.

Other symptoms may include, but are not limited to anxiety, headache or feeling of "impending doom" that can develop within seconds to minutes of exposure to an allergen. In rare cases, the timeframe can vary up to several hours after exposure.

Anaphylaxis

Anaphylaxis means a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock.

Auto-Injector

An auto-injector is a medical device used to deliver a pre-measured dose (or doses) of Epinephrine auto-injector commonly trademarked as the Epinephrine auto-injector.

Person in a Position of Authority

A person employed by the Board to perform services with respect to a student or students.

School Environment

School environment includes the entire school building and grounds, buses and other modes of transportation, school excursions, before and after school programs, and school sanctioned events involving students.

8. Cross References

Legislation

[Sabrina's Law, 2005. Statutes of Ontario. Chapter 7](#)
[Ontario Ministry of Education Anaphylaxis Resource Kit](#)

YCDSB Policies

Policy 201A Healthy Schools - Eating and Nutrition
Policy 703 Community Use of Schools

YCDSB Purchasing Reference Guide
YCDSB Standard Child Care and Purchasing of Services Leases and/or Contracts
YCDSB Student Transportation Procedures Manual
YCDSB Third Party Protocol

Related Forms

~~S15(a) Elementary Administration of Prescription Medication for Anaphylaxis~~
~~S15(a1) Secondary Administration of Prescription Medication for Anaphylaxis~~

Anaphylaxis Plan of Care
S17 Student Medication Log
Consent Form (Self-Administer and/or Employee Administer) (Appendix A)
Medical Incident Record Form (Appendix B)
School Personnel Prevalent Medication Condition Training Record (Appendix C)
School Communication Protocol (Appendix D)
Sample Letter Inviting Parent/Guardian to Meeting to Develop Plan of Care (Appendix E)
Epilepsy Plan of Care Parent/Guardian Annual Letter (Appendix F)



York Catholic District School Board

~~ADMINISTRATION OF MEDICATION for ANAPHYLACTIC STUDENTS~~

~~Acknowledgement and Consent (Students Under 16 Years of Age)~~

~~It should be understood that parents are asking non-medical persons to undertake the administration of prescription medications (i.e. epinephrine auto injector) and must, therefore, assume the associated inherent risks. School staff members providing assistance in the administration of prescription medication to students are not medically trained personnel. They will endeavour to follow all reasonable instructions, as provided on the Board forms S15(a) (Elementary) as S15(a1) (Secondary), in order to ensure the safety and security of each student.~~

~~If you choose to request school staff to administer prescription medication to your child, you must understand that you bear the responsibility of any accident that might occur.~~

s.3(4) Sabrina's Law, 2005

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

~~In order to minimize these risks, parents should ensure that their requests include all information that might be needed to safely administer prescription medications, including the identification of possible side effects as identified, on the Board S15(a) and S15(a1), by a licensed physician. A one-time signature from a licensed physician is now required; both at the elementary panel and a one-time signature from a licensed physician at the secondary panel.~~

~~The York Catholic District School Board does not provide medical expense insurance on behalf of its students who require assistance in the administration of prescription medication.~~

~~It is your legal obligation to ensure that the information in your child's file is kept up to date with the medication that your child is taking.~~

ACKNOWLEDGEMENT and CONSENT

~~WE HAVE READ AND ACKNOWLEDGE THE ABOVE AND HEREBY CONSENT TO THE ADMINISTRATION BY SCHOOL STAFF OF PRESCRIPTION MEDICATION TO:~~

Name of Student:

Signature of Parent/Guardian: Date:

☐ ~~I have reviewed the existing S15(a) form signed by the physician, and verify that there are no revisions to the medical information at this time.~~

Signature of Parent/Guardian:

Date:

Parents/Guardians may request a copy of his/her Acknowledgement and Consent Form from the School Principal. Questions about this form should be addressed to the School Principal.



York Catholic District School Board

ELEMENTARY ADMINISTRATION OF PRESCRIPTION MEDICATION FOR ANAPHYLAXIS

THE FOLLOWING REQUEST(S) WILL EXPIRE WHEN ELEMENTARY STUDENT ENTERS SECONDARY.

STUDENTS NAME: _____ **STUDENTS DATE OF BIRTH** _____

NAME OF SCHOOL: _____ **ROUTE No. (AM & PM)** _____

<p>Student Address:</p> <p>Phone Number:</p> <p>Physician's Name:</p> <p>Phone Number:</p> <p>I give permission for the Principal to contact the physician relating to my child's medical condition, if necessary, both for the purposes of accommodating them or protecting them from potential harm.</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>PLACE STUDENT'S PHOTO HERE (MUST BE KEPT CURRENT)</p>	<p>MEDICATION KEPT:</p> <p>With Student- Specify location:</p> <p><input type="checkbox"/> In Office</p> <p><input type="checkbox"/> Other:</p> <p><i>The EpiPen® will be returned to the student at the end of each school year.</i></p>
<p><u>THIS STUDENT HAS A LIFE-THREATENING ALLERGY TO THE FOLLOWING:</u></p>		<p>In order to protect your child's safety, we recommend that you provide the office with an EpiPen to use in the event of an emergency and that you also ensure that your child carries a second EpiPen with them at all times.</p> <p>Having two EpiPens available for your child will enable us to treat them as rapidly as possible.</p> <p><input type="checkbox"/> I have provided an EpiPen® for the office.</p> <p><input type="checkbox"/> I have provided an EpiPen® for my child to carry at all times</p> <p><input type="checkbox"/> I have provided a Medic Alert Bracelet and will encourage my child to wear it at all</p> <p><input type="checkbox"/> I have not provided an EpiPen® for my child to carry at all times.</p>

Parent/Guardian Signature: _____ Date: _____

Physician Signature: _____ Date: _____

NAME OF MEDICATION(S):

Epinephrine Auto-Injector Dosage:

☐ EpiPen Jr. 0.15mg

☐ EpiPen 0.30 mg

☐ Allerject 0.15 mg

☐ Allerject 0.30mg

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE ~~EDUCATION ACT~~ AND THE ~~MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT~~. QUESTIONS ABOUT THE COLLECTION AND THE USE OF THIS PERSONAL INFORMATION SHOULD BE DIRECTED TO THE ~~PRIVACY MANAGER – FREEDOM OF INFORMATION, YORK CATHOLIC DISTRICT SCHOOL BOARD, 320 BLOOMINGTON RD. W., AURORA, ONTARIO, L4G 3G8 OR (905) 713-2711.~~


e.e. Student Transportation Services
Office File

ACTION – EMERGENCY PLAN:

 Use EpiPen® immediately and try to keep child calm

 DESIGNATE SOMEONE TO CALL 911 and advise the dispatcher that a student is having an anaphylactic reaction (a severe life-threatening allergic reaction).

 Call parent or guardian

 If an ambulance has not arrived in 10-15 minutes and breathing difficulties are present (e.g. wheeze, cough, throat clearing), or the student is unconscious, give a second EpiPen®.

 The student must be taken to a hospital immediately, even if symptoms subside entirely.

 Send an additional EpiPen® (if available) with the ambulance driver.

POSSIBLE ANAPHYLACTIC SYMPTOMS:

LIST ADDITIONAL/OTHER SYMPTOMS FOR YOUR CHILD:

flushed face, hives, tingling in the mouth, swelling or itchy lips, tongue, eyes

tightness in throat, chest

difficulty breathing or swallowing, wheezing, coughing, choking

vomiting, nausea, diarrhea, stomach pains

loss of consciousness

fear and/or panic

PARENT INPUT ON EMERGENCY PLAN:

DESCRIPTION OF ALLERGY:

THIS STUDENT HAS A LIFE-THREATENING ALLERGY TO THE FOLLOWING:

**AND ALL FOODS CONTAINING THESE ALLERGENS IN ANY FORM OR AMOUNT,
INCLUDING THE FOLLOWING:**

STRATEGIES (List avoidance/safety rules for your child, if any):



York Catholic District School Board

SECONDARY ADMINISTRATION OF PRESCRIPTION MEDICATION FOR ANAPHYLAXIS

STUDENTS NAME: _____ **STUDENTS DATE OF BIRTH** _____

NAME OF SCHOOL: _____ **ROUTE No. (AM & PM)** _____

<p>Student Address:</p> <p>Phone Number:</p> <p>Physician's Name:</p> <p>Phone Number:</p> <p>I give permission for the Principal to contact the physician relating to my child's medical condition, if necessary, both for the purposes of accommodating them or protecting them from potential harm.</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>PLACE STUDENT'S PHOTO HERE (MUST BE KEPT CURRENT)</p>	<p>MEDICATION KEPT:</p> <p>With Student. Specify location:</p> <p><input type="checkbox"/> In Office</p> <p><input type="checkbox"/> Other:</p> <p><i>The EpiPen® will be returned to the student at the end of each school year.</i></p>
<p><u>THIS STUDENT HAS A LIFE-THREATENING ALLERGY TO THE FOLLOWING:</u></p>		<p>In order to protect your child's safety, we recommend that you provide the office with an EpiPen to use in the event of an emergency and that you also ensure that your child carries a second EpiPen with them at all times.</p> <p>Having two EpiPens available for your child will enable us to treat them as rapidly as possible.</p> <p><input type="checkbox"/> I have provided an EpiPen® for the office.</p> <p><input type="checkbox"/> I have provided an EpiPen® for my child to carry at all times</p> <p><input type="checkbox"/> I have provided a Medic Alert Bracelet and will encourage my child to wear it at all</p> <p><input type="checkbox"/> I have not provided an EpiPen® for my child to carry at all times.</p>

Parent/Guardian Signature: _____ Date: _____

Physician Signature: _____ Date: _____

NAME OF MEDICATION(S):

Epinephrine Auto-Injector Dosage:

☐ EpiPen Jr. 0.15mg

☐ EpiPen 0.30 mg

☐ Allerject 0.15 mg

☐ Allerject 0.30mg

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE ~~EDUCATION ACT~~ AND THE ~~MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT~~. QUESTIONS ABOUT THE COLLECTION AND THE USE OF THIS PERSONAL INFORMATION SHOULD BE DIRECTED TO THE ~~PRIVACY MANAGER - FREEDOM OF INFORMATION, YORK CATHOLIC DISTRICT SCHOOL BOARD, 320 BLOOMINGTON RD. W., AURORA, ONTARIO, L4G 3G8 OR (905) 713-2711.~~

e.e. Student Transportation Services
Office File

ACTION – EMERGENCY PLAN:

☒ Use EpiPen® immediately and try to keep child calm

☒ DESIGNATE SOMEONE TO CALL 911 and advise the dispatcher that a student is having an anaphylactic reaction (a severe life-threatening allergic reaction).

☒ Call parent or guardian

☒ If an ambulance has not arrived in 10-15 minutes and breathing difficulties are present (e.g. wheeze, cough, throat clearing), or the student is unconscious, give a second EpiPen®.

☒ The student must be taken to a hospital immediately, even if symptoms subside entirely.

☒ Send an additional EpiPen® (if available) with the ambulance driver.

POSSIBLE ANAPHYLACTIC SYMPTOMS:

LIST ADDITIONAL/OTHER SYMPTOMS FOR YOUR CHILD:

flushed face, hives, tingling in the mouth, swelling or itchy lips, tongue, eyes

tightness in throat, chest

difficulty breathing or swallowing, wheezing, coughing, choking

vomiting, nausea, diarrhea, stomach pains

loss of consciousness

fear and/or panic

PARENT INPUT ON EMERGENCY PLAN:

DESCRIPTION OF ALLERGY:

THIS STUDENT HAS A LIFE-THREATENING ALLERGY TO THE FOLLOWING:

**AND ALL FOODS CONTAINING THESE ALLERGENS IN ANY FORM OR AMOUNT,
INCLUDING THE FOLLOWING:**

STRATEGIES (List avoidance/safety rules for your child, if any):



ANAPHYLAXIS Plan of Care (Sample)

STUDENT INFORMATION

Date Created _____ Bus Route/# _____

Student Name _____ Date Of Birth _____

Ontario Ed. # Age _____ Age School _____

Grade _____ Teacher(s) _____

Medical ID jewellery ☐ Yes ☐ No

Student Photo (optional)

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): _____

Signature

Date: _____

Student: _____

Signature

Date: _____

Principal: _____

Signature

Date: _____

APPENDIX A

Consent Form (Self-Administer and/or Employee Administer)

To Carry and Administer Medication for a Prevalent Medical Condition



CONSENT FORM

TO CARRY AND ADMINISTER MEDICATION/DISCLOSE PERSONAL INFORMATION
TO BE SIGNED BY PARENT/GUARDIAN UNLESS THE STUDENT IS 18 YEARS OF AGE OR OLDER

ADMINISTRATION OF MEDICATION

In the event of my child _____ experiencing a medical emergency, I consent to the administration of _____ (specify type of medication) by an employee of the _____ (school board) as prescribed by the physician and outlined in the Emergency Procedures of the Prevalent Medical Conditions Policy/Administrative Procedure.

PLEASE PRINT

Student's Name: _____

Class/Teacher: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____
(if 18 years of age or older)

MAINTENANCE OF MEDICATION

I understand that it is the responsibility of my child _____ to carry _____ (specify type of medication) on his/her person.

PLEASE PRINT

Student's Name: _____ Class/Teacher: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____
(if 18 years of age or older)

Name of Physician: _____ Physician Phone #: _____

COLLECTION, DISCLOSURE AND USE OF PERSONAL INFORMATION

Authorization for the collection and maintenance of the personal information recorded on the Prevalent Medical Conditions form is the Municipal Freedom of Information and the Protection of Privacy Act. Users of this information should be directed by the principal of the school.

OPTIONAL:

Additionally, I further consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the _____ (School Board) through the posting of photographs and medical information of my child (Plan of Care/Emergency Procedures) in the following key locations:

- | | | | |
|------------------------------------|-------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> classroom | <input type="checkbox"/> staffroom | <input type="checkbox"/> lunchroom | <input type="checkbox"/> other |
| <input type="checkbox"/> office | <input type="checkbox"/> school bus | <input type="checkbox"/> gym | |

and through the provision of personal information contained herein to the following persons who are not employees of the Board: please check (✓) all applicable boxes

- | | |
|--|---|
| <input type="checkbox"/> Food service providers | <input type="checkbox"/> Child care providers |
| <input type="checkbox"/> Board approved transportation carriers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> School volunteers in regular direct contact with my child | |

Signature of Parent/Guardian: _____

Date: _____

Signature of Student: _____
(if 18 years of age or older)

Date: _____

Signature of Principal: _____

Date: _____

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

PLEASE NOTE THIS CONSENT EXPIRES AT THE END OF THE CURRENT SCHOOL YEAR.

STUDENT NAME: _____

D.O.B. _____

[illegible]



York Catholic District School Board
STUDENT MEDICATION LOG

Student: _____

Name of Designated Administrator(s) of Prescription/Non Prescription Medication: _____

~~(Please refer to Form S.16(a) or S16(a1))~~

Teacher _____

Grade/Class _____

Week or Month of: _____

DATE	TIME	NAME OF PRESCRIPTION/NON PRESCRIPTION MEDICATION	DOSAGE	INITIAL OF ADMINISTRATOR OF MEDICATION **	COMMENTS

PLEASE RECORD WHEN MEDICATION HAS NOT BEEN ADMINISTERED BECAUSE OF ABSENCE OR OTHER REASON c.c. Office Medical Log Binder for current and following school year with S16a/S16a1

** If you are not a named Administrator, please print name in the Comments Section

APPENDIX C

School Personnel Prevalent Medication Condition Training Record



PREVALENT MEDICAL CONDITION TRAINING - ATTENDANCE RECORD

SCHOOL: _____

PRINCIPAL: _____

DESCRIPTION OF PRESENTATION: _____
(e.g. face-to-face training, webcast, video, etc)

DATE OF TRAINING SESSION: _____

Name	Position (e.g. Principal, Teacher, Support Staff, Coach, Volunteer, Food Service Provider)	Signature

APPENDIX D

School Communication Protocol



COMMUNICATION PROTOCOL (911) – PREVALENT MEDICAL CONDITION EMERGENCY (TO BE READ BY PERSON CALLING 911 EMERGENCY #)

This is _____ School

We are located at:

Address: _____

Nearest Major Intersection/County Road: _____

Telephone Number: _____

We have a student with a medical condition (please specify anaphylaxis, asthma, diabetes or epilepsy) who is experiencing difficulty. The student is displaying the following symptoms:

Description of symptoms:

If the student has a life-threatening allergy, inform the dispatcher whether or not epinephrine (an EpiPen®) was administered.

We need an ambulance immediately. The closest school entrance for the ambulance to approach is:

A staff member will be outside of the school entrance to provide more information.

Do you need any more information? _____

How long will it take you to get here? _____

THEN: CALL PARENT(S)/GUARDIAN(S) EMERGENCY CONTACT NUMBER.

APPENDIX E

Sample Letter Inviting Parent/Guardian to Meeting to Develop Plan of Care



(Insert date)

Dear Parent/Guardian:

You recently advised the school that (insert child/student name) requires support relating to (insert name of prevalent medical condition...asthma, anaphylaxis, epilepsy or diabetes).

The (insert name of school board) supports children/students with a prevalent medical condition and values the opportunity to work collaboratively with parents and students in the development of a Plan of Care to meet your child's needs. A meeting for this purpose has been scheduled for (insert date and time) at the school. You are asked to bring any pertinent medical reports as well the completed consent forms for the administration of medication at school and school-related events and the sharing of information. I will chair the meeting and (insert names of school staff to attend) will also be in attendance. You and (insert child's name) are also welcome to bring additional individuals that can contribute to the development of the Plan of Care.

A copy of the Board's policies/procedures pertaining to the management of prevalent medical conditions is included for you to read prior to the meeting. Should you have further questions about this meeting, or the materials provided, you are welcome to contact me at (insert contact information). We look forward to working together to ensure a safe and successful year for your child!

Sincerely,

Principal

Please complete the bottom portion and return to the school

RE: Plan of Care Development Meeting for _____(insert student name)

_____ I will be in attendance at the meeting on (insert date and time)

_____ I am requesting a different time for the meeting and will be in contact with the principal

Parent/Guardian Signature_____



York Catholic District School Board
Administration of Medication to Students with Anaphylaxis
Parent Annual Letter Template

School Letterhead

Dear Parent / Guardian;

As we update our school records related to the administration of medication for anaphylactic students, you are asked to carefully review, sign and return the attached Plan of Care forms ~~Form S15 (Acknowledgement and Consent)~~ along with the ~~S15(a) for Elementary Students, or S15(a1) for Secondary Students~~ as soon as possible. This information is necessary for the safety and protection of your child.

As per Policy 206 Supporting Students with Prevalent Medical Conditions: Anaphylaxis, Asthma, Diabetes and/or Epilepsy, section, 4. 7.6 *To confirm annually to the Principal or their designate that their child's medical status is unchanged.* Please complete and return the attached forms. ~~with a physician signature as soon as possible if your child is:~~

- ◆ ~~New to the school and has a diagnosis of anaphylaxis, or~~
- ◆ ~~Is presently attending the school, but has been recently diagnosed with anaphylaxis.~~

~~If revisions to the medical information outlined on the attached Form S15(a) or Form S15(a1) are necessary for students who have a previous Administration of Medication for Anaphylaxis form on file, you will be required to complete a new form and secure an updated physician signature. If no revisions are necessary, please return the signed Form S15 along with the S15(a) or S15(a1) with an updated picture of your child as soon as possible.~~

~~Please contact the school office if you have any questions and/or concerns.~~

Thank you for your immediate attention to this request and your ongoing support in the shared responsibility for anaphylaxis management in our school.

Sincerely,

Principal Name



YORK CATHOLIC DISTRICT SCHOOL BOARD

PROCEDURE: 206B SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS: Asthma

Addendum to:

**Policy 206 Supporting Students with Prevalent Medical Conditions
(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools**

Effective: **September 2025**
Revised: **XX**

The York Catholic District School Board recognizes that there are some students within the school system who have been diagnosed with asthma which could be life threatening. The York Catholic District School board also recognizes that asthma management is a shared responsibility that requires a team approach among students, Parent(s)/Guardian(s)/Caregiver(s), health care providers and the entire school community.

1. Roles & Responsibilities

1.1 ~~Parent(s)/Guardian(s) of Children with Asthma~~

~~As primary caregivers of their child, parent(s)/guardian(s) are expected to be active participants in supporting the management of their child's asthma while the child is at school and at school related activities. Parent(s)/Guardian(s) are expected to:~~

Parents of Children with Prevalent Medical Conditions

As primary caregivers of their child, parents are expected to be active participants in supporting the management of their child's medical conditions(s) while the child is in school. Parents should:

- ~~• Inform the Principal immediately upon registration and/or when in receipt of a diagnosis of asthma.~~
- ~~• Provide the Principal with a completed copy of form S40(a) for Elementary students and S40(a1) for Secondary students:~~
 - ~~• Prior to, or immediately after the start of the student's Elementary career;~~
 - ~~• Prior to, or immediately after the start of the student's Secondary career;~~
 - ~~• Or immediately after a diagnosis of asthma;~~
 - ~~• Or immediately after a change in prescribed medication (i.e.: types of inhaler and/or dosage).~~
- ~~• Participate in the co-creation, review and updating of the Asthma Health Management Plan and other required forms within the first 30 days of each school year, upon registration, and following any changes or new diagnosis~~
- ~~• Ensure that all medical information pertinent to the student's diagnosis of asthma is always current.~~
- ~~• Provide your child with a MedicAlert® bracelet or other appropriate form of medical identification to be worn at all times.~~
- ~~• Research field trip sites and overnight excursion sites for potential health/medical risks.~~
- ~~• Communicate with school staff about arrangements and considerations for field trips, excursions, co-curricular activities, and co-operative education placements.~~
- ~~• Provide education to their child about their medical condition, as well as the safekeeping and administration of their medication with support from their child's health care professional.~~
- ~~• Educate their child about asthma, the Asthma Health Management Plan, and support them to reach their full potential for self-management and self-advocacy.~~
- ~~• Immediately inform school administration regarding any changes to their child's health, lifestyle, needs, management, and emergency contact information, and confirm for the Principal no less than annually that their child's medical status is unchanged.~~
- educate their child about their medical condition(s) with support from the child's health care professional, as needed**
- guide and encourage their child to reach their full potential for self-management and self-advocacy**
- inform the school immediately of their child's medical condition(s) and co-create the Plan of Care for their child with the principal or the principal's designate**
- communicate changes to the Plan of Care, such as changes to the status of their child's medical condition(s), or changes to their child's ability to manage the medical condition(s), to the principal or the principal's designate**
- confirm annually to the principal or the principal's designate that their child's**

- supply their child and /or school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist where appropriate
- if the student has been prescribed an inhaler, provide the school with one (1)* up-to-date inhaler, to be carried on the student's person, clearly marked with student's name and diagnosis or to be kept with a person in a position of authority, depending on the age and/or developmentally appropriate readiness of the student.

*If the Parent(s)/Guardian(s)/Caregiver(s) is not in agreement with providing the school with one (1) up-to-date application of the inhaler, to be carried on the student's person or kept with a person in a position of authority, then the Parent(s)/Guardian(s)/Caregiver(s) will be required to indicate this on the S40(a) or S40(a1) **Plan of Care** form upon submission to the Principal, thereby acknowledging that they take full responsibility for their decision.

1.2 ~~Students with Asthma~~

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

Students with Prevalent Medical Conditions

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

- ~~Practice asthma avoidance measures.~~
- ~~Learn to recognize symptoms of an asthma episode.~~
- ~~Promptly inform an adult as soon as asthma symptoms appear.~~
- ~~Take responsibility for advocating for their personal safety and well-being, as well as the safekeeping and administration of their medication that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management.~~
- ~~Wear a MedicAlert® bracelet or other appropriate medical identification at all times.~~
- ~~Set goals for increased self-management, in conjunction with parent(s)/guardian(s) and health care professionals.~~
- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management
- participate in the development of their Plan of Care
- participate in the meetings to review their Plan of Care
- carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g. carry their medication and medical supplies, follow school board policies on disposal of medication and medical supplies)
- set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s) and health care professional(s) communicate with their parent(s) and school staff if they are facing challenges related to their medical conditions(s) at school
- wear medical alert identification that they and /or their parent(s) deem appropriate
- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs

1.3 School Staff

School staff play a key role in supporting the student's safe, accepting, and healthy learning environment, and allowing students to participate in school to their fullest potential. School staff will:

School staff should follow their school board's policy and provisions in their collective agreements related to supporting students with prevalent medical conditions in schools.

School staff should:

- ~~Participate in annual training on asthma to learn how to recognize the symptoms of an asthma episode and the procedures to follow should an episode occur.~~
- ~~Provide a copy of the S40(a) or S40(a1) form (which includes a photo of the student) to occasional teachers and support staff~~
- ~~Discuss asthma with the class, in age appropriate terms outlining the potential triggers in the class, describing symptoms of an asthma episode and procedures to follow should an asthma episode occur.~~
- ~~Ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible.~~
- ~~Administer the student's prescribed asthma medication, even if there is no pre-authorization to do so, if there is reason to believe that a student is experiencing an asthma episode.~~
- ~~Develop a communication system (i.e.: journal or agenda) to inform Parent(s)/Guardian(s)/Caregiver(s) of any concern(s) or seek additional information related to the student's asthma.~~
- review the contents of the Plan of Care for any student with whom they have direct and regular contact
- participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board
- share information about a student's signs and symptoms with other students, verbatim as outlined in the Plan of Care and authorized by the principal in writing
- follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Plan of Care
- support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures
- support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care

1.4 Principal

In addition to the responsibilities outlined above under "School Staff", the principal (or designate) will:

In addition to the responsibilities outlined under "School Staff", the principal should:

- ~~Implement and comply with the Education Act, S. 265(1j) as it relates to the care of students and property giving assiduous attention to the health and comfort of the students~~

- Participate in annual training with staff and others in direct contact with students to learn how to recognize the symptoms and the procedures to follow should a life-threatening reaction occur
- Inform Parent(s)/Guardian(s)/Caregiver(s) at the time of registration or upon diagnosis, of the need to advise the school if their child has asthma
- Develop and co-create with parent(s)/guardian(s) a Health Management Plan for each student who has asthma that includes details informing staff and others, who are in direct and regular contact with the student, outlining monitoring and avoidance strategies and appropriate treatment; a readily accessible emergency procedure for the student, including emergency contact information; and, and the location for the storage of medication.
- Permit students with asthma to carry their medication with them when Parent(s)/Guardian(s)/Caregiver(s) have provided consent to do so. Students who are 16 years old or older do not require prior parental consent.
- Communicate with all staff and others who are in direct contact with students the name, grade and classroom teacher of students who could require the immediate administration of medication due to a diagnosis of asthma and where their Health Management Plan and medication are located.
- Create and maintain a central file for all students with asthma.
- Ensure that a copy of the central file is included in the school's Emergency Response/Health Management Plan.
- Provide and communicate to all staff the designated location of medication for students with asthma.
- Provide the Student Transportation Services Department with the names of all students with a diagnosis of asthma and forward a copy of the completed S40(a) or S40(a1).
- Ensure that school volunteers who are in direct contact with students are aware of Policy 206: *Supporting Students with Prevalent Medical Conditions in Schools*.
- clearly communicate to parents and appropriate staff for the process for parents to notify the school of their child's medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care, with the principal or principal's designate. This process should be communicated to parents at a minimum at the time of registration, each year during the first week of school, and when a child is diagnosed and /or returns to school following a diagnosis
- co-create, review or update the Plan of Care for a student with a prevalent medical condition with parent(s), in consultation with school staff (as appropriate) and with the student (as appropriate)
- maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition
- provide relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g. food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan
- communicate with parents in medical emergencies, as outlines in the Plan of Care
- encourage the identification of staff who can support the daily or routine management needs of the students in the school with prevalent medical conditions, while honouring the provisions within their collective agreements

1.5 Student Transportation Services

- Ensure that the names of students with a diagnosis of Asthma have prevalent medical condition (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) have been communicated to Transportation Service Providers.
- Ensure that Policy 206: *Supporting Students with Prevalent Medical Conditions in Schools* has been communicated with all Transportation Service Providers.

- Ensure that the current ~~form S40(a) or S40(a1)~~ **Plan of Care** form received from the Principal is available on file:
 - i) in the Student Transportation Services office,
 - ii) in the appropriate service provider's dispatch office, and,
 - iii) in the appropriate school vehicle(s)
- Require the service provider to ensure there has been adequate training of all regular drivers and substitute drivers that transport a student with asthma.
- Work with the school Principal and service provider to assign a specific seat to a student with ~~asthma~~ **a prevalent medical condition**, if required.

1.6 **School Board**

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

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

2. **Asthma Health Management Plan of Care**

The Asthma ~~Health Management Plan~~ **of Care** contains individualized information on the student's asthma, School Care Team of staff, preventative strategies to reduce risk, symptoms of an asthma attack and emergency medical responses.

The Asthma ~~Health Management Plan~~ **of Care** shall be co-created, reviewed or updated by the parent(s) / guardian(s) in consultation with the principal, designated staff and the student within the first 30 days of the school year or as soon as possible upon registration or diagnosis.

A School Care Team will be identified on the Asthma ~~Health Management Plan~~ **of Care**. Specific responsibilities of the School Care Team in supporting, monitoring and responding to an asthmatic emergency will be delineated. The School Care Team will receive student-specific training by the principal, healthcare practitioner and/or parent on the implementation of the Asthma ~~Health Management Plan~~ **of Care**.

Parent(s)/Guardian(s) have the authority to designate who is provided access to the Asthma ~~Health Management Plan~~ **of Care**. With authorization from parent(s)/guardian(s), the Asthma ~~Health Management Plan~~ **of Care** will be:

- i. Shared with appropriate school staff and others who are in direct contact with students with asthma (e.g. transportation providers, volunteers).
- ii. Posted in a key area of the school where staff have access on a regular basis.

3. Facilitating and Supporting Daily or Routine Management

In general, asthma medications work in one of two ways to relieve symptoms. They either work by controlling or preventing the inflammation and mucous production or by relieving the muscle tightness around the airways.

- i. Controller Medication (Flovent, Advair, Qvar, Pulmicort, etc.):
 - Used daily, before and after school at home, to prevent asthma attacks
 - Decreases and prevents swelling of the airways
 - Can take days to weeks of regular use to work effectively
- ii. Reliever Medication (Ventolin/Salbutamol, Bricanyl, etc.)
 - Used to relieve symptoms of asthma
 - Called the 'rescue' inhaler (usually blue in colour)
 - Needs to be readily accessible at all times
 - Provides relief quickly, within minutes
 - Relaxes the muscles of the airways
 - Taken only when needed or prior to exercise, if indicates Students shall carry or have accessible at all times their reliever medication and spacer, if required.

Students with asthma who are also diagnosed with anaphylaxis are more susceptible to severe breathing problems when experiencing an anaphylactic reaction. It is extremely important for asthmatic students to keep their asthma well controlled. Students with asthma who are at risk of anaphylaxis should carry their asthma medication with their epinephrine auto-injector.

In addition to being carried by the student, asthma medications, with the original pharmacist label and container, may be stored in the office or other secure location, in accordance with the Board's Policy 207: *Administration of Oral Medication to Elementary and Secondary Students*.

4. Emergency Response

"Emergency" is defined by the *Health Care Consent Act, 1996* to include a situation where the individual is experiencing severe suffering, or is at risk of sustaining serious bodily harm, if the treatment is not administered promptly.

All staff are required to be trained annually in the emergency response to an asthma attack. The individualized response to a student's asthma emergency shall be detailed in their ~~Health Management Plan~~ **of Care**.

Staff who are in direct contact with the student, and those identified on the School Care Team, shall review and be trained on the ~~Health Management Plan~~ **of Care**.

a. Generally, in the event of an asthmatic emergency, staff shall:

- i. Remove the student from the trigger.
- ii. Have the student use a reliever inhaler as directed in the Asthma ~~Health Management Plan~~ **of Care**.
- iii. Have a student remain in an upright position.
- iv. Have a student breathe slowly and deeply.
- v. If a student totally recovers, participation in activities may resume.

If symptoms persist:

- i. Wait 5-10 minutes to see if breathing difficulty is relieved.
 - ii. If not, repeat the reliever inhaler as directed in the Asthma Health Management Plan of Care.
 - iii. If the student's breathing difficulty is relieved, they can resume school activities, but should be monitored closely. The student should avoid vigorous activity and may require additional reliever medication.
 - iv. Contact parent(s)/ guardian(s) to inform and track on the Medical Emergency Record.
- b. If symptoms persist or worsen (i.e., difficulty speaking or is struggling for breath, appears pale or grey, sweating, greyish/blue lips or nail beds), staff shall:
- i. Call 9-1-1. Tell them someone is having an asthmatic emergency.
 - ii. Continue to give the reliever inhaler every 5-15 minutes until paramedics arrive.
 - iii. Call, or direct another adult to call, the emergency contact person.

In cases where an anaphylactic reaction is suspected, but there is uncertainty whether or not the person is experiencing an asthma attack, epinephrine should be used first. Epinephrine can be used to treat life-threatening asthma attacks, as well as anaphylactic reactions.

5. Raising Awareness

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

6. Liability

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

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

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

In addition, Ryan's Law (2015) includes provisions limiting the liability of individuals who respond to an emergency relating to these conditions, as cited below:

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

7. Definitions

Age and/or Developmentally Appropriate Readiness

Age and/or developmentally appropriate readiness for individual students will need to be considered by the Superintendent of Schools and Principal in consultation with the Parent(s)/Guardian(s)/Caregiver(s). The responsibilities that a student can assume will be assessed based on the student's age and capability to understand their condition. Students with special education needs may require additional assistance by school or central staff and Parent(s)/Guardian(s)/Caregiver(s).

Asthma

A chronic inflammatory disease of the airway that may cause one or more of the following symptoms:

- Shortness of breath;
- Tightness in the chest;
- Coughing; and/or,
- Wheezing.

Symptoms can:

- Range from mild to severe and sometimes can be life threatening;
- Vary from person to person;
- Flare up from time to time and then not appear for long periods; and/or,
- Vary from one episode to the next.

The cause of asthma is not known, and currently there is no cure. A high percentage of asthma patients also have seasonal allergies that are known to trigger an asthma episode.

Exercise-Induced Asthma

When students participate in physical activity, they commonly breathe through their mouths at a rapid rate, which causes cooling and drying of the sensitive airways. This cooling and drying effect causes the airways to narrow resulting in asthma symptoms. Exercise-induced asthma may present itself during or after physical activity. It is more common when activities are conducted in cold environments and during high pollen or pollution count days. However, students can experience exercise-induced asthma anywhere, including indoors.

Asthma Medication

Most people with asthma take two kinds of medication. Each asthma medication treats only one aspect of the condition and are defined as follows:

- **Controllers**, also called 'preventers', reduce inflammation in the airways. Controllers are taken every day.
- **Relievers**, generally known as 'inhalers', are very good at helping to alleviate symptoms immediately, such as coughing or wheezing. However, reliever medications do nothing for the underlying problem of inflammation. Relievers are only a short-term solution to breathing problems and indicate that there is underlying inflammation present that requires a controller medication.

Asthma Triggers

Things in your environment that cause worsening of asthma symptoms or asthma attacks. There are two types of asthma triggers:

1. **Inflammatory (allergic) triggers** can cause inflammation of the lungs' airways or tightening of the airways' muscles. Inflammatory triggers include:
 - Dust mites
 - Animals/Pet Allergens (i.e., dander)
 - Moulds

- Pollen
- Food Allergies/Additives (i.e., sulphites)
- Cockroaches
- Other Allergens

2. **Symptom (non-allergic) triggers** generally do not cause inflammation, but may for some students as identified by the parent/guardian/caregiver and confirmed by the physician and/or licensed health care provider. Symptom (non-allergic) triggers can provoke the feeling of “constricted” airways, especially if they are already inflamed. Symptom triggers include:
- Air Pollutants (i.e., Smoke/Smog)
 - Exercise
 - Cold air/weather changes
 - Viral Infections
 - Chemical fumes, scented products (perfumes, detergents, etc.)
 - Intense emotions

Person in a Position of Authority

A person employed by the Board to perform services with respect to a student or students.

School Environment

School environment includes the entire school building and grounds, buses and other modes of transportation, school excursions, before and after school programs, and school sanctioned events involving students.

8. Cross References

Legislation

Ryan’s Law, Ensuring Asthma Friendly Schools, 2015, Statutes of Ontario, Education Act
Ministry of Education OPHEA Resource Guide: Creating Asthma Friendly Schools

YCDSB Policies

Policy 206 Supporting Students with Prevalent Medical Conditions
Policy 207 The Administration of Oral Medication to Elementary and Secondary Students
YCDSB Student Transportation Procedures Manual
YCDSB Third Party Protocol

Related Forms

~~S40 Administration of Medication to Students with Asthma~~
~~S40(a) Elementary Administration of Prescription Medication for Asthma~~
~~S40(a1) Secondary Administration of Prescription Medication for Asthma~~
Asthma Plan of Care
S17 Student Medication Log
Consent Form (Self-Administer and/or Employee Administer) (Appendix A)
Medical Incident Record Form (Appendix B)
School Personnel Prevalent Medication Condition Training Record (Appendix C)
School Communication Protocol (Appendix D)
Sample Letter Inviting Parent/Guardian to Meeting to Develop Plan of Care (Appendix E)
Epilepsy Plan of Care Parent/Guardian Annual Letter (Appendix F)



York Catholic District School Board

ADMINISTRATION OF MEDICATION to STUDENTS with ASTHMA **Acknowledgement and Consent (*Students Under 18 Years of Age*)**

~~It should be understood that parents are asking non-medical persons to undertake the administration of prescription medications (i.e. inhaler or other prescription medication as prescribed by a physician or licensed health care provider) and must, therefore, assume the associated inherent risks. School staff members providing assistance in the administration of prescription medication to students are not medically trained personnel. They will endeavour to follow all reasonable instructions, as provided on the Board forms S40(a) Elementary, or S40(a1) Secondary, in order to ensure the safety and security of each student.~~

~~If you choose to request school staff to administer prescription medication to your child, please note the following from the Act:~~

~~*An Act to Protect Pupils with Asthma [Ryan's Law (Ensuring Asthma Friendly Schools)], 2015 states:*~~

~~*No action or other proceedings for damages shall be commenced against any board employee for an act or omission, done or omitted by the employee in good faith.*~~

~~In order to minimize these risks, parents should ensure that their requests include all information that might be needed to safely administer prescription medications, including the identification of possible side effects as identified, on the Board S40(a) and S40(a1), by a physician or licensed health care provider. A one-time signature from a physician or licensed health care provider is now required; both at the elementary panel and a one-time signature from a physician or licensed health care provider at the secondary panel.~~

~~The York Catholic District School Board does not provide medical expense insurance on behalf of its students who require assistance in the administration of prescription medication.~~

~~It is your legal obligation to ensure that the information in your child's file is kept up to date with the medication that your child is taking.~~

ACKNOWLEDGEMENT and CONSENT

~~WE HAVE READ AND ACKNOWLEDGE THE ABOVE, AND HEREBY CONSENT TO THE ADMINISTRATION OF PRESCRIPTION MEDICATION TO _____ BY SCHOOL STAFF. (name of student)~~

~~Signature of Parent/Guardian: _____ Date: _____~~

~~☐ I have reviewed the existing S40(a) form signed by the physician or licensed health care provider, and verify that there are no revisions to the medical information at this time.~~

~~Signature of Parent/Guardian: _____ Date: _____~~

~~Parents/Guardians may request a copy of his/her Acknowledgement and Consent Form from the Principal. Questions about this form should be addressed to the Principal.~~

**ELEMENTARY ADMINISTRATION OF PRESCRIPTION MEDICATION FOR ASTHMA**

THE FOLLOWING REQUEST(S) WILL EXPIRE WHEN THE ELEMENTARY STUDENT ENTERS SECONDARY SCHOOL.

STUDENT'S NAME: _____ STUDENT'S DOB: _____
SCHOOL NAME: _____ ROUTE/BUS# _____
(IF APPLICABLE)

<p>Address _____</p> <p>Phone # _____</p> <p>Physician's or Licensed Health Care Provider's Name _____</p> <p>Phone # _____</p> <p>I give permission for the Principal to contact the physician or licensed health care provider relating to my child's medical condition, if necessary, for the purpose of the development of the individual action plan [S40(a) or S40(a1)].</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>PLACE STUDENT'S PHOTO HERE (MUST BE KEPT CURRENT)</p>	<p>MEDICATION KEPT:</p> <p>With Student <input type="checkbox"/> at all times*</p> <p>If not with student at all times, specify location:</p> <p>In Office <input type="checkbox"/></p> <p>Other (i.e., with person in a position of authority):</p> <p><i>The inhaler or other prescribed medication will be returned to the student at the end of each school year.</i></p>
<p>THIS STUDENT HAS ASTHMA & MAY REACT TO THE FOLLOWING TRIGGERS (PLEASE INDICATE):</p> <p><input type="checkbox"/> DUST MITES <input type="checkbox"/> ANIMALS <input type="checkbox"/> MOULDS <input type="checkbox"/> POLLENS <input type="checkbox"/> VIRAL INFECTIONS <input type="checkbox"/> AIR POLLUTANTS <input type="checkbox"/> SMOKE <input type="checkbox"/> EXERCISE <input type="checkbox"/> COLD AIR <input type="checkbox"/> CHEMICAL FUMES/STRONG SMELLING SUBSTANCES <input type="checkbox"/> SPECIFIC FOOD ADDITIVES (PLEASE LIST)</p> <p><input type="checkbox"/> INTENSE EMOTIONS <input type="checkbox"/> OTHER: _____</p>	<p><input type="checkbox"/> I have provided an inhaler for my child to carry on their person at all times</p> <p><input type="checkbox"/> I have provided a MedicAlert® Bracelet or other appropriate medical identification to my son/daughter to wear at all times.</p> <p><input type="checkbox"/> *I have not provided an inhaler for my child to carry at all times on their person and take full responsibility for this decision.</p> <p><input type="checkbox"/> I have provided an inhaler to the office.</p> <p>We recommend that you provide your child with an inhaler, to be carried on their person at all times, to use in the event of an emergency. Having the inhaler on their person, and immediately available to your child, will enable us to treat him or her as rapidly as possible.</p>	
<p>Parent/Guardian Signature: _____ Date: _____</p> <p>Physician/Licensed Health Care Provider Signature: _____ Date: _____</p>		
<p>NAME OF MEDICATION(S) and DOSAGE:</p> <p>PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE <i>EDUCATION ACT</i> AND THE <i>MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT</i>. QUESTIONS ABOUT THE COLLECTION AND THE USE OF THIS PERSONAL INFORMATION SHOULD BE DIRECTED TO THE PRIVACY MANAGER - FREEDOM OF INFORMATION, YORK CATHOLIC DISTRICT SCHOOL BOARD, 320 BLOOMINGTON RD. W., AURORA, ONTARIO, L4G- 3G8 OR (905) 713-2711.</p>		

e.g. Student Transportation Services
Office File

Cont'd. on reverse

ACTION – INDIVIDUAL EMERGENCY PLAN:

- ☐ Remove student from the trigger if possible in order to reduce the severity of the symptom(s)
- ☐ Use inhaler immediately or administer prescribed medication as indicated on this form and try to keep student calm
- ☐ Have student remain in an upright position (**DO NOT** have student lie down)
- ☐ Encourage student to breathe slowly and deeply (**DO NOT** have student breathe into a bag)
- D** If student totally recovers, participation in activities may resume

IF SYMPTOMS PERSIST:

- D** Wait 5-10 minutes to see if breathing difficulty is relieved and student's breathing returns to normal
- ☐ If not, repeat the administration of the reliever medication (inhaler)
- ☐ If the student's breathing difficulty is relieved and student's breathing returns to normal, the student can resume school activities, but should be monitored closely. The student should avoid vigorous activity and may require the administration of additional reliever medication

IT IS AN EMERGENCY SITUATION IF THE STUDENT:

- D** Has used the reliever medication and it has not helped within 5-10 minutes
- ☐ Has difficulty speaking or is struggling for breath
- ☐ Appears pale, grey or is sweating
- ☐ Has greyish/blue lips or nail beds

OR

- D** There is doubt or concern about the student's condition

ACTION:

- D** **CALL 911** and advise the dispatcher that a student is having an asthma exacerbation (describe the observable symptoms), wait for ambulance, **DO NOT** drive student
- ☐ Continue to administer the reliever medication every two to three (2-3) minutes until medical assistance arrives
- ☐ Call Parent or Guardian and/or Caregivers as soon as possible
- ☐ The student must be taken to a hospital immediately, even if symptoms subside entirely.

POSSIBLE ASTHMA SYMPTOMS:

Shortness of breath
Tightness in chest
Coughing
Wheezing

LIST ADDITIONAL/OTHER SYMPTOMS FOR YOUR CHILD:**PARENT INPUT ON EMERGENCY PLAN:****STRATEGIES (LIST AVOIDANCE/SAFETY RULES FOR YOUR CHILD, IF ANY):**



York Catholic District School Board

SECONDARY SCHOOL
ADMINISTRATION OF PRESCRIPTION MEDICATION FOR ASTHMA

STUDENT'S NAME: _____ **STUDENT'S DOB:** _____
SCHOOL NAME: _____ **ROUTE/BUS#** _____
(IF APPLICABLE)

<p>Address _____</p> <p>Phone # _____</p> <p>Physician's or Licensed Health Care Provider's Name _____</p> <p>Phone # _____</p> <p>I give permission for the Principal to contact the physician or licensed health care provider relating to my child's medical condition, if necessary, for the purpose of the development of the individual action plan [S40(a) or S40(a1)].</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>PLACE STUDENT'S PHOTO HERE (MUST BE KEPT CURRENT)</p>	<p>MEDICATION KEPT:</p> <p>With Student <input type="checkbox"/> at all times*</p> <p>If not with student at all times, specify location:</p> <p>In Office <input type="checkbox"/></p> <p>Other (i.e., with person in a position of authority): _____ <i>The inhaler or other prescribed medication will be returned to the student at the end of each school year.</i></p>
<p>THIS STUDENT HAS ASTHMA & MAY REACT TO THE FOLLOWING TRIGGERS (PLEASE INDICATE):</p> <p><input type="checkbox"/> DUST MITES <input type="checkbox"/> ANIMALS <input type="checkbox"/> MOULDS <input type="checkbox"/> POLLENS <input type="checkbox"/> VIRAL INFECTIONS <input type="checkbox"/> AIR POLLUTANTS <input type="checkbox"/> SMOKE <input type="checkbox"/> EXERCISE <input type="checkbox"/> COLD AIR</p> <p><input type="checkbox"/> CHEMICAL FUMES/STRONG SMELLING SUBSTANCES <input type="checkbox"/> SPECIFIC FOOD ADDITIVES (PLEASE LIST) _____</p> <p><input type="checkbox"/> INTENSE EMOTIONS <input type="checkbox"/> OTHER: _____</p>			<p><input type="checkbox"/> I have provided an inhaler for my child to carry on their person at all times</p> <p><input type="checkbox"/> I have provided a MedicAlert® Bracelet or other appropriate medical identification to my son/daughter to wear at all times.</p> <p><input type="checkbox"/> *I have not provided an inhaler for my child to carry at all times on their person and take full responsibility for this decision.</p> <p><input type="checkbox"/> I have provided an inhaler to the office.</p> <p>We recommend that you provide your child with an inhaler, to be carried on their person at all times, to use in the event of an emergency. Having the inhaler on their person, and immediately available to your child, will enable us to treat him or her as rapidly as possible.</p>
<p>Parent/Guardian Signature: _____ Date: _____</p> <p>Physician/Licensed Health Care Provider Signature: _____ Date: _____</p> <p>NAME OF MEDICATION(S) and DOSAGE: _____</p>			
<p>PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE <i>EDUCATION ACT</i> AND THE <i>MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT</i>. QUESTIONS ABOUT THE COLLECTION AND THE USE OF THIS PERSONAL INFORMATION SHOULD BE DIRECTED TO THE <i>PRIVACY MANAGER - FREEDOM OF INFORMATION, YORK CATHOLIC DISTRICT SCHOOL BOARD, 320 BLOOMINGTON RD. W., AURORA, ONTARIO, L4G 3G8 OR (905) 713-2711.</i></p> <p>c.c. Student Transportation Services</p> <p>Office File _____</p>			

Cont'd. on reverse

ACTION—INDIVIDUAL EMERGENCY PLAN:

- ☐ Remove student from the trigger if possible in order to reduce the severity of the symptom(s)
- ☐ Use inhaler immediately or administer prescribed medication as indicated on this form and try to keep student calm
- ☐ Have student remain in an upright position (**DO NOT** have student lie down)
- ☐ Encourage student to breathe slowly and deeply (**DO NOT** have student breathe into a bag)
- ☐ If student totally recovers, participation in activities may resume

IF SYMPTOMS PERSIST:

- ☐ Wait 5-10 minutes to see if breathing difficulty is relieved and student's breathing returns to normal
- ☐ If not, repeat the administration of the reliever medication (inhaler)
- ☐ If the student's breathing difficulty is relieved and student's breathing returns to normal, the student can resume school activities, but should be monitored closely. The student should avoid vigorous activity and may require the administration of additional reliever medication

IT IS AN EMERGENCY SITUATION IF THE STUDENT:

- ☐ Has used the reliever medication and it has not helped within 5-10 minutes
- ☐ Has difficulty speaking or is struggling for breath
- ☐ Appears pale, grey or is sweating
- ☐ Has greyish/blue lips or nail beds

OR

- ☐ There is doubt or concern about the student's condition

ACTION:

- ☐ **CALL 911** and advise the dispatcher that a student is having an asthma exacerbation (describe the observable symptoms), wait for ambulance, **DO NOT** drive student
- ☐ Continue to administer the reliever medication every two to three (2-3) minutes until medical assistance arrives
- ☐ Call Parent or Guardian and/or Caregivers as soon as possible
- ☐ The student must be taken to a hospital immediately, even if symptoms subside entirely.

POSSIBLE ASTHMA SYMPTOMS:

Shortness of breath

Tightness in chest

Coughing

Wheezing

LIST ADDITIONAL/OTHER SYMPTOMS FOR YOUR CHILD:

--

PARENT INPUT ON EMERGENCY PLAN:**STRATEGIES (LIST AVOIDANCE/SAFETY RULES FOR YOUR CHILD, IF ANY):**



ASTHMA

Plan of Care (Sample)

STUDENT INFORMATION

Date Created _____ Bus Route/# _____

Student Name _____ Date Of Birth _____

Ontario Ed. # Age _____ Age School _____

Grade _____ Teacher(s) _____

Any other medical condition or allergy?

MedicAlert® ID ☐ Yes ☐ No

Student Photo (optional)

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"/> 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)			

☐ 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](#) 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

APPENDIX A

Consent Form (Self-Administer and/or Employee Administer)

To Carry and Administer Medication for a Prevalent Medical Condition



CONSENT FORM

TO CARRY AND ADMINISTER MEDICATION/DISCLOSE PERSONAL INFORMATION

TO BE SIGNED BY PARENT/GUARDIAN UNLESS THE STUDENT IS 18 YEARS OF AGE OR OLDER

ADMINISTRATION OF MEDICATION

In the event of my child _____ experiencing a medical emergency, I consent to the administration of _____ (specify type of medication) by an employee of the _____ (school board) as prescribed by the physician and outlined in the Emergency Procedures of the Prevalent Medical Conditions Policy/Administrative Procedure.

PLEASE PRINT

Student's Name: _____

Class/Teacher: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Student: _____
(if 18 years of age or older)

Date: _____

MAINTENANCE OF MEDICATION

I understand that it is the responsibility of my child _____ to carry _____ (specify type of medication) on his/her person.

PLEASE PRINT

Student's Name: _____

Class/Teacher: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Student: _____
(if 18 years of age or older)

Date: _____

Name of Physician: _____

Physician Phone #: _____

COLLECTION, DISCLOSURE AND USE OF PERSONAL INFORMATION

Authorization for the collection and maintenance of the personal information recorded on the Prevalent Medical Conditions form is the Municipal Freedom of Information and the Protection of Privacy Act. Users of this information should be directed by the principal of the school.

OPTIONAL:

Additionally, I further consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the _____ (School Board) through the posting of photographs and medical information of my child (Plan of Care/Emergency Procedures) in the following key locations:

- | | | | |
|------------------------------------|-------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> classroom | <input type="checkbox"/> staffroom | <input type="checkbox"/> lunchroom | <input type="checkbox"/> other |
| <input type="checkbox"/> office | <input type="checkbox"/> school bus | <input type="checkbox"/> gym | |

and through the provision of personal information contained herein to the following persons who are not employees of the Board: please check (✓) all applicable boxes

- | | |
|--|---|
| <input type="checkbox"/> Food service providers | <input type="checkbox"/> Child care providers |
| <input type="checkbox"/> Board approved transportation carriers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> School volunteers in regular direct contact with my child | |

Signature of Parent/Guardian: _____

Date: _____

Signature of Student: _____
(if 18 years of age or older)

Date: _____

Signature of Principal: _____

Date: _____

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

PLEASE NOTE THIS CONSENT EXPIRES AT THE END OF THE CURRENT SCHOOL YEAR.

STUDENT NAME: _____

D.O.B. _____

[illegible]



York Catholic District School Board
STUDENT MEDICATION LOG

Student:

Name of Designated Administrator(s) of Prescription/Non Prescription Medication:

~~(Please refer to Form S.16(a) or S16(a1))~~

Teacher

Grade/Class

Week or Month of:

DATE	TIME	NAME OF PRESCRIPTION/NON PRESCRIPTION MEDICATION	DOSAGE	INITIAL OF ADMINISTRATOR OF MEDICATION **	COMMENTS

PLEASE RECORD WHEN MEDICATION HAS NOT BEEN ADMINISTERED BECAUSE OF ABSENCE OR OTHER REASON

c.c. Office Medical Log Binder for current and following school year with S16a/S16a1

** If you are not a named Administrator, please print name in the Comments Section

APPENDIX C

School Personnel Prevalent Medication Condition Training Record



PREVALENT MEDICAL CONDITION TRAINING - ATTENDANCE RECORD

SCHOOL: _____

PRINCIPAL: _____

DESCRIPTION OF PRESENTATION: _____
(e.g. face-to-face training, webcast, video, etc)

DATE OF TRAINING SESSION: _____

Name	Position (e.g. Principal, Teacher, Support Staff, Coach, Volunteer, Food Service Provider)	Signature

APPENDIX D

School Communication Protocol



COMMUNICATION PROTOCOL (911) – PREVALENT MEDICAL CONDITION EMERGENCY (TO BE READ BY PERSON CALLING 911 EMERGENCY #)

This is _____ School

We are located at:

Address: _____

Nearest Major Intersection/County Road: _____

Telephone Number: _____

We have a student with a medical condition (please specify anaphylaxis, asthma, diabetes or epilepsy) who is experiencing difficulty. The student is displaying the following symptoms:

Description of symptoms:

If the student has a life-threatening allergy, inform the dispatcher whether or not epinephrine (an EpiPen®) was administered.

We need an ambulance immediately. The closest school entrance for the ambulance to approach is:

A staff member will be outside of the school entrance to provide more information.

Do you need any more information? _____

How long will it take you to get here? _____

THEN: CALL PARENT(S)/GUARDIAN(S) EMERGENCY CONTACT NUMBER.

APPENDIX E

Sample Letter Inviting Parent/Guardian to Meeting to Develop Plan of Care



(Insert date)

Dear Parent/Guardian:

You recently advised the school that (insert child/student name) requires support relating to (insert name of prevalent medical condition...asthma, anaphylaxis, epilepsy or diabetes).

The (insert name of school board) supports children/students with a prevalent medical condition and values the opportunity to work collaboratively with parents and students in the development of a Plan of Care to meet your child's needs. A meeting for this purpose has been scheduled for (insert date and time) at the school. You are asked to bring any pertinent medical reports as well the completed consent forms for the administration of medication at school and school-related events and the sharing of information. I will chair the meeting and (insert names of school staff to attend) will also be in attendance. You and (insert child's name) are also welcome to bring additional individuals that can contribute to the development of the Plan of Care.

A copy of the Board's policies/procedures pertaining to the management of prevalent medical conditions is included for you to read prior to the meeting. Should you have further questions about this meeting, or the materials provided, you are welcome to contact me at (insert contact information). We look forward to working together to ensure a safe and successful year for your child!

Sincerely,

Principal

Please complete the bottom portion and return to the school

RE: Plan of Care Development Meeting for _____(insert student name)

_____I will be in attendance at the meeting on (insert date and time)

_____I am requesting a different time for the meeting and will be in contact with the principal

Parent/Guardian Signature_____



York Catholic District School Board

Administration of Medication to Students with Asthma

Parent **Annual Letter Template**

School Letterhead

Date

Dear Parent/Guardian;

As we update our school records related to the administration of medication for students with asthma, I am requesting that you sign and return the attached ~~Form S40 (Acknowledgement and Consent)~~ and carefully review the current ~~S40(a) for Elementary Students, or S40(a1) for Secondary Students~~ **Plan of Care forms** as soon as possible. This information is necessary for the safety and protection of your child.

As per Policy 206 Supporting Students with Prevalent Medical Conditions: Anaphylaxis, Asthma, Diabetes and/or Epilepsy, section 4.7.6 To confirm annually to the Principal or their designate that their child's medical status is unchanged.

~~If revisions to the medical information outlined on the attached Form S40(a) or Form S40(a1)~~ **Plan of Care** ~~are necessary for students who have a previous Administration of Medication for Asthma form on file, you will be required to complete a new form and secure an updated physician signature.~~

~~If no revisions are necessary, please return the "new" signed Form S40 along with the current S40(a) or S40(a1) and an updated picture of your child as soon as possible.~~ **forms as soon as possible.**

Please contact the school office if you have any questions and/or concerns.

Thank you for your immediate attention to this request and your ongoing support in the shared responsibility for asthma management in our school.

Sincerely,

Principal Name



YORK CATHOLIC DISTRICT SCHOOL BOARD

PROCEDURE:
206C SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS:
DIABETES

Addendum to:

**Policy 206 Supporting Children and Students with Prevalent Medical Conditions
(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools**

Effective: **September 2025**
Revised: **XX**

The York Catholic District School Board recognizes that daily management of Diabetes is essential to prevent or postpone serious complications and that it is a shared responsibility with the student, Parent(s)/Guardian(s) and the school community. The ultimate goal is to enable children/youth to be as independent as possible in the management of their own care, recognizing that some students will require assistance and/or supervision with the daily management of their Diabetes. The York Catholic District School Board recognizes that there are some students within the school system who live with a diagnosis of Diabetes which could be life threatening if Parent(s)/Guardian(s), students and school personnel are not clear and confident in their roles and responsibilities.

1. Roles & Responsibilities

1.1 Parent(s)/Guardian(s) of Children with Diabetes

~~As primary caregivers of their child, parent(s)/guardian(s) are expected to be active participants in supporting the management of their child's diabetes while the child is at school and at school related activities. Parent(s)/Guardian(s) are expected to:~~

Parents of Children with Prevalent Medical Conditions

As primary caregivers of their child, parents are expected to be active participants in supporting the management of their child's medical conditions(s) while the child is in school. Parents should:

- ~~Inform the Principal immediately upon the student's registration or receipt of a diagnosis of Diabetes.~~
- ~~Provide the school with current medical information sufficient to understand the medical needs of the student~~
- ~~Participate in the co-creation, review and updating of the Diabetes Health Management Plan and other required forms within the first 30 days of each school year, upon registration, and following any changes or new diagnosis~~
- ~~Complete and submit all forms provided by the Principal to support the health and safety needs of the student~~
- ~~Consult and collaborate with the Principal and teacher related to any modifications needed to the daily *Diabetes Health Management Plan (S16b)* for special events or field trips~~
- ~~Review the *Diabetes Health Management Plan (S16b)* on an annual basis at the beginning of each school year in collaboration with the school team~~
- ~~Encourage their child to wear a medical alert identification.~~
- ~~Teach their child to understand the causes, identification, prevention and management of low/high blood sugar as appropriate to their age or cognitive ability, including to recognize and act on the first symptoms of low blood sugar, and to communicate clearly to adults/those in authority that they have diabetes and when feeling the onset of symptoms or a general feeling of "unwellness"~~
- ~~Supply their child and/or the school with sufficient quantities of supplies for their Diabetes Management Kits (e.g., blood glucose monitoring items, insulin injections, oral glucose, juice), as directed by their health care practitioner and as outlined in the Diabetes Health Management Plan, and replenish as necessary, tracking use and expiration dates~~
- ~~Seek medical advice from a medical doctor, nurse practitioner or pharmacist to contribute to the Diabetes Health Management Plan, as appropriate, and to set goals for self-management~~
- ~~Educate their child about diabetes, their Diabetes Health Management Plan, and support them to reach their full potential for self-management and self-advocacy~~
- ~~Keep all forms current (relevant to the student's condition) and signed by the physician~~
- ~~Participate in school case conferences when required with the school Principal, staff and involved health care professionals~~
- ~~Collaborate with the Principal and school staff in establishing a clear communication plan between home and school~~

- educate their child about their medical condition(s) with support from the child's health care professional, as needed
- guide and encourage their child to reach their full potential for self-management and self-advocacy
- inform the school **immediately** of their child's medical condition(s) and co-create the Plan of Care for their child with the principal or the principal's designate
- communicate changes to the Plan of Care, such as changes to the status of their child's medical condition(s), or changes to their child's ability to manage the medical condition(s), to the principal or the principal's designate
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged
- initiate and participate in meetings to review their child's Plan of Care
- supply their child and /or school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist where appropriate

1.2 Students with Diabetes

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

Students with Prevalent Medical Conditions

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

- ~~Take responsibility for advocating for their personal safety and well-being, as well as the safekeeping and administration of their medication that is consistent with their cognitive, emotion, social and physical stage of development and their capacity for self-management~~
- ~~Participate in the development and review of their *Diabetes Health Management Plan* as appropriate~~
- ~~Set goals on an ongoing basis for self-management of their medical condition, in conjunction with their Parent(s)/Guardian(s) and health care professional(s)~~
- ~~Work towards learning to manage their Diabetes as outlined in their *Diabetes Health Management Plan* where it is developmentally appropriate~~
- ~~Be encouraged to carry out daily or routine self-management of their medical condition to their full potential, as described in their Diabetes Health Management Plan (e.g., bringing and caring for/maintaining their Diabetes equipment/supplies, proper disposal of sharps, carrying their source of fast acting sugar on them at all times)~~
- ~~Inform, if possible, school staff and/or their peers if a medical incident or medical emergency occurs~~
- ~~Wear a medical alert identification that they and/or Parent(s)/Guardian(s) deem appropriate~~
- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management
- participate in the development of their Plan of Care
- participate in the meetings to review their Plan of Care
- carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g. carry their medication and medical supplies, follow school board policies on disposal of medication and medical supplies)
- set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s) and health care professional(s)

- communicate with their parent(s) and school staff if they are facing challenges related to their medical condition(s) at school
- wear medical alert identification that they and/or their parent(s) deem appropriate
- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs

1.3 School Staff

School staff play a key role in supporting the student's safe, accepting, and healthy learning environment, and allowing students to participate in school to their fullest potential. School staff will:

School staff should follow their school board's policy and provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff should:

- Review the contents of the *Diabetes Health Management Plan* for any student with whom they have direct and regular contact
- Complete annual training on Diabetes provided by the York Catholic District School Board
- Support the student's *Diabetes Health Management Plan*, such as, verify the student's reading of the glucometer, monitor the student during insulin self-administration and assist the student as required and outlined on the *Diabetes Health Management Plan*, including knowledge of the student's symptoms of low (hypoglycemia) or high (hyperglycemia) blood sugar and how it should be treated and how to respond to severe hypoglycemia and hyperglycemia
- Respond to medical incidents and emergencies that occur during the school day as outlined on the *Diabetes Health Management Plan*.
- Recognize and acknowledge that low (hypoglycemia) and high (hyperglycemia) blood sugar levels can affect mood, behavior and cognitive performance and to provide the necessary accommodations that may be needed for students who experience low (hypoglycemia) or high (hyperglycemia) blood sugar levels during tests or exams throughout the instructional day
- Allow sufficient time to finish snacks/meals and allow for flexibility in classroom/school routines as required by the student for Diabetes management tasks and treatment of low (hypoglycemia) or high (hyperglycemia) blood sugar e.g., ensure the student has unrestricted access to water and a washroom, ensure that the student has easy access to blood sugar monitoring kit/supplies, ensure they have adequate time to treat low or high blood sugar levels prior to participating in any school activities
- Participate in an established communication plan to notify Parent(s)/Guardian(s) of episodes of low (hypoglycemia) or high (hyperglycemia) blood sugar levels or any other concerns
- Provide Parent(s)/Guardian(s) with notice of upcoming changes in school routines that may impact the student's Diabetes and/or management of the student's Diabetes, e.g., changes in physical activity events, school excursions, special events involving food, changes to snack/lunch schedules or routines
- Implement the plan of action developed in consultation with the Principal and the Parent(s)/Guardian(s) addressing the safety and well-being of the student when participating in out-of-school events/activities and overnight excursions
- Ensure that for all out of school events/activities and overnight excursions, a designated adult has a copy of the student's *Diabetes Health Management Plan*, along with all necessary Diabetes equipment and/or supplies
- Notify Parent(s)/Guardian(s) when emergency Diabetes supplies stored at the school are running low or have expired
- Recognize that even students who are normally independent in their daily Diabetes management may need help at times when they are experiencing low or high blood sugar

- ~~Ensure that a student is not left alone following a low sugar episode until fully recovered as outlined in the student's *Diabetes Health Management Plan* (S16b)~~
- ~~Develop and participate in an established communication plan to notify Parent(s)/Guardian(s) of medical emergencies or any other concerns/information related to the student's Diabetes~~
- review the contents of the Plan of Care for any student with whom they have direct and regular contact
- participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board
- share information about a student's signs and symptoms with other students, verbatim as outlined in the Plan of Care and authorized by the principal in writing
- ~~follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Plan of Care~~
- support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures
- support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care

1.4 Principal

~~In addition to the responsibilities outlined below under "School Staff", the principal (or designate) will:~~

In addition to the responsibilities outlined under "School Staff", the principal should:

- ~~Participate in an annual training on Diabetes provided by the York Catholic District School Board~~
- ~~Inform the Parent(s)/Guardian(s) at the time of registration or upon receipt of a diagnosis, of the need to advise the school if their child has Diabetes~~
- ~~Provide the Parent(s)/Guardian(s) with appropriate forms to co-create the *Diabetes Health Management Plan* (S16b/S16b1) at the time of registration or following a new diagnosis.~~
- ~~Convene a meeting with Parent(s)/Guardian(s), school personnel and Student Services personnel to discuss a request for the admittance of a service dog, in accordance with the Board's decision-making protocol for entry of a personal service dog~~
- ~~Ensure that the Parent Consent Form (S16) and the *Diabetes Health Management Plan* (S16b) is sent to the Parent(s)/Guardians for review and updating on an annual basis at the beginning of each school year~~
- ~~Arrange a meeting/conference with appropriate school personnel and Parent(s)/Guardian(s) to review the student's medical needs as outlined on the *Diabetes Health Management Plan* on an annual basis and as needed throughout the school year~~
- ~~With Parent/Guardian consent, provide the Student Transportation Services Department and other relevant school staff with the names of all students with a diagnosis of Diabetes and relevant information from the student's *Diabetes Health Management Plan*~~

- ~~Ensure that school staff are aware of the student's medical needs and have access to the *Diabetes Health Management Plan* (S16b/S16b1) ensuring and maintaining the privacy of student information~~
- ~~Post posters of signs and symptoms of low and high blood sugar in key locations throughout the school (printable resources can be found at www.Diabetesatschool.ca)~~
- ~~Initiate a referral to the Home and Community Care Support Services (HCCSS) for nursing support for all students who are unable to manage their blood glucose (sugar) monitoring, insulin injections or insulin pump independently, as well as to request support for the training (diabetic teaching) and education of involved school personnel~~
- ~~Identify school staff/team (primary and alternates) that can support the management of the student's *Diabetes Health Management Plan* (e.g., support blood sugar checks; monitor the student during self-administration of insulin)~~
- ~~Allow the student and/or the HCCSS staff, to check blood sugar, administer insulin, and treat low or high blood sugar safely within the school environment, whenever and wherever needed, and to provide a private area if preferred by the student, Parent(s)/Guardian(s) to do so~~
- ~~Ensure that emergency supplies provided to the school by the Parent(s)/Guardian(s), of fast-acting sugar (i.e., glucose tablets, juice) including additional snacks are stored in readily accessible locations throughout the school (i.e., classroom, health room, office)~~
- ~~Advise all relevant staff of the location of the student's emergency supplies. Location of emergency supplies should be listed in the student's *Diabetes Health Management Plan*~~
- ~~Ensure that Occasional Teachers and supply support staff are aware that they have a student with Diabetes in their class and know how to recognize the signs/symptoms of low and high blood sugar and have a copy of the student's *Diabetes Health Management Plan*~~
- ~~Permit students with Diabetes to carry their Diabetes supplies and fast acting sugar on their person, as per Policy 207 *Administration of Oral Medication to Elementary and Secondary Students*.~~
- ~~Provide safe storage of an emergency glucagon kit at the school if requested by Parent(s)/Guardian(s)~~
- ~~Ensure that proper health and safety procedures for the disposal of sharps within the school environment are followed~~
- ~~Develop an action plan with the Parent(s)/Guardian(s) that addresses the safety and well-being of the student when participating in out-of-school events/activities and overnight excursions~~
- clearly communicate to parents and appropriate staff for the process for parents to notify the school of their child's medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care, with the principal or principal's designate. This process should be communicated to parents at a minimum at the time of registration, each year during the first week of school, and when a child is diagnosed and /or returns to school following a diagnosis
- co-create, review or update the Plan of Care for a student with a prevalent medical condition with parent(s), in consultation with school staff (as appropriate) and with the student (as appropriate)
- maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition
- provide relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g. food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan
- communicate with parents in medical emergencies, as outlines in the Plan of Care
- encourage the identification of staff who can support the daily or routine management needs of the students in the school with prevalent medical conditions, while honouring the provisions within their collective agreements

1.5 Student Transportation Services

- Ensure the names of students with a diagnosis of Diabetes has prevalent medical condition (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) have been communicated to Transportation Service Providers
- Ensure that Policy 206: Supporting Students with Prevalent Medical Conditions has been communicated to Transportation Service Providers
- Ensure that the current Plan of Care form received from the Principal is available on file:
 - i) in the Student Transportation Services office,
 - ii) in the appropriate service provider's dispatch office, and,
 - iii) in the appropriate school vehicle(s)
- Require the service provider to ensure there has been adequate training of all regular drivers and substitute drivers that transport a student with a prevalent medical condition
- Work with the Principal and service provider to assign a specific seat to a student diagnosed with a prevalent medical condition Diabetes, if required
- Allow student with Diabetes to carry their Diabetes supplies and source of fast acting sugar (e.g., juice box) on the school bus, test blood sugar and/or treat low/high blood sugar as needed while on the bus

1.6 School Board

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

School boards are also expected to:

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

2. Diabetes Health Management Plan of Care

The Diabetes Health Management Plan of Care is a form that contains individualized information on the student's condition, and identifies the School Care Team of staff, strategies to monitor blood sugar levels, administer insulin, symptoms of low and elevated blood sugar levels, and emergency medical responses.

The Diabetes Health Management Plan of Care shall be co-created, reviewed or updated by the parents / guardians in consultation with the principal, designated staff and the student within the first 30 days of the school year or as soon as possible upon registration or diagnosis.

Parent(s)/Guardians(s) have the authority to designate who is provided access to the Diabetes ~~Health Management Plan~~ of Care.

With authorization from parent(s)/guardian(s), the Diabetes ~~Health Management Plan~~ of Care will be:

- (i) Shared with appropriate school staff and others who are in direct contact with students with diabetes (e.g. food service providers, transportation providers, volunteers).
- (ii) Posted in a key area of the school where staff have access on a regular basis.
- (iii) Located in the educator's daybook and/or occasional staff plans.

3. **Facilitating and Supporting Daily or Routine Management**

In general, diabetes is managed through daily routines involving blood glucose monitoring, managing the intake of food, administration of insulin via injection or pump, and planning for activity. The student's capacity to independently monitor and carry out these routines depends on a number of factors including their cognitive, emotional, social and physical stage of development, all of which must be outlined in their Diabetes ~~Health Management Plan~~ of Care.

In developing the Diabetes ~~Health Management Plan~~ of Care, school staff must allow for flexibility and individualized discretion on where and when these daily routines occur, respecting both inclusion and preference for privacy.

Parent(s)/Guardian(s), in working with school staff, must ensure that a Diabetes Management Kit is provided, maintained and refreshed to support daily management at school. This kit may include: blood glucose monitoring items, insulin injections, oral glucose, juice. The Diabetes Management Kit, including medications with the original pharmacist label and container, may be stored in the office or other secure location, in accordance with the Board's Policy 207: *Administration of Oral Medication to Elementary and Secondary Students*.

4. **Emergency Response**

"Emergency" is defined by the *Health Care Consent Act, 1996* to include a situation where the individual is experiencing severe suffering, or is at risk of sustaining serious bodily harm, if the treatment is not administered promptly.

All staff are required to be trained annually. The individualized response to a student's diabetic emergency shall be detailed in the student's Diabetes ~~Health Management Plan~~ of Care. Staff who are in direct and regular contact with the student, shall review and be trained on the Diabetes ~~Health Management Plan~~ of Care.

For severe hypoglycemia where a student is unresponsive, staff shall:

- 1. Place student on their side.
- 2. Call 9-1-1. Do not give food or drink.
- 3. Contact parent(s)/guardian(s) or emergency contact.
- 4. Supervise student until EMS arrives. Follow the direction of medical staff.
- 5. Document medical incident in Diabetes ~~Health Management Plan~~ of Care.

5. **Raising Awareness**

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

6. Liability

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

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

(2) Subsection (1) applies to, ... (b) and 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 assistance at the immediate scene of the accident or emergency.

7. Definitions

Age and/or Developmentally Appropriate

Developmentally appropriate readiness for individual students will need to be considered by the Superintendent of Education: School Leadership and Principal in consultation with the Parent(s)/Guardian(s). The responsibilities that a student can assume will be assessed based on the student's age and capacity to understand their life-threatening condition. Students with special education needs may require additional assistance by school or central staff and Parent(s)/Guardian(s).

Diabetes Health Management Plan of Care

A plan of care that outlines the daily routine management tasks required to support the student's safety at school and an emergency plan of care that outlines the procedures to respond to hypoglycemia or hyperglycemia.

Diabetic Ketoacidosis

A potentially life-threatening condition that occurs, when blood sugar levels are **too high** and the body breaks down fat for energy leading to a high level of ketones in the body. At high levels, ketones are poisonous and can lead to coma or death if not treated.

Hyperglycemia (High Blood Sugar)

A condition occurring when the amount of blood glucose (sugar) is higher than a student's target range, the student may show signs of thirst, increased urinary frequency, and fatigue.

Hypoglycemia (Low Blood Sugar)

A condition occurring when the amount of blood glucose (sugar) has dropped below a student's target range, ranging from mild, moderate to severe. Hypoglycemia requires treatment with a fast acting glucose and the rechecking of blood sugar until levels have stabilized within the target range.

Insulin

A hormone required to convert glucose (sugar) to energy for the body to use. Without insulin sugar builds up in the blood instead of being used for energy. Students with Type 1 Diabetes must administer insulin by syringe, insulin pen or pump.

Local Health Integrated Network (LHIN) Ontario Health atHome

A publicly funded service provided to schools for the support of school age children, which may include nursing to support diabetic management or teaching as determined by the LHIN staff. **by Ontario Health atHome care coordinators.**

Type 1 Diabetes

An autoimmune disease in which the pancreas stops producing insulin, usually diagnosed in children and adolescents.

Type 2 Diabetes

A disease in which the pancreas does not produce enough insulin or the body does not properly use the insulin it makes typically occurring in adults, but is now being diagnosed in teens and children.

School Environment

School environment includes the entire school building and grounds, buses and other modes of transportation, school excursions, before and after school programs, and school sanctioned events involving students.

8. CROSS REFERENCES

Legislation

Canadian Diabetes Association Canadian Pediatric Society

Good Samaritan Act

Guidelines for the Care of Students Living with Diabetes at School

Program Policy Memorandum 161 Supporting Students with Prevalent Medical Conditions

YCDSB Policies

Policy 203 *Student Transportation Services*

Policy 207 *Administration of Oral ~~Prescription~~ Medication to Elementary & Secondary Students*

Policy 208 *Student Disability Accommodation*

YCDSB Student Transportation Procedures Manual

YCDSB Third Party Protocol

Related Forms

~~SE3 Consent for Consultation with Board Staff~~

S16b Diabetes Health Management Plan of Care

S17 Student Medication Log

S16(b1) Student Blood Sugar Log (Optional)

~~(Includes S16b Plan, S16b1 Blood Sugar Log and Parent(s)/Guardian(s) letter)~~

Consent Form (Self-Administer and/or Employee Administer) (Appendix A)

Medical Incident Record Form (Appendix B)

School Personnel Prevalent Medication Condition Training Record (Appendix C)

School Communication Protocol (Appendix D)

Sample Letter Inviting Parent/Guardian to Meeting to Develop Plan of Care (Appendix E)

Epilepsy Plan of Care Parent/Guardian Annual Letter (Appendix F)



YORKCATHOLIC DISTRICT SCHOOL BOARD

DIABETES HEALTH MANAGEMENT PLAN PART A: DAILY MANAGEMENT PLAN

STUDENT'S NAME: _____ TEACHER'S NAME: _____

DATE OF BIRTH: _____ GRADE: _____

PARENT'S NAME: _____ PHONE NUMBER: _____

PARENT'S NAME: _____ PHONE NUMBER: _____

Home Address: Physician's Name: Phone Number: Address:	PLACE STUDENT'S PHOTO HERE (MUST BE KEPT CURRENT)
Names of trained adults who will provide support with diabetes-related tasks (e.g. designated staff or community care allies):	
Names of trained adults that can administer nasal glucagon:	
Emergency glucagon medication provided by parent <input type="checkbox"/> Yes <input type="checkbox"/> No	
Method of home-school communication:	
Any other medical condition or allergy?	
Time of day when low blood sugar is most likely to occur:	
What has been provided to treat low blood sugar symptoms:	

☐ Nasal — to be administered by trained adult

☐ Glucagon via injection — to be administered by paramedics, nurse, or parent

Where the sugar source is located: _____

Children with diabetes must eat their snacks and meals as outlined in the management plan.

Morning Snack Time: Lunch Time: Afternoon Snack Time:

Children with diabetes should never be refused water to drink or bathroom privileges.

EMERGENCY PROCEDURES

HYPOGLYCEMIA – LOW BLOOD GLUCOSE (BG) (4 MMOL/L OR LESS) DO NOT LEAVE STUDENT UNATTENDED

Usual symptoms of Hypoglycemia for my child are:

~~☼ Shaky ☼ Irritable/Grouchy ☼ Dizzy ☼ Trembling ☼ Blurred Vision ☼ Headache ☼ Hungry ☼ Weak/Fatigue ☼ Pale ☼ Confused ☼ Other _____~~

Steps to take for Mild Hypoglycemia (student is responsive)

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

Steps for Severe Hypoglycemia (student is unable to take anything by mouth due to incoherence, irritability, unresponsiveness)

1. Place the student on their side Nasal glucagon to be administered by trained adult with parent(s)/guardian(s) consent
3. Call 9-1-1. Do not give food or drink (choking hazard)
4. Contact parent(s)/guardian(s) or emergency contact
5. Supervise students until EMS arrives. Follow the direction of medical staff.

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

Usual symptoms of hyperglycemia for my child are:

~~☼ Extreme Thirst ☼ Frequent Urination ☼ Headache ☼ Hungry ☼ Abdominal Pain ☼ Blurred Vision ☼ Warm, Flushed Skin ☼ Irritability ☼ 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(s)/guardian(s) if BG is above _____

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

~~☼ Rapid, Shallow Breathing ☼ Vomiting ☼ Fruity Breath~~

Steps to take for Severe Hyperglycemia

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

DAILY/ROUTINE DIABETES HEALTH MANAGEMENT PLAN

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

☒ Yes ☒ No

☒ If yes, go directly to page two (2) — Emergency Procedures

ROUTINE	ACTION
<p><u>BLOOD GLUCOSE MONITORING</u></p> <p><input checked="" type="checkbox"/> Student requires trained individual to check BG/ read meter.</p> <p><input checked="" type="checkbox"/> Student needs supervision to check BG/ read meter.</p> <p><input checked="" type="checkbox"/> Student can independently check BG/ read meter.</p> <p><input checked="" type="checkbox"/> Student has continuous glucose monitor (CGM)</p> <p><input checked="" type="checkbox"/> Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy.</p>	Target Blood Glucose Range:
	Time(s) to check BG:
	Contact Parent(s)/Guardian(s) if BG is:
	Parent(s)/Guardian(s) Responsibilities:
	School Responsibilities:
<p><u>NUTRITION BREAKS</u></p> <p><input checked="" type="checkbox"/> Student requires supervision during meal times to ensure completion.</p> <p><input checked="" type="checkbox"/> Student can independently manage their food intake.</p> <p><input checked="" type="checkbox"/> Reasonable accommodation must be made to allow student to eat all of the provided meals</p>	Student Responsibilities:
	Recommended time(s) for meals/snacks:
	Parent(s)/Guardian(s) Responsibilities:
	School Responsibilities:
	Student Responsibilities:

and snacks on time. Students should not trade or share food/snacks with other students.	Special instructions for meal days/ special events:
--	---

<u>INSULIN</u> <input type="checkbox"/> Student takes insulin at school by: <input type="checkbox"/> Injection <input type="checkbox"/> Pump <input type="checkbox"/> Insulin is given by: <input type="checkbox"/> Student <input type="checkbox"/> Student with supervision <input type="checkbox"/> Parent(s)/Guardian(s) <input type="checkbox"/> Trained Individual (Nurse) <input type="checkbox"/> All students with Type 1 Diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.	Location of insulin:
	Required times for insulin:
	<input type="checkbox"/> Before school: <input type="checkbox"/> Morning Break:
	<input type="checkbox"/> Lunch Break: <input type="checkbox"/> Afternoon Break:
	<input type="checkbox"/> Other (Specify):
	Parent(s)/Guardian(s) Responsibilities:
	School Responsibilities:
	Student Responsibilities:
Additional Comments:	

ACTIVITY PLAN	
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 student's reach.	Please indicate what this student must do prior to physical activity to help prevent low blood sugar:
	1. Before activity:
	2. During activity:
	3. After activity:
	Parent(s)/Guardian(s) Responsibilities:
	School Responsibilities:

	Student Responsibilities:
	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)

ROUTINE	ACTION (CONTINUED)
DIABETES MANAGEMENT KIT Parent(s)/Guardian(s) must provide, maintain, and refresh supplies. School must ensure this kit is accessible at all times. (e.g., field trips, fire drills, lockdowns) and advise parents when supplies are low.	Kits will be available in different locations but will include: ☼ Blood Glucose meter, BG test strips, and lancets ☼ Insulin and insulin pen and supplies ☼ Source of fast-acting sugar (e.g., juice, candy, glucose tabs) ☼ Carbohydrate containing snacks ☼ Other (Please list)
	Location of Kit:
SPECIAL NEEDS A student with special considerations may require more assistance than outlined in this plan.	Comments:

HEALTHCARE PROVIDER INFORMATION

Healthcare providers 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 HEALTH MANAGEMENT PLAN IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other Individuals To Be Contacted Regarding Plan Of Care the Health Management Plan: 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 as required: _____ Please complete parent(s)/guardian(s) consent form S16d each year. (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).

Physician: Date: _____ Signature: _____

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

Signature

Student: _____ Date: _____

Signature

Principal: _____ Date: _____

Signature



S.16(b)

TYPE 1 DIABETES Plan of Care (Sample)

STUDENT INFORMATION

Date Created _____ Bus Route/# _____

Student Name _____ Date Of Birth _____

Ontario Ed. # Age _____ Age School _____

Grade _____ Teacher(s) _____

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

Student Photo (optional)

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 their 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 (Nurse)</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>

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

APPENDIX A

Consent Form (Self-Administer and/or Employee Administer)

To Carry and Administer Medication for a Prevalent Medical Condition



CONSENT FORM

**TO CARRY AND ADMINISTER MEDICATION/DISCLOSE PERSONAL INFORMATION
TO BE SIGNED BY PARENT/GUARDIAN UNLESS THE STUDENT IS 18 YEARS OF AGE OR
OLDER**

ADMINISTRATION OF MEDICATION

In the event of my child _____ experiencing a medical emergency, I consent to the administration of _____ (specify type of medication) by an employee of the _____ (school board) as prescribed by the physician and outlined in the Emergency Procedures of the Prevalent Medical Conditions Policy/Administrative Procedure.

PLEASE PRINT

Student's Name: _____

Class/Teacher: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____
(if 18 years of age or older)

MAINTENANCE OF MEDICATION

I understand that it is the responsibility of my child _____ to carry
_____ (specify type of medication) on his/her **their** person.

PLEASE PRINT

Student's Name: _____ Class/Teacher: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____
(if 18 years of age or older)

Name of Physician: _____ Physician Phone #: _____

COLLECTION, DISCLOSURE AND USE OF PERSONAL INFORMATION

Authorization for the collection and maintenance of the personal information recorded on the Prevalent Medical Conditions form is the Municipal Freedom of Information and the Protection of Privacy Act. Users of this information should be directed by the principal of the school.

OPTIONAL:

Additionally, I further consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the _____ (School Board) through the posting of photographs and medical information of my child (Plan of Care/Emergency Procedures) in the following key locations:

- | | | | |
|------------------------------------|-------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> classroom | <input type="checkbox"/> staffroom | <input type="checkbox"/> lunchroom | <input type="checkbox"/> other |
| <input type="checkbox"/> office | <input type="checkbox"/> school bus | <input type="checkbox"/> gym | |

and through the provision of personal information contained herein to the following persons who are not employees of the Board: please check (✓) all applicable boxes

- | | |
|--|---|
| <input type="checkbox"/> Food service providers | <input type="checkbox"/> Child care providers |
| <input type="checkbox"/> Board approved transportation carriers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> School volunteers in regular direct contact with my child | |

Signature of Parent/Guardian: _____

Date: _____

Signature of Student: _____
(if 18 years of age or older)

Date: _____

Signature of Principal: _____

Date: _____

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

PLEASE NOTE THIS CONSENT EXPIRES AT THE END OF THE CURRENT SCHOOL YEAR.

STUDENT NAME: _____ D.O.B. _____

[illegible]



York Catholic District School Board

STUDENT MEDICATION LOG

Student: _____

Name of Designated Administrator(s) of Prescription/Non Prescription Medication: _____

~~(Please refer to Form S.16(a) or S16(a1))~~

Teacher _____

Grade/Class _____

Week or Month of: _____

DATE	TIME	NAME OF PRESCRIPTION/NON PRESCRIPTION MEDICATION	DOSAGE	INITIAL OF ADMINISTRATOR OF MEDICATION **	COMMENTS

PLEASE RECORD WHEN MEDICATION HAS NOT BEEN ADMINISTERED BECAUSE OF ABSENCE OR OTHER REASON

c.c. Office Medical Log Binder for current and following school year with S16a/S16a1

** If you are not a named Administrator, please print name in the Comments Section

YORK CATHOLIC DISTRICT SCHOOL BOARD

STUDENT BLOOD SUGAR LOG
(Optional)

Student:

Teacher:

Grade/Class:

Week or Month of:

BLOOD SUGAR LOG						
Date	Time	Level	Checked by (print name)	Initial	Signs/symptoms of low blood sugar observed (if any)	Actions taken

c.c. Office Medical Log Binder for current and following school year with S16(b)

APPENDIX C
School Personnel Prevalent Medication Condition Training Record



PREVALENT MEDICAL CONDITION TRAINING - ATTENDANCE RECORD

SCHOOL: _____

PRINCIPAL: _____

DESCRIPTION OF PRESENTATION: _____
(e.g. face-to-face training, webcast, video, etc)

DATE OF TRAINING SESSION: _____

Name	Position (e.g. Principal, Teacher, Support Staff, Coach, Volunteer, Food Service Provider)	Signature

APPENDIX D

School Communication Protocol



COMMUNICATION PROTOCOL (911) – PREVALENT MEDICAL CONDITION EMERGENCY (TO BE READ BY PERSON CALLING 911 EMERGENCY #)

This is _____ School

We are located at:

Address: _____

Nearest Major Intersection/County Road: _____

Telephone Number: _____

We have a student with a medical condition (please specify anaphylaxis, asthma, diabetes or epilepsy) who is experiencing difficulty. The student is displaying the following symptoms:

Description of symptoms:

If the student has a life-threatening allergy, inform the dispatcher whether or not epinephrine (an EpiPen®) was administered.

We need an ambulance immediately. The closest school entrance for the ambulance to approach is:

A staff member will be outside of the school entrance to provide more information.

Do you need any more information? _____

How long will it take you to get here? _____

THEN: CALL PARENT(S)/GUARDIAN(S) EMERGENCY CONTACT NUMBER.

APPENDIX E

Sample Letter Inviting Parent/Guardian to Meeting to Develop Plan of Care



(Insert date)

Dear Parent/Guardian:

You recently advised the school that (insert child/student name) requires support relating to (insert name of prevalent medical condition...asthma, anaphylaxis, epilepsy or diabetes).

The (insert name of school board) supports children/students with a prevalent medical condition and values the opportunity to work collaboratively with parents and students in the development of a Plan of Care to meet your child's needs. A meeting for this purpose has been scheduled for (insert date and time) at the school. You are asked to bring any pertinent medical reports as well the completed consent forms for the administration of medication at school and school-related events and the sharing of information. I will chair the meeting and (insert names of school staff to attend) will also be in attendance. You and (insert child's name) are also welcome to bring additional individuals that can contribute to the development of the Plan of Care.

A copy of the Board's policies/procedures pertaining to the management of prevalent medical conditions is included for you to read prior to the meeting. Should you have further questions about this meeting, or the materials provided, you are welcome to contact me at (insert contact information). We look forward to working together to ensure a safe and successful year for your child!

Sincerely,

Principal

Please complete the bottom portion and return to the school

RE: Plan of Care Development Meeting for _____(insert student name)

_____ I will be in attendance at the meeting on (insert date and time)

_____ I am requesting a different time for the meeting and will be in contact with the principal

Parent/Guardian Signature _____

Diabetes Health Management ~~Plan of Care~~ Parent/Guardian ~~Annual~~ Letter

School Letterhead

Date

Dear Parent/Guardian:

As we update our school records related to your child's Diabetes ~~Health Management~~ **Plan of Care** (~~S16b~~), I am requesting that you carefully review, update, complete, sign and return the attached ~~S16, S16(b)~~ **Plan of Care forms** and the Consent for Consultation with Board Staff (SE3) to the school office. This information is necessary for the safety and protection of your child.

It is the responsibility of the Parent(s)/Guardian(s) to ensure that all medical information pertinent to your child's diabetes is always current. ~~Please complete and return the attached forms with a physician signature.~~

~~If revisions to the medical information outlined on the attached forms are necessary, you will be required to complete a new form and secure an updated physician signature. If no revisions are necessary, please return the yearly consent form (S16), and the signed Form S16(b) with an updated photo of your child.~~

Please contact the school office if you have any questions and/or concerns.

Thank you for your immediate attention to this request and your ongoing support in the shared responsibility for management of your child's diabetes at school.

Please return all forms as soon as possible.

Sincerely,

Principal Name



YORK CATHOLIC DISTRICT SCHOOL BOARD

PROCEDURE: 206D SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS: EPILEPSY

**Addendum to:
Policy 206 Supporting Children and Students with Prevalent Medical Conditions
(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools**

Effective: **September 2025**
Revised: **XX**

The York Catholic District School Board recognizes that there are some students within the school system who have been diagnosed with Epilepsy which could be life threatening. The York Catholic District School Board also recognizes that Epilepsy management is a shared responsibility that requires a team approach among students, Parent(s)/Guardian(s), health care providers and the entire school community. The purpose of this policy is to provide administrators, school staff, volunteers and parent(s)/guardian(s) with information, strategies and requirements in managing students with Epilepsy and to minimize, where possible, the risks (triggers) in the school setting.

1. Roles & Responsibilities

1.1 Parents / Guardians of Children with Epilepsy

~~As primary caregivers of their child, parent(s)/guardian(s) are expected to be active participants in supporting the management of their child's epilepsy while the child is at school and at school related activities. Parent(s)/Guardian(s) are expected to:~~

Parents of Children with Prevalent Medical Conditions

As primary caregivers of their child, parents are expected to be active participants in supporting the management of their child's medical conditions(s) while the child is in school. Parents should:

- educate their child about their medical condition(s) with support from the child's health care professional, as needed
- guide and encourage their child to reach their full potential for self-management and self-advocacy
- inform the school **immediately** of their child's medical condition(s) and co-create the Plan of Care for their child with the principal or the principal's designate
- communicate changes to the Plan of Care, such as changes to the status of their child's medical condition(s), or changes to their child's ability to manage the medical condition(s), to the principal or the principal's designate
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged
- initiate and participate in meetings to review their child's Plan of Care
- supply their child and /or school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist where appropriate
- Inform the Principal immediately upon registration and/or when in receipt of a diagnosis of Epilepsy
- ~~Provide the school with current medical information sufficient to understand the medical needs of the student~~
- ~~Participate in the co-creation, review and updating of the Epilepsy Health Management Plan of Care and other required forms within the first 30 days of each school year, upon registration, and following any changes or new diagnosis~~
- Collaborate with the Principal and Health care professionals to complete and submit all forms provided by the Principal to support the health and safety needs of the student
- Consult and collaborate with the Principal and teacher related to any modifications needed to the *Epilepsy Health Management Plan* for special events or field trips
- Review the Epilepsy Health Management Plan (S16C) on an annual basis at the beginning of each school year in collaboration with the school team.
- Provide the Principal with an updated *Epilepsy Health Management Plan* in the event of changes to the diagnosis or action plan
- Keep all forms current and signed by the physician
- participate in school case conferences when required with the school Principal, staff and involved health care professionals
- Collaborate with the Principal and school staff in establishing a clear communication plan between home and school.

- Supply their child and/or the school with sufficient quantities of supplies and medication in their original pharmaceutical container, as directed by a physician or health care professional and as outlined in the *Epilepsy Health Management Plan*, and record the quantity provided as well as the expiration dates of medication that are supplied
- Educate their child about their medical condition, as well as the safekeeping and administration of their medication with support from the child's health care professional as appropriate and encourage the student to reach their full potential for self-management and self-advocacy
- Provide the school with any individualized equipment (i.e., helmet) identified in the *Epilepsy Health Management Plan* to protect the safety of the student.
- Guide and encourage their child to participate in their Epilepsy management—as is age/developmentally appropriate
- Set goals in conjunction with their child and health care professionals on an ongoing basis for self-management of their child's medical condition
- Communicate with school staff about arrangements and considerations for field trips, excursions, co-curricular activities and co-operative education placements
- Encourage their child to wear medical alert identification

1.2 Students with Epilepsy

Depending on their cognitive, emotional, social and physical stage of development, and their capacity for self-management, students shall actively support the development and implementation of their *Epilepsy Health Management Plan*. Students are expected to:

Students with Prevalent Medical Conditions

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

- Take responsibility for advocating for their personal safety and well-being, as well as the safekeeping and administration of their medication that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management
- Participate in the development and review of their *Epilepsy Health Management Plan* as appropriate
- Carry out daily or routine self-management of their medical condition to their full potential, as outlined in their *Epilepsy Health Management Plan* (e.g., carry their medication and medical supplies as appropriate)
- Communicate with their Parent(s)/Guardian(s) and school staff if they are facing challenges related to their medical condition at school
- Wear a medical alert identification that they and/or their Parent(s)/Guardian(s) deem appropriate
- If possible, to inform school staff and/or their peers if a medical incident or a medical emergency occurs.
- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management
- participate in the development of their Plan of Care
- participate in the meetings to review their Plan of Care
- carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g. carry their medication and medical supplies, follow school board policies on disposal of medication and medical supplies)
- set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s) and health care professional(s)

- communicate with their parent(s) and school staff if they are facing challenges related to their medical condition(s) at school
- wear medical alert identification that they and/or their parent(s) deem appropriate
- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs

1.3 School Staff

School staff play a key role in supporting the student's safe, accepting, and healthy learning environment, and allowing students to participate in school to their fullest potential. School staff will:

School staff should follow their school board's policy and provisions in their collective agreements related to supporting students with prevalent medical conditions in schools.

School staff should:

- Complete annual training on Epilepsy, provided by the York Catholic District School Board.
- Review the contents of the *Epilepsy Health Management Plan* (S16c) for students with whom they have direct contact
- Provide a copy of the *Epilepsy Health Management Plan* (S16c) to occasional teachers
- Follow strategies that reduce the risk of a student's exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities in accordance with the *Epilepsy Health Management Plan*
- Support the student's daily routine management, and respond to medical incidents and medical emergencies that occur during school or school-sanctioned out-of-school events/activities and overnight excursions, as outlined in the *Epilepsy Health Management Plan*
- Administer, as established with the Principal and prescribed by a physician or health care professional, the student's seizure medication, as outlined in the *Epilepsy Health Management Plan*
- Ensure that a student is not left alone following a seizure until fully recovered as outlined in the *Epilepsy Health Management Plan*
- Develop and participate in an established communication plan to notify Parent(s)/Guardian(s) of medical emergencies or any other concerns/information related to the student's Epilepsy
- Ensure that for all out-of-school events/activities and overnight excursions, a designated adult has a copy of the student's *Epilepsy Health Management Plan*, has been trained as required and has collaborated with Parent(s)/Guardian(s) ahead of the excursion to address any additional safety concerns
- Notify Parent(s)/Guardian(s) when emergency Epilepsy supplies stored at the school are running low or have expired
- Provide Parent(s)/Guardians(s) with notice of upcoming changes in school routines that may impact the student's Epilepsy and/or management of the student's Epilepsy, e.g., changes in physical activity events, school excursions, special events
- Recognize that even students who are normally independent in their daily Epilepsy management may need assistance at times
- review the contents of the Plan of Care for any student with whom they have direct and regular contact
- participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board
- share information about a student's signs and symptoms with other students, verbatim as outlined in the Plan of Care and authorized by the principal in writing
- follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Plan of Care
- support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures

- support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care

1.4 Principal

In addition to the responsibilities outlined above under “School Staff”, the principal (or designate) will:

In addition to the responsibilities outlined under “School Staff”, the principal should:

- Participate in annual training with staff and others in direct contact with students to learn how to recognize the symptoms of epilepsy and the procedures to follow should a life-threatening reaction occur
- Inform the Parent(s)/Guardian(s) at the time of registration or upon receipt of a diagnosis, of the need to advise the school if their child has Epilepsy
- Permit students with Epilepsy or designated staff to carry their medication with them when Parent(s)/Guardian(s) have provided consent to do so. Students who are 16 years old or older do not require prior Parental/Guardian consent
- Provide Parent(s)/Guardian(s) with the *Epilepsy Health Management Plan form (S16c)* at the time of registration or following a new diagnosis and collaborate with Parent(s)/Guardian(s) in the co-creation of the plan
- Convene a meeting, in accordance with the Board’s decision-making protocol for entry of a personal service dog, with Parents/Guardians, school personnel and Student Services personnel to discuss a request for the admittance of a service dog
- Ensure that the *Epilepsy Health Management Plan form (S16)* and *(S16c)* is sent to the Parent(s)/Guardian(s) for review and updating on an annual basis at the beginning of each school year or as required
- Communicate with all staff and others who are in direct contact with students, the name, grade and classroom teacher of students that have Epilepsy and may experience seizures within the school, requiring an immediate response with consent of the Parent(s)/Guardians(s) and/or students.
- Arrange a meeting/conference with appropriate school personnel and Parent(s)/Guardian(s) to review the student’s medical needs as outlined on the *Epilepsy Health Management Plan* on an annual basis and as needed throughout the school year
- Communicate the *Epilepsy Health Management Plan (S16c)* with all staff who are in direct contact with the students with Epilepsy and are identified as a response team (e.g., classroom teacher, educational assistants, lunchtime supervisors etc.)
- Identify school care team that can support the daily/routine management and emergency procedures outlined on the students’ *Epilepsy Health Management Plan* and ensure training is provided by a regulated health care professional when required
- Create and maintain a central file for all students with Epilepsy
- Ensure that a copy of the central file is included in the school’s Emergency Response/Action Plan
- Provide the Student Transportation Services Department with the names of all students with a diagnosis of Epilepsy and relevant information from the students’ *Epilepsy Health Management Plan* with Parental/Guardian consent
- Ensure that school volunteers who are in direct contact with students are aware of the *Supporting Students with Prevalent Medical Conditions: Epilepsy* policy
- Ensure that school staff is aware of the student’s medical needs and have access to the *Epilepsy Health Management Plan*.

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

1.5 Student Transportation Services

- Ensure that the names of students with a prevalent medical condition (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) ~~diagnosis of Epilepsy~~ have been communicated to Transportation Service Providers.
- Ensure that Policy 206 Supporting Students with Prevalent Medical Conditions has been communicated to all Transportation Service Providers.
- Ensure that the current Plan of Care form received from the Principal is available on file:
 - i) in the Student Transportation Services office,
 - ii) in the appropriate service provider's dispatch office, and,
 - iii) in the appropriate school vehicle(s)
- Require the service provider to ensure there has been adequate training of all regular drivers and substitute drivers that transport a student with a prevalent medical condition
- Work with the Principal and service provider to assign a specific seat to a student with a prevalent medical condition, ~~diagnosed with Epilepsy~~ if required.

1.6 School Board

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

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

2. Epilepsy Health Management Plan of Care

The Epilepsy Health Management Plan of Care is a form that contains individualized information on the student's condition, strategies to avoid triggers, actions to take to maintain the student's safety during and after a seizure, and emergency medical response.

The Epilepsy Health Management Plan of Care shall be co-created, reviewed or updated by the parent(s)/guardian(s) in consultation with the principal, designated staff and the student within the first 30 days of the school year, or as soon as possible upon registration or diagnosis.

Parent(s)/Guardian(s) have the authority to designate who is provided access to the Epilepsy Health Management Plan of Care. With authorization from parent(s)/guardian(s), the Epilepsy Health Management Plan of Care will be:

- i. Shared with appropriate school staff and others who are in direct contact with students with epilepsy/seizure disorder (e.g. food service providers, transportation providers, volunteers).
- ii. Posted in a key area of the school where staff have access on a regular basis.
- iii. Located in the educator's daybook and/or occasional staff plans.

3. Facilitating and Supporting Daily or Routine Management

In general, students with seizures can progress through growth and developmental stages normally. An inclusive approach should be taken to all regular school activities, including sports, according to each student's individual Epilepsy Health Management Plan of Care.

Many students with seizures successfully control their condition with medication. Students with seizures may require routine medication for their condition during the day or as an emergency response during a seizure. Routine medications, with the original pharmacist label and container, may be stored in the office or other secure location, in accordance with the Board's Policy 207: *Administration of Oral Medication to Elementary and Secondary Students*. Parent(s)/guardian(s) must provide the school with all emergency medications.

4. Emergency Response

"Emergency" is defined by the *Health Care Consent Act, 1996* to include a situation where the individual is experiencing severe suffering, or is at risk of sustaining serious bodily harm, if the treatment is not administered promptly.

All staff are to be trained annually in the emergency response to a seizure. The individualized response to an emergency shall be detailed in the student's Epilepsy Health Management Plan of Care. Staff who are in direct and regular contact with the student shall review and be trained on the Epilepsy Health Management Plan of Care.

In addition to the specifics detailed in the Epilepsy Health Management Plan of Care, it is considered an emergency when:

- (i) A student is not diagnosed with epilepsy or other seizure disorder
- (ii) Student is injured or has diabetes
- (iii) Student has difficulty breathing
- (iv) Student has a seizure in water

Seizure emergency - basic first aid

- (i) Stay calm and remain with the student
- (ii) Track the time and duration of the seizure
- (iii) Keep the student safe. Protect the student's head
- (iv) Do not restrain or interfere with the student's movements. Roll the individual onto their side as soon as possible
- (v) Clear the area
- (vi) Administer emergency medication as outlined in the student's Epilepsy Health Management Plan of Care
- (vii) Do not place anything in the student's mouth. Monitor breathing.
- (viii) Stay with the student until fully conscious, talking with them calmly until re-oriented, allow them to rest before returning to regular activities.
- (ix) Document details in the Epilepsy Health Management Plan of Care

In the event of an seizure emergency requiring Emergency Medical Services, staff will:

- (i) Call 9-1-1. Tell them someone is having a seizure
- (ii) Call, or direct another adult to call, the emergency contact person
- (iii) Document medical incident in Epilepsy Health Management Plan of Care

5. Raising Awareness

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

6. Liability

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

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

(2) Subsection (1) applies to, ... (b) and 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.

7. Definitions

Age and/or Developmentally Appropriate Readiness

Age and/or developmentally appropriate readiness for individual students will need to be considered by the Superintendent of Schools and Principal in consultation with the Parent(s)/Guardian(s). The responsibilities that a student can assume will be assessed based on the student's age and capacity to understand their condition.

Students with special education needs may require additional assistance by school or central staff and Parents/Guardians.

Epilepsy

A neurological condition characterized by recurrent seizures. A seizure happens when abnormal electrical activity in the brain causes an involuntary change in the person's awareness or behaviour. Approximately one in ten Canadians will experience at least one seizure during a lifetime. A single seizure, however, is not Epilepsy. Epilepsy is a condition that is defined by multiple seizures.

Epilepsy Health Management Plan of Care

A plan of care that outlines the daily routine management tasks required to support the student's safety at school and an emergency plan of care that outlines the procedures to respond.

Seizure

A sudden excessive electrical discharge in the nerve cells of the brain, that results in a change in function or behaviour. The brain is made up of billions of cells or neurons that communicate through electrical and chemical signals. When there is a sudden excessive electrical discharge that disrupts the normal activity of the nerve cells and results in a change in function or behaviour, this is a seizure.

Seizure Triggers

Circumstances or events that provoke seizures.

While some people are not able to identify specific events or circumstances that affect seizures, others are able to recognize definite seizure triggers. Some common seizure triggers include:

- ◆ Forgetting to take prescribed seizure medication;
- ◆ Lack of sleep;
- ◆ Missing meals;
- ◆ Stress, excitement, emotional upset;
- ◆ Menstrual cycle/hormonal changes;
- ◆ Illness or fever;
- ◆ Low seizure medication levels;
- ◆ Medications other than prescribed seizure medication;
- ◆ Flickering lights of computers, television, video, etc.;
- ◆ Excessive alcohol consumption and subsequent withdrawal; and,
- ◆ Street drugs (e.g., cocaine, amphetamines, withdrawal from marijuana).

Types of Seizures

There are many types of seizures. The different types begin in different areas of the brain and they are grouped into two categories: partial seizures and generalized seizures.

A **partial seizure** occurs when the excessive electrical discharge is limited to one part of the brain. Some common partial seizures types are:

- ◆ Complex Partial Seizures – Symptoms depend on the part of the brain that is affected; involve some loss of consciousness and may include rhythmic jerking of the hand or arm, feelings of nausea or fear, drooling, vomiting and involuntary movements such as blinking or swallowing; loss of awareness.
- ◆ Simple Partial Seizures – Often referred to as a focal seizure; affects only one area of the brain; does not cause loss of consciousness or lack of awareness; causes muscle contractions, followed by relaxation; contractions on just one side of the body; unusual head or eye movements; numbness, tingling or a feeling that something is crawling on the person's skin; abdominal pain; rapid heart rate or pulse; most do not last more than 1-2 minutes; may feel confused or have difficulty thinking clearly after a seizure has occurred.

A **generalized seizure** is characterized by the involvement of the whole brain. The excessive electrical charge is widespread and involves both sides of the brain. The seizure may or may not be convulsive. Some common generalized seizure types are:

- ✦ **Absence Seizures** (formerly known as petit mal) – May cause the student to experience a “disconnected” feeling from their immediate surroundings; may stare blankly into space and eyes may roll back; brief loss of consciousness; usually last only a few seconds; student may not realize or remember experiencing the seizure. These are the most common type of seizure in children under 14 years of age.
- ✦ **Atonic Seizures** (commonly referred to as “drop attacks”) – Causes muscles to suddenly go limp; usually last less than 15 seconds; may experience several in succession.
- ✦ **Clonic Seizures** – Causes muscle spasms in the face, neck and arms triggering rhythmical jerking motions; may last for several minutes.
- ✦ **Myoclonic Seizures** – Causes muscles to suddenly jerk as if the student has received a shock.
- ✦ **Tonic Seizures** – Causes the tensing up of muscles in the student’s arms, legs or trunk; usually last less than 20 seconds and often occur while sleeping. But, if experienced during waking periods may cause loss of balance.
- ✦ **Tonic-Clonic Seizures** (formerly known as grand mal) – These are the most noticeable type of seizure causing the body to stiffen, jerk and shake and loss of consciousness; may cause loss of control of bladder or bowels; usually last 1-3 minutes; could lead to breathing difficulties.

School Environment

School environment includes the entire school building and grounds, buses and other modes of transportation, school excursions, before and after school programs, and school sanctioned events involving students.

8. CrossReferences

Legislation

Epilepsy Canada

Good Samaritan Act

Policy/Program Memorandum 161 Supporting Students with Prevalent Medical Conditions

YCDSB Policies/Procedures****

~~*Policy 203 Student Transportation Service*~~

Policy 207 Administration of Oral ~~Prescription~~ Medication to Elementary & Secondary Students

Policy 208 Student Disability Accommodation

YCDSB Student Transportation Procedures Manual

YCDSB Third Party Protocol

YCDSB Decision-Making Protocol for Entry of a Personal Service Dog

Related Form(s)

~~*SE3 Consent for Consultation with Board Staff*~~

S16.(c) Epilepsy ~~Health Management Plan~~ of Care

Consent Form (Self-Administer and/or Employee Administer) (Appendix A)

Medical Incident Record Form (Appendix B)

School Personnel Prevalent Medication Condition Training Record (Appendix C)

School Communication Protocol (Appendix D)

Sample Letter Inviting Parent/Guardian to Meeting to Develop Plan of Care (Appendix E)

Epilepsy Plan of Care Parent/Guardian Annual Letter (Appendix F)



York Catholic District School Board

EPILEPSY/SEIZURE HEALTH MANAGEMENT PLAN

STUDENT'S NAME: _____ **TEACHER'S NAME:** _____

DATE OF BIRTH: _____ **GRADE:** _____

PARENT/GUARDIAN NAME: _____ **PHONE #** _____

PARENT/GUARDIAN NAME: _____ **PHONE #** _____

ALTERNATE EMERGENCY CONTACT INFO:

Home Address:		PLACE STUDENT'S PHOTO HERE (MUST BE KEPT CURRENT)
Phone #:		
Physician's Name:		
Phone #:		

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

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

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

KNOWN SEIZURE TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

- ☐ Stress, Excitement, Emotional Upset ☐ Menstrual Cycle/Hormonal Changes ☐ Flickering lights of computer, television, video, etc.
- ☐ Missing Meals ☐ Lack of Sleep
- ☐ Illness or Fever ☐ Improper Medication Balance
- ☐ Other
- ☐ Any Other Medical Condition or Allergy?

BASIC FIRST AID CARE AND COMFORT

First aid procedure(s):

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

If yes, describe the process for returning student to the 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 (unless directed on the action plan e.g. administration of sublingual medication)
- Stay with student until fully conscious

FOR TONIC-CLONIC SEIZURE:

- Protect student's head
- Watch breathing (turn the student on side, assists with keeping the airway open)
- Turn student on side

EMERGENCY PROCEDURES

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

Call 9-1-1 when:

- Seizures lasts longer than five (5) minutes.
- Seizure repeats without full recovery between seizures.
- Student is injured or has diabetes.
- Student has a first-time seizure.
- Student's regular breathing or consciousness does not return after the seizure ends.
- Student has a seizure in water.

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

*At the discretion of the school, 9-1-1 may be called.

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:

Professional/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). **Kindly sign below:**

Physician:

Date:

Parent(s)/Guardian(s):

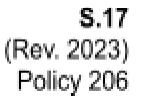
Date:

Student:

Date:

Principal:

Date:



**Consent for Consultation with Board Level
Student Services Staff**

Student: _____ D.O.B.: _____ Grade: _____

Program School: _____

*It is understood that the reasons for requiring consultation have been discussed with me/us by school staff.
If further clarification is required, please contact the Principal prior to signing this form.*

I/We understand that school personnel recommend conferring with the following Board Level Student Services staff regarding my / our child. Refer to page 2 for more information about these services.

- ☐ Behaviour Resource Services ☐ Educational Audiology Services ☐ Hearing Services
- ☐ Physical Management (OT/PT) Services ☐ Psychological Services ☐ Special Education Programming Services (Consultant)
- ☐ Speech and Language Services ☐ Vision Services

I/We understand the reason(s) for this recommendation and am / are in agreement that ongoing consultation may occur for a maximum period of one year from this date. I / We also understand that we may cancel or change this authorization in writing at any time prior to expiry date.

It is understood that:

- ~~1. School personnel will share pertinent information and recommendations with me / us.~~
- ~~2. For each formal scheduled conference of professionals, a written summary of the action items will be recorded on the Conference Record (SE2). The SE2 will be placed in the student's OSR; a copy will be shared with parent(s)/guardian(s) and professionals in attendance.~~
- ~~3. This consent remains in effect for one year from the date of completion.~~
- ~~4. Reports included in the files of the above agreed upon professionals may be shared during this consultation for the purpose of assisting the student.~~
- ~~5. Relevant information from the OSR may be shared with the above agreed upon professionals.~~

I/We therefore agree that consultation with the Board Level Student Services staff selected above will be held regarding my /our child.

Date: _____ Signature(s): _____

Print Name: _____

☐ Parent ☐ Guardian ☐ Student_____
Principal_____
Classroom Teacher_____
Special Education Teacher

Board Level Student Services

Behaviour Resource Services

Behaviour Resource Services (BRS) support students who present with difficulties in the areas of social, emotional, behavioural, and/or self-regulation which interfere with their ability to be successful in the school environment. BRS provides a continuum of services ranging in intensity and format to meet each student's unique needs. Permission is limited to consultation and does not include observation of or any interaction with your child. Should this become necessary, you will be asked to sign a separate consent form.

Educational Audiology Services

Educational Audiologists recommend classroom amplification systems appropriate to the student's personal amplification—needs within the classroom setting. Permission is limited to consultation and does not include observation of or any interaction with your child.

Hearing Services

Hearing Services provide consultation to school staff for students with hearing loss as well as those who have been diagnosed with Central Auditory Processing disorder. Consultation is provided by a specialist teacher of the deaf/hard of hearing and/or the Special Education Consultant: Hearing. An audiological assessment (audiogram) is required prior to consultation. Recommendations may include instructional and environmental accommodations.

Physical Management (Occupational Therapy/Physical Therapy) Services

Occupational and Physical Therapists (OT/PT) use a consultative model to support students who may have difficulty accessing the school learning environment due to a disability, medical, and/or developmental need. The goal of an OT/PT is to support optimal functional independence at school and will target one or more of the following areas: motor development, self-care, adapted equipment and technology support, functional life skills, sensory and/or accessibility needs. Permission is limited to consultation and does not include observation of or any interaction with your child. Should this become necessary, you will be asked to sign a separate consent form.

Psychological Services

Psychological Services provide consultation to school personnel regarding a student's intellectual and academic development, as well as behavioural, emotional, and social functioning. Permission is limited to consultation and does not include observation of your child or any interaction with your child. Should this become necessary, you will be asked to sign a separate consent form.

Special Education Programming Services (Consultant)

Special Education Program Consultants provide expertise in special education programming for a wide range of students who have special education needs. Permission will allow the Special Education Program Consultants to support school personnel in developing individual programming through consultation and possible direct observation of your child. Recommendations regarding strategies and best practices may be made to parents/guardians and/or school staff.

Speech and Language Services

Speech and Language Pathologists contribute to program planning for students in the areas of communication, literacy, functional life skills and social skills development. Through consultative services, Speech and Language Pathologists advise and assist teachers, early childhood educators, educational assistants, parents/guardians and others regarding effective strategies in the area of communication skill development. Permission is limited to consultation and does not include observation of or any interaction with your child. Should this become necessary, you will be asked to sign a separate consent form.

Vision Services

Vision Services provide support for students whose vision, even with correction, adversely impacts their educational performance. Strategies are provided and recommendations may be made for an individualized program to support on-going needs (e.g., program accommodations, braille, assistive devices/technology, and mobility training).



EPILEPSY Plan of Care (Sample)

STUDENT INFORMATION

Date Created _____ Bus Route/# _____

Student Name _____ Date Of Birth _____

Ontario Ed. # Age _____ Age School _____

Grade _____ Teacher(s) _____

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

Student Photo (optional)

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

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

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

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

KNOWN SEIZURE TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

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

DAILY/ROUTINE EPILEPSY/SEIZURE MANAGEMENT	
DESCRIPTION OF SEIZURE	ACTION: (e.g. description of dietary therapy, risks to be mitigated, trigger avoidance.)
SEIZURE MANAGEMENT	
Note: It is possible for a student to have more than one seizure type. Record information for each seizure type.	
SEIZURE TYPE: (e.g. absence (petit mal), atonic, clonic, myoclonic, tonic, tonic-clonic (grand mal), simple partial, complex partial, infantile spasms)	SEIZURE TYPE: (e.g. absence (petit mal), atonic, clonic, myoclonic, tonic, tonic-clonic (grand mal), simple partial, complex partial, infantile spasms)
Type: _____	Type: _____
Description: _____	Description: _____
_____	_____
Frequency of seizure activity: _____	Frequency of seizure activity: _____
Typical seizure duration: _____	Typical seizure duration: _____
Actions to take during seizure:	Actions to take during seizure:
Action Plan for supporting school access (e.g.: access on the stairs, transition between classes, toileting routines:	

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, simple partial, complex partial, 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.

* At the discretion of the school 911 may be called.

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

APPENDIX A

Consent Form (Self-Administer and/or Employee Administer) To Carry and Administer Medication for a Prevalent Medical Condition



CONSENT FORM

**TO CARRY AND ADMINISTER MEDICATION/DISCLOSE PERSONAL INFORMATION
TO BE SIGNED BY PARENT/GUARDIAN UNLESS THE STUDENT IS 18 YEARS OF AGE OR
OLDER**

ADMINISTRATION OF MEDICATION

In the event of my child _____ experiencing a medical emergency, I consent to the administration of _____ (specify type of medication) by an employee of the _____ (school board) as prescribed by the physician and outlined in the Emergency Procedures of the Prevalent Medical Conditions Policy/Administrative Procedure.

PLEASE PRINT

Student's Name: _____

Class/Teacher: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____
(if 18 years of age or older)

MAINTENANCE OF MEDICATION

I understand that it is the responsibility of my child _____ to carry
_____ (specify type of medication) on his/her **their** person.

PLEASE PRINT

Student's Name: _____ Class/Teacher: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____
(if 18 years of age or older)

Name of Physician: _____ Physician Phone #: _____

COLLECTION, DISCLOSURE AND USE OF PERSONAL INFORMATION

Authorization for the collection and maintenance of the personal information recorded on the Prevalent Medical Conditions form is the Municipal Freedom of Information and the Protection of Privacy Act. Users of this information should be directed by the principal of the school.

OPTIONAL:

Additionally, I further consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the _____ (School Board) through the posting of photographs and medical information of my child (Plan of Care/Emergency Procedures) in the following key locations:

- | | | | |
|------------------------------------|-------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> classroom | <input type="checkbox"/> staffroom | <input type="checkbox"/> lunchroom | <input type="checkbox"/> other |
| <input type="checkbox"/> office | <input type="checkbox"/> school bus | <input type="checkbox"/> gym | |

and through the provision of personal information contained herein to the following persons who are not employees of the Board: please check (✓) all applicable boxes

- | | |
|--|---|
| <input type="checkbox"/> Food service providers | <input type="checkbox"/> Child care providers |
| <input type="checkbox"/> Board approved transportation carriers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> School volunteers in regular direct contact with my child | |

Signature of Parent/Guardian: _____

Date: _____

Signature of Student: _____
(if 18 years of age or older)

Date: _____

Signature of Principal: _____

Date: _____

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

PLEASE NOTE THIS CONSENT EXPIRES AT THE END OF THE CURRENT SCHOOL YEAR.

STUDENT NAME: _____

D.O.B. _____

[illegible]

APPENDIX C

School Personnel Prevalent Medication Condition Training Record



PREVALENT MEDICAL CONDITION TRAINING - ATTENDANCE RECORD

SCHOOL: _____

PRINCIPAL: _____

DESCRIPTION OF PRESENTATION: _____
(e.g. face-to-face training, webcast, video, etc)

DATE OF TRAINING SESSION: _____

Name	Position (e.g. Principal, Teacher, Support Staff, Coach, Volunteer, Food Service Provider)	Signature

APPENDIX D

School Communication Protocol



COMMUNICATION PROTOCOL (911) – PREVALENT MEDICAL CONDITION EMERGENCY (TO BE READ BY PERSON CALLING 911 EMERGENCY #)

This is _____ School

We are located at:

Address: _____

Nearest Major Intersection/County Road: _____

Telephone Number: _____

We have a student with a medical condition (please specify anaphylaxis, asthma, diabetes or epilepsy) who is experiencing difficulty. The student is displaying the following symptoms:

Description of symptoms:

If the student has a life-threatening allergy, inform the dispatcher whether or not epinephrine (an EpiPen®) was administered.

We need an ambulance immediately. The closest school entrance for the ambulance to approach is:

A staff member will be outside of the school entrance to provide more information.

Do you need any more information? _____

How long will it take you to get here? _____

THEN: CALL PARENT(S)/GUARDIAN(S) EMERGENCY CONTACT NUMBER.

APPENDIX E

Sample Letter Inviting Parent/Guardian to Meeting to Develop Plan of Care



(Insert date)

Dear Parent/Guardian:

You recently advised the school that (insert child/student name) requires support relating to (insert name of prevalent medical condition...asthma, anaphylaxis, epilepsy or diabetes).

The (insert name of school board) supports children/students with a prevalent medical condition and values the opportunity to work collaboratively with parents and students in the development of a Plan of Care to meet your child's needs. A meeting for this purpose has been scheduled for (insert date and time) at the school. You are asked to bring any pertinent medical reports as well the completed consent forms for the administration of medication at school and school-related events and the sharing of information. I will chair the meeting and (insert names of school staff to attend) will also be in attendance. You and (insert child's name) are also welcome to bring additional individuals that can contribute to the development of the Plan of Care.

A copy of the Board's policies/procedures pertaining to the management of prevalent medical conditions is included for you to read prior to the meeting. Should you have further questions about this meeting, or the materials provided, you are welcome to contact me at (insert contact information). We look forward to working together to ensure a safe and successful year for your child!

Sincerely,

Principal

Please complete the bottom portion and return to the school

RE: Plan of Care Development Meeting for _____(insert student name)

_____ I will be in attendance at the meeting on (insert date and time)

_____ I am requesting a different time for the meeting and will be in contact with the principal

Parent/Guardian Signature _____

Epilepsy Health Management Plan of Care Parent/Guardian Annual Letter

School Letterhead

Date

Dear Parent/Guardian:

As we update our school records related to your child's **Epilepsy Plan of Care**, I am requesting that you carefully review, update, complete, sign and return the attached ~~S16, S16(c)~~ **Plan of Care forms** and the Consent for Consultation with Board Staff (SE3) to the school office. This information is necessary for the safety and protection of your child.

It is the responsibility of the Parent(s)/Guardian(s) to ensure that all medical information pertinent to your child's **epilepsy** is always current. ~~Please complete and return the attached forms with a physician signature.~~

~~If revisions to the medical information outlined on the attached forms are necessary, you will be required to complete a new form and secure an updated physician signature. If no revisions are necessary, please return the yearly consent form (S16), and the signed Form S16(c) with an updated photo of your child.~~

Please contact the school office if you have any questions and/or concerns.

Thank you for your immediate attention to this request and your ongoing support in the shared responsibility for management of your child's **epilepsy** at school.

Please return all forms as soon as possible.

Sincerely,

Principal Name