



Board Policy #662.0 Provision of Health Support Services in School Settings

Document Integration Project Format

Policy Statement

The York Region District School Board believes that the ultimate goal of health support within the school setting is to have children be as independent as possible with their own care, recognizing that in some cases coordinated supports are required. Children who are independent also have the ability to develop self-advocacy skills and have a circle of support among persons who understand their needs and can provide assistance as required.

The York Region District School Board believes that all school personnel and others entrusted with the supervision of students have a duty of care to assist students during medical emergencies, to the extent of their capacity within the means available to them, and having regard to what is reasonable for persons without medical training.

Legislative Context

Education Act

Regulated Health Professions Act

Responsibilities

Principals are responsible for:

- informing parents of the need to let the school know their child has a known medical condition;
- engaging with the appropriate community services, staff and parents of students in need of care on a regular basis for the purpose of securing, to the degree reasonably possible, the necessary level of support during the school day and at school-sanctioned activities; and
- informing staff and planning for meeting the needs of a student diagnosed with a medical condition, including emergency situations.

Teachers, Support Staff, and Others Entrusted with the Supervision of Students are responsible for:

- ensuring awareness of and knowledge about students with health support service needs and their requirements;
- engaging in training provided;
- providing support as required; and
- assisting students during medical emergencies to the extent of their capability, within the means available to them, and having regard to what is reasonable for persons without medical training.

Parents whose children require health support services are responsible for:

- making the principal aware of the health/medical needs of their child; and
- understanding that the provision of health support services is their ongoing responsibility and that by requesting the assistance of school personnel in the provision of these services, they are temporarily delegating limited authority to the personnel of the school, for a particular purpose, rather than relinquishing any part of their parental responsibility.

Students with health support needs are responsible for:

- independently carrying out their medical management plan to the extent they are capable of and, where appropriate, carrying with them any necessary equipment when this is part of their normal daily activity.

Definitions

Health Support Services

Health support services within this policy refers to those services without which a student would be unable to attend school, that would normally be provided at home by a family member, and that cannot be deferred until after school hours. This includes administration of medication, essential routine health services and emergency services.

Emergency Services

Emergency services within this policy refers to those services provided to a student whose condition requires immediate care to intervene in a potentially life-threatening situation. Emergency services may require specific training and are generally provided according to a pre-established plan i.e. Emergency Health Care Plan or Essential Routine Health Services Plan.

Essential Routine Health Services

Essential routine health services within this policy refers to those services which need to be provided on a regular basis as part of a daily routine such as, catheterization special hygiene procedures, physical management routines, administration of medication (e.g. Ritalin), or ongoing observation of a student with certain health conditions, such as diabetes, to determine when intervention is needed. Services of this kind require specific training for staff and a plan to ensure appropriate delivery.

Medication Services

These services include administration prescribed by a physician such as an antibiotic administered orally, or an inhalant. Services in this category require limited or minimal training. In cases where the administration of medication is needed on a longer-term basis and requires training or is related to a condition that requires a management plan, this will be considered to be an essential routine service.

Department

Curriculum and Instructional Services; Special Education Services

Policy History

Approved 1996

Amended 2001

Amended 2002

Amended 2007

Amended 2009

It is the expectation of the York Region District School Board that all employees, students and persons invited to or visiting Board property; or partaking/volunteering in Board or school-sponsored events and activities will respect the policies and procedures of the Board. The term "parents" refers to both biological/adoptive parents and guardians in all Board policies and procedures.



Board Procedure #662.0 Provision of Health Support Services in School Settings

Document Integration Project Format

This procedure defines standards required for the provision of health support services to students while they are the responsibility of the York Region District School Board, recognizing this responsibility is shared among parents, the Board and health care providers.

Definitions

Community Care Assess Centre Central and Central West (CCAC)

CCACs provide publicly-funded care services to support school age children, which may include nursing, physiotherapy, occupational therapy, and speech therapy. A case manager determines an individual's eligibility and service needs, develops service plans, authorizes the provision of services, and coordinates the services along side Board consultants.

[Emergency Health Care Plan](#)

An Emergency Health Care Plan is a plan completed by the parent and signed by the principal to identify the **emergency** procedures necessary to support a specific child's needs (i.e. seizure disorder, use of an Automatic External Defibrillator, anaphylaxis reaction).

Essential Routine Health Services Plan

This is a plan written by the principal, based on information provided by the parent and child's physician, which identifies the unique health needs and support services required for a child on a daily basis and may also include the [Emergency Health Care Plan](#).

Medically Fragile Child

A child's condition is deemed medically fragile when results from a medical and/or physiological condition(s) require ongoing, frequent or time-consuming caregiver intervention and monitoring on a 24-hour basis for survival. There must be demonstrable risk of significant exacerbation of the child's health status associated with not meeting those care requirements. A medically fragile child is determined through a nursing assessment of the child's needs which indicates any of the following procedures/health risks:

- deep suctioning (suction beyond the mouth/oral cavity);
- tracheotomy tube care with or without oxygen;
- continuous (all day) g- or j-tube feeds;
- extreme risk of respiratory or cardiac arrest (life threatening not due to anaphylaxis but perhaps seizures);
- ventilators; and/or
- administration of intravenous medication.

Physical Management Routines

Physical management routines include daily activities for which some students with physical disabilities require the assistance of another person and may include supports for lifting, positioning, mobility, oral feeding, toileting and programming to meet the student's physical development needs. Physical management routines may be part of a student's IEP and are developed with consideration of the health and safety needs of students and staff.

Responsibilities

Principals shall take all reasonable steps to:

- remind parents to inform the school in writing, upon registration and each September annually, of any health condition that has the potential to require action by school personnel and to ensure the school is provided with all, relevant information in writing, including changes in symptoms, and physician's reports regarding administration of medication or management of the condition;
- provide forms to parents whose children require essential routine health services or planning for emergency services including, as applicable:
 - the Medical Alert Information/Disability/Allergies section on the [Elementary Registration Form](#) and [Secondary Registration Form](#),
 - [Staff Administration of Medication](#),
 - [Self-Administration of Medication](#),
 - [Emergency Health Care Plan](#) (for students whose disorders require special emergency plans i.e. seizures, anaphylaxis)
 - [Essential Routine Health Services Plan](#), and
 - Other forms related to specific subsections of P662, i.e. [Kids with Diabetes Information Card](#) and [Request and Consent Care of Student with Diabetes](#)
- ensure that the forms are completed and signed by parents at the beginning of each school year;
- maintain open communication with parents;
- ensure staff are made aware of students diagnosed with a medical condition by posting the student's information in the office, common staff area and providing the student's teachers with the Emergency Health Care Plan, including, a recent photo of the child and an emergency action plan as agreed upon with the parents;
- ensure students whose medication services exceed routine oral/inhalant (puffers) or topical cream medications have a personal Emergency Health Care Plan and in the case of specific directions for other disorders i.e. diabetes, a [Kids with Diabetes Information Card](#) approved by a physician, parent, and principal, are in place;
- where the student has an Individual Education Plan (IEP), include the student's personal Emergency Health Care Plan and/or [Kids with Diabetes Information Card](#) with the plan;
- initiate a referral to the CCAC for Essential Routine Health Services and for the administration of medications given subcutaneously, intermuscularly, muscularly, or rectally;
- ensure medications, over-the-counter or otherwise, are administered by school personnel in accordance with their responsibilities as set out in this procedure;
- ensure that the elements in this procedure are included in the Essential Routine Health Services Plan for the student's medical condition;
- ensure the provision of annual staff training by a regulated health professional, where required as set out in this procedure, including the provision of appropriate information to casual employees, and including occasional teachers;
- ensure an Emergency Health Care Plan for responding to medical emergencies is written and regularly communicated to school personnel and any other Board staff who may be involved with the student;
- in consultation with the Board's physical and occupational therapists and/or speech-language pathologists, in order to determine appropriateness for referral, make a request for CCAC physical and occupational therapy staff and/or speech therapy services where appropriate;
- ensure that the health and safety needs of the medically fragile child who travels unattended on a bus are being met by providing Student Transportation Services with the student's Emergency Health Care Plan and/or Essential Routine Health Services Plan and/or a Kids with Diabetes Information Card, along with the Board's Student Transportation Services form [Request for Special Transportation](#);
- ensure that, as a general rule, school staff are not involved with administering general physical management routines to students in schools, without first consulting with Board's physical/occupational therapists (PT/OT) services;
- in cases where, despite notification, parents do not;

- provide care, medication or other items required for the health and safety of their child,
- participate in developing an Essential Routine Health Services and/or Emergency Health Care Plan with the school as necessary for the health and safety of their child,
- complete required forms,
- permit the use of essential safety equipment or procedures required for their child's safety at school (i.e. helmet, walker), and/or
- provide current contact information,
- notify parents via [letter](#) that their actions may be placing their child at risk and request that parents cooperate and sign-off on the written plan that the school has developed to care for their child and that CAS will be notified.

Teachers and support staff shall take all reasonable steps to:

- meet with the parents of a student requiring health support services, if asked by the parent, to discuss and record in detail;
 - the student's needs,
 - the Essential Routine Health Services Plan,
 - the Emergency Health Care Plan for the school's procedure in case of an emergency;
- familiarize themselves with and include the student's Emergency Health Care Plan and/or Kids with Diabetes Information Card in his/her daybook to be accessible to an occasional teacher/support staff;
- participate in annual training;
- follow the individual student's Emergency Health Care Plan; and
- ensure the student's Emergency Health Care Plan and/or Essential Routine Health Services Plan is implemented on field trips and other activities outside of the school.

Outdoor Education Centre staff shall take all reasonable steps to:

- provide school staff with the estimated time to reach the nearest hospital from the centre; and
- provide school staff with the availability of two-way communication at the centre (e.g. walkie talkie, cellular phones).

Student Transportation Services (STS) shall:

- ensure that the health and safety needs of the medically fragile child who travels unattended on STS-provided transportation are met; and
- ensure that the student's Emergency Health Care Plan and/or a Kids with Diabetes Information Card, along with the Board's Student Transportation Services form Request for Special Transportation are received by the principal and are accessible in the event of an emergency.

Parents whose child requires health support services shall:

- take all reasonable measures to meet the health/medical needs of their child outside of school hours (when this is not possible, parents shall make every effort to cooperate with and minimize the involvement of school personnel in the delivery of health support services);
- inform the school in writing, upon registration and each September annually, of any health condition that has the potential to require action by school personnel and to ensure the school is provided with any new, relevant information in writing, including changes in symptoms, medication or management of the condition and medical reports, if required;
- accurately complete, sign and return to the school any form required under Board policy and procedure, including, as applicable;
 - the Medical Alert Information/Disability/Allergies section on the Elementary Registration Form and Secondary Registration Form,
 - Staff Administration of Medication,
 - Self-Administration of Medication,

- Emergency Health Care Plan (for students whose medication services exceed the standard oral/inhalant (puffers) or topical medications i.e. seizures, anaphylaxis),
- Essential Routine Health Services Plan, and
- other forms related to specific subsections of this policy, i.e. Kids with Diabetes Information Card (approved by a physician/parent/principal), Request and Consent for Care of a Student with Diabetes (a letter of agreement between the parent and school);
- ensure they can be reached, or another person authorized to act on their behalf can be reached, to provide direction and/or pick up the student should, in the opinion of school personnel, the student's condition require this;
- provide any materials required to meet the health needs of their child, including safe transport and disposal of items requiring special precautions such as sharps and medications;
- cover any costs incurred by the school associated with medical treatment including the cost of transportation by ambulance should this be required;
- consider providing their child with suitable identification (e.g. MedicAlert®), which should be worn and/or carried by the student specifying the nature of the medical health support and the procedure to be followed in an emergency; and
- understand that, in cases where, despite notification, they do not;
 - provide care, medication or other items required for the health and safety of their child,
 - participate in developing an individual care plan with the school as necessary for the health and safety of their child,
 - complete required forms, or
 - provide current contact information,
 the principal will advise them via [letter](#) that;
 - their actions may be placing their child at risk and request them to provide what is required for their child's health care and/or sign-off on the plan that the school has developed to care for their child, and/or
 - request that they sign an acknowledgement that their lack of compliance may impede the school's ability to adequately care for their child and that CAS will be notified.

Students requiring health support services shall:

- ensure they carry any required emergency kit noted on their Emergency Health Care Plan and/or Kids with Diabetes Information Card at all times;
- alert staff if they believe they are experiencing any symptoms (e.g. hypoglycemia) associated with their medical condition; and
- independently carry out their medical management plan where possible.

The Community Care Access Centre Central and Central West (CCAC) shall be expected to:

- provide contracted essential routine health services as regulated health professionals in schools for students when the student meets the CCAC admission criteria;
- upon referral, develop an appropriate care plan in collaboration with the school team and parents to meet the health needs of students;
- where teaching students how to carry out their medical management plan independently is not a reasonable choice, facilitate the provision of appropriate service in partnership with the school team; and
- provide subsequent monitoring upon request of the school or where students have been taught to carry out their Essential Routine Health Services Plan independently.

The Community Care Access Centre Central and Central West (CCAC) may:

- provide the following services;
 - injection of medication,
 - sterile catheterization,
 - manual expression of bladder and/or stoma,

- G and I-tube feeding,
- deep suctioning,
- assessment/support for poorly controlled or newly diagnosed diabetes,
- specialized support during transportation,
- speech therapy services for children with communication disorders that are not primarily language-based, who would benefit from direct speech therapy services,
- case management for students/families appropriate for CCAC services, and/or
- therapy services (e.g. physical/occupational/speech/language therapy) in accordance with their respective College guidelines..

Department

Curriculum and Instructional Services; Special Education Services

Procedure History

Approved 1996

Amended 2001

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Amended 2009

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Board Procedure #662.1 Administration of Medication to Students in School

Document Integration Project Format

In addition to the responsibilities set out in Board Policy and Procedure 662.0, Provision of Health Support Services, this procedure outlines the process for administering medication to students in school.

Definition

Administration of Medication

Administration of medication in this procedure refers to prescribed medication being administered orally, by inhalant or self-injection, during school hours at the request of the parent.

Principals shall:

- request from parents in writing, the need for administration of medication during the school day;
- require parents to provide medication in the original pharmaceutical container specifying:
 - the student's name,
 - date,
 - name of the medication and dispensing pharmacy,
 - the prescribed dosage and frequency, and
 - the prescribing physician.
- determine a secure place for the storage of medication;
- identify a staff member(s) and an alternate who are willing to administer the medication and ensure that any required training is provided for safe administration of this medication;
- provide the staff member(s) designated with the nature of the medication and the student's needs as outlined on either the Staff or Self-Administration of Medication Form;
- ensure that the medication is administered in a manner that allows for sensitivity and privacy;
- discuss with the parent the suitability of the student's assumption of responsibility for self-administration of medication;
- ensure that proper records (including either the staff or self-administration of medication form and the [Medication Administration Chart](#)) are maintained and retained in a central file in the school;
- ensure that the appropriate teachers are informed in writing of a student taking medication;
- encourage parents to provide suitable identification, for example, MedicAlert®, which should be worn and/or carried by the student specifying the nature of the problem and the procedure to be followed in an emergency;
- attach an Emergency Health Care Plan to the IEP in instances where others need to be aware;
- initiate a referral to the CCAC for all other medications such as the administration of medications given subcutaneously, intravenously, muscularly, or rectally; and
- follow [Board Policy and Procedure 661, Anaphylaxis Reactions](#) for specific information regarding life-threatening allergies.

Staff shall:

- as designated by the principal, carry out administration of medication as per administration dosage and frequency specified.

Parents shall:

- ensure in writing, which may include a medical note or report, the necessity for the medication to be administered at school;
- request the administration of medication or advisement of self-administration of medication during school hours on the [Staff Administration of Medication Form](#) or [Self-Administration of Medication Form](#);
- submit the [Staff Administration of Medication Form](#) or [Self-Administration of Medication Form](#) annually or in the event of any change in the medication, dosage or frequency;
- understand that such a request is made of medically untrained persons; and
- supply **the original medication container with the pharmacy label** which states;
 - the student's name,
 - date,
 - name of the medication and dispensing pharmacy,
 - the prescribed dosage and frequency, and
 - the prescribing physician.

Department

Curriculum and Instructional Services; Special Education Services

Procedure History

Approved 1996
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Board Procedure #662.2 Management of Communication Disorders

Document Integration Project Format

In addition to the responsibilities set out in Board Policy and Procedure 662.0, Provision of Health Support Services, this procedure outlines the process for meeting the specific needs of students with communication disorders and the associated management plan.

Definitions

Apraxia (Developmental Dyspraxia)

Apraxia (developmental dyspraxia) is a motor speech disorder characterized by an inability to voluntarily initiate and sequence oral movements in the absence of paralysis or paresis.

Articulation/Phonological Disorder

Articulation/phonological disorders are disorders which are characterized by errors in the physical production of the sounds of speech which may impact on select sounds or groups of sounds.

Dysarthria

Dysarthria is a group of motor speech disorders caused by nervous system damage resulting in an inability to initiate or control muscular movements due to paralysis, weakness or lack of coordination of the muscles that control speech.

Fluency Disorder (Stuttering)

Fluency disorder (stuttering) is a disorder of rate and rhythm of speech, often involving tension and struggle behaviours.

Language Disorders

Language disorders are characterized by delayed or impaired development of comprehension and/or spoken/written language and/or other symbol system. They may involve the form of language (phonologic, morphologic and syntactic systems); the content of language (semantic system); and/or the function of language (pragmatic system) in any combination.

Non-speech Communication

Non-speech communication refers to a gestural and/or symbolic system which may be the primary or augmentative mode of communication.

Resonance Disorders

These are a group of disorders characterized by one or a combination of the following: nasal emission of air, hypernasality and/or hyponasality.

Voice Disorders

Voice disorders are disorders of pitch, intensity and quality of the voice resulting from, or contributing to, vocal cord dysfunction.

Responsibilities

Principals shall:

- familiarize themselves with the [Model for the Provision of Speech and Language Services: As Applicable to the Education Act \(November 2002\)](#) and its accompanying definitions (Tri-ministerial Agreement PPM 81), outlining the delineation of services for students with language needs and students with speech needs;
- consult with Board Speech-Language Pathology (S-LP) staff when considering a referral for speech therapy services through the CCAC;
- designate a staff member within the school (i.e. the Special Education Resource Teacher- SERT) to take responsibility for referrals to Board S-LPs regarding speech concerns and requests for CCAC speech therapy referrals;
- participate in the referral process to the CCAC by providing a signature on the referral form and ensuring the completion of the referral process (as outlined in the Directions for YRDSB School Staff Facilitating S-LP Referrals to Central CCAC flow chart); and
- receive, sign and facilitate completion of all CCAC referral forms for eligible students in Junior Kindergarten that have been referred to the CCAC through the York Region Pre-school Speech Language Program (as referenced in Community Care Access Centre Referrals for Students in Junior Kindergarten).

Board Speech-Language Pathologists shall:

- provide assessment to determine whether a student profile is appropriate for referral to the CCAC;
- initiate the referral process for any student deemed appropriate for speech therapy services (e.g., articulation, phonological disorder, dysfluency, apraxia, dysarthria, voice and resonance) to the CCAC (by providing the referral form [School Board Referral to the Central Community Care Access Centre for School Health Support Services CCAC](#) and completing the [S-LP referral page 2](#)); and
- provide consultation for programming to SERTs, classroom teachers, other school personnel and parents when the student's communication needs are language based (rather than speech based) and require the support of an educational team as these students are not eligible for services through the CCAC.

Teachers, including SERTs shall:

- bring forward a student's name to an In-School Team (IST) meeting with a signed [Consent to Access OSR](#) form for language concerns;
- following an IST meeting, consult with the Board S-LP for direction on literacy programming when there are language concerns;
- initiate referrals for speech concerns to the Board S-LP using the [Board Referral for Professional Student Support Services](#) form;
- participate in the referral process to the CCAC by completing the referral form (School Board Referral to the Central Community Care Access Centre for School Health Support Services CCAC), including the completion of the school information section as well as asking parents to complete the student information section and to sign the referral form;
- fax the completed referral form to the CCAC central intake; and
- forward the original CCAC referral form to the Board S-LP upon completion.

Department

Curriculum and Instructional Services; Special Education Services

Procedure History

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Board Procedure #662.3

Management of Physical Challenges

Document Integration Project Format

In addition to the responsibilities set out in Board Policy and Procedure 662.0, Provision of Health Support Services, this procedure outlines the process for meeting the specific needs of students with physical challenges and the associated management plan.

Definitions

Physical Management Routines

Physical management routines include daily activities for which some students with physical disabilities require the assistance of another person and may include supports for lifting, positioning, mobility, oral feeding, toileting and programming to meet the student's physical development needs. Physical management routines may be part of a student's IEP and are developed with consideration of the health and safety needs of students and staff.

Responsibilities

Principals shall:

- consult with the Board's physical/occupational therapists to assist with the initial screening of students with physical challenges to determine whether general maintenance exercises are to be administered during school hours;
- designate an educational assistant, as per the child's Essential Routine Health Services Plan, to provide services such as lifting, positioning, assistance with mobility, oral feeding and toileting, as required, during school hours;
- ensure an alternate staff member is appointed and trained;
- if assigned staff is unavailable (i.e. absent), designate another staff member who has been trained to provide services, such as lifting, positioning, assistance with mobility, oral feeding and toileting;
- arrange for staff development annually, by a regulated professional, in the area of safe lifting procedures;
- designate a staff member to perform a daily visual inspection of any and all person lifting devices (i.e. ceiling or floor lifts, electronic change tables) using the Safe Lifting Device Inspection Protocol; and
- in consultation with the Board's physical or occupational therapists, determine the appropriateness for referral to the Community Care Access Centre (CCAC) for physical and/or occupational therapy services at school;
- participate in the referral process to the CCAC by providing a signature on the referral form and ensuring the completion of the referral process ; and
- receive, sign and facilitate completion of all CCAC referral forms for eligible students in Junior Kindergarten that have been referred to the CCAC (as referenced in Community Care Access Centre Referrals for Students in Junior Kindergarten).

Board Physical and/or Occupational Therapists shall:

- in collaboration with the parents, principal and teacher, provide a general maintenance program service to students with physical challenges, when in the opinion of physical and/or occupational therapist(s), the student requires this service during school hours as an integral part of their educational program;
- in collaboration with the parents, principal and teacher, facilitate a referral to other agencies as deemed appropriate if more intensive clinical treatment is required;
- facilitate a referral when contacted by principals requesting services for physical and/or occupational therapy provided by the CCAC;
- initiate the referral process for any student deemed appropriate for physical or occupational therapy services to the CCAC by providing the referral form [School Board Referral to the Central Community Care Access Centre for School Health Support Services CCAC](#) and completing page 3);
- provide annual school staff training in the area of safe lifting procedures;
- consult with the teacher and facilitate training for the educational assistant and other personnel as required for the student's equipment needs; and
- contact the CCAC Case Manager if the student requires nursing services.

Teachers shall:

- initiate referrals for physical and/or occupational therapy concerns to the Board using the [Board Referral for Professional Student Support Services form](#);
- participate in the referral process to the CCAC by completing the referral form ([School Board Referral to the Central Community Care Access Centre for School Health Support Services CCAC](#)). This includes the completion of the school information section as well as asking parents to complete the student information section and to sign the referral form;
- fax the completed referral form to the CCAC central intake;
- incorporate, as appropriate, physical management routines in a student's IEP, where the student is engaged in increasing independence; and
- follow the Essential Routine Health Services Plan.

Educational Assistants shall:

- as designated by the principal, provide services to support physical management routines such as lifting, positioning, assistance with mobility, oral feeding and toileting, as required, during school hours;
- engage in annual training of safe lifting procedures where students require support to address physical management needs;
- as designated by the principal, carry out daily visual inspection of person lifting equipment and track observations according to the Safe Lifting Device Inspection Protocol; and
- with appropriate training, engage in shallow suctioning, administration of continuous pre-set passive oxygen, care for ostomy bag and appliance, application of condom for urinary drainage, monitoring clean intermittent catheterization, as directed by an Emergency Health_Care Plan.

Community Care Access Centre Central and Central West (CCAC) shall:

- provide training in shallow suctioning, administration of continuous pre-set passive oxygen, care for ostomy bag and appliance, application of a condom for urinary drainage and monitoring clean intermittent catheterization, as directed by an Essential Routine Health Services Plan and upon the request of a principal; and
- collaborate with the Board's physical and occupational therapists in the training of identified staff, if required;

Department

Curriculum and Instructional Services; Special Education Services

Procedure History

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Board Procedure #662.4 Management of Catheterization

Document Integration Project Format

In addition to the responsibilities set out in Board Policy and Procedure 662.0, Provision of Health Support Services, this procedure outlines the process for meeting the specific needs of students who require catheterization and the associated management plan.

Definitions

Clean Intermittent Catheterization

Clean intermittent catheterization is a treatment option for patients with certain types of urinary incontinence. A catheter is used as a conduit to drain urine from the bladder in an attached bag or container. The catheter is inserted into a student's bladder only until the bladder has been drained and then the catheter is removed. This procedure can be carried out by the student or by a health assistant.

Sterile Catheterization

Sterile non intermittent catheterization uses the same basic technique for insertion of the urinary tract catheter. The catheter must be inserted by a CCAC nurse or the parent and remains in the patient continuously until bladder function can be maintained independently.

Responsibilities

Principals shall:

- contact the Student Services Co-ordinator who will initiate a referral to the CCAC Case Manager to assist with development of the Essential Routine Health Services Plan and Emergency Health Care Plan;
- ensure a copy of the Essential Routine Health Services Plan is completed with an Emergency Health Care Plan, including access to the parent for catheterization, the names of staff assigned and a copy of the doctor's order needed for the catheterization procedure;
- send the Emergency Health Care Plan to the Student Services Coordinator in the appropriate Community Education Centre;
- follow the steps as outlined in the [Catheterization Chart](#);
- assign an educational assistant and back-up staff person;
- ensure reserve materials (tubes, lubricant) and biohazard receptacle containers are provided by the parent;
- ensure that the biohazard receptacles are available for staff administering catheterization;
- ensure the management and safe removal of the biohazard waste receptacle;
- contact the CCAC Case Manager, with parent permission, to provide individual consultation and training for educational assistants and back-up staff; and
- ensure that the Emergency Health Care Plan is not altered by school staff until new orders are received.

Case Managers for the Community Care Access Centre Central and Central West (CCAC) shall:

- obtain updated orders from the doctor in writing and forward them to the school, with parental permission while the student is on their caseload;
- provide individual initial consult and arrange for required training to the educational assistant and back-up staff;
- authorize the nursing visit with the principal, parent, educational assistant, back-up staff and CCAC for the initial training, and/or when there are changes in the student's condition/equipment/procedure or staff supporting the student;
- collaborate with the parent and principal to decide the duration of support required by school staff for the procedures (typically 1-3 visits per day);
- assess catheterization needs for students who have physical abnormalities related to the procedure and/or provide catheterization service to students with short-term post operation needs; and
- provide ongoing consultation to the principal regarding the catheterization procedure.

Parents shall:

- demonstrate the catheterization procedure to the school staff with CCAC nursing supervision;
- provide equipment for catheterization (tubes, lubricant); and
- be a back-up to staff if available.

Educational Assistants or Health Assistants shall:

- as designated by the principal, administer or monitor clean intermittent catheterization and/or supervise student completing self-catheterization;
- ensure catheters and gloves are disposed of in biohazard waste receptacles; and
- engage in training to provide clean intermittent catheterization.

Department

Curriculum and Instructional Services; Special Education Services

Procedure History

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Amended 2009

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Board Procedure #662.5 Management of Suctioning

Document Integration Project Format

In addition to the responsibilities set out in Board Policy and Procedure 662.0, Provision of Health Support Services, this procedure outlines the process for meeting the specific needs of students who require suctioning and the associated management plan.

Definitions

Deep Suctioning

Deep suctioning, also referred to as chest suction or draining is a regulated health act to be performed by a trained Registered Nurse under doctor's orders. Using a special, soft deep suctioning tube, the tube passes beyond the larynx into the lungs. **This procedure is not to be performed by Board staff.**

Shallow Suctioning

Shallow suctioning is not a regulated or control health/medical procedure act. It uses a hard plastic "yonker" or tube that mechanically vacuums saliva from the oral and/or nasal passages. To avoid activation of the gag reflex, suctioning activity is avoided beyond the teeth.

Responsibilities

Principals shall:

- become familiar with the [Suctioning Chart](#) for an overview of the procedure for students requiring this health service;
- contact the CCAC Case Manager to assist with development of the Essential Routine Health Services Plan and ensure a copy of the plan is completed with a back-up plan, including access to the parent for suctioning, the names of staff assigned and a copy of the doctor's order needed for the daily suctioning procedure;
- assign an educational assistant and back-up staff to provide suctioning for students who require shallow suctioning only (i.e. not beyond the gag reflex);
- contact the parent and CCAC Case Manager, with parent permission, to provide individual consultation and training for educational assistants and back-up staff;
- send the Emergency Health Care Plan and/or Essential Routine Health Services Plan to the Student Services Coordinator in the appropriate Community Education Centre;
- ensure reserve materials (gloves, catheters, towels) and biohazard receptacle containers are provided by the parent;
- ensure biohazard receptacle containers are available to staff administering suctioning;
- ensure the management and safe removal of the biohazard waste receptacle;
- contact the CCAC Case Manager to obtain new doctor orders; and
- ensure that the Emergency Health Care Plan or Emergency Routine Health Services Plan is not altered by school staff until new orders are received.

Case Managers for the Community Care Access Centre Central and Central West (CCAC) shall:

- obtain updated orders from the doctor in writing and forward them to the school, with parental permission while the student is on their caseload;
- provide individual initial consult and arrange for training to the educational assistant and back-up staff;
- authorize the nursing visit with the principal, parent, educational assistant, back-up staff and CCAC for the initial training, and/or when there are changes in the student's condition/equipment/procedure or staff supporting the student;
- collaborate with the parent and principal to decide the duration of support required by school staff for the procedures (typically 1-3 visits per day);
- assess suctioning needs for students who have physical abnormalities related to the procedure, or who are medically fragile or who require short-term post operation follow-up;
- contact the CCAC Case Manager to obtain new doctor orders; and
- provide ongoing consultation to the principal regarding the suctioning procedure.

Parents shall:

- demonstrate the suctioning procedure to the school staff with CCAC nursing supervision;
- provide equipment for shallow suctioning (portable suctioning machine, suction catheters, gloves, towel, biohazard waste receptacles); and
- be a back-up to staff if available.

Educational Assistants shall:

- as designated by the principal, provide services to assess shallow suctioning, as needed;
- ensure suctioning tubes and gloves are disposed in biohazard waste receptacles; and
- engage in training to provide shallow suctioning.

School staff shall not:

- be involved with administering deep suctioning to students.

Department

Curriculum and Instructional Services; Special Education Services

Procedure History

Approved 1996
Amended 2001
Amended 2002
Amended 2009

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Board Procedure #662.6 Diabetes Management

Document Integration Project Format

In addition to the responsibilities set out in Board Policy and Procedure 662.0, Provision of Health Support Services, this procedure outlines the process for meeting the specific needs of students diagnosed with diabetes and the associated management plan.

Definitions

Blood glucose control

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

Diabetes Core Team

The *Diabetes Core Team* is a group of hospital health professionals, generally comprised of hospital and community health care practitioners with expertise in diabetes and may include diabetic educators, social workers and physicians. who support the student, his/her family and the school.

Diabetes - Type 1

Usually diagnosed in children and adolescents, type 1 diabetes occurs when the pancreas is unable to produce insulin.

Diabetes - Type 2

Type 2 diabetes occurs when the pancreas does not produce enough insulin or when the body does not effectively use the insulin that it produces.

Hyperglycemia

Hyperglycemia or high blood glucose is when the blood glucose (sugar) is higher than an individual's target range.

Hypoglycemia

Hypoglycemia is an abnormal, low-level of glucose in the blood. It may be characterized by symptoms such as cold clammy or sweaty skin, pallor, difficulty concentrating, shakiness, lack of coordination, irritability, hostility and poor behaviour, staggering gate, fatigue, nervousness, excessive hunger, headache, blurred vision and dizziness, abdominal pain or nausea, fainting and unconsciousness. It can happen within minutes of a person appearing healthy and normal and therefore must be taken care of right away as it may become an emergency situation.

Insulin

Insulin is a hormone produced by the pancreas. Children with diabetes use insulin syringes, insulin pens, or insulin pumps to give insulin. All children receiving insulin have an *Essential Routine Health Services Plan*.

Insulin Pump Management

This type of pump is often used for children with type 1 diabetes to manage their blood glucose. It allows for more flexibility and eliminates the need for multiple daily insulin injections by delivering a continuous infusion of insulin. A small glucose pump is attached to the child directly and provides insulin to the pancreas.

Target Range

Target range is acceptable blood glucose levels based on the Canadian Diabetes Association's Clinical Practice Guidelines and is personalized for the student by the parent/caregiver and Diabetes Core Team.

Responsibilities

Principals shall:

- ensure a planning meeting for school entry occurs for effective transition;
- complete a [Kids with Diabetes Information Card](#) that is approved by a physician, parent and the principal, that clearly outlines procedures to be followed in the school setting for the monitoring of insulin levels and response to a perceived emergency diabetic reaction, including;
 - Kids with Diabetes Information Card instead of the Emergency Health Care Plan, and
 - a signed [Request and Consent for Care of a Student with Diabetes](#);
- ensure that for each student with diabetes, a Kids with Diabetes Information Card is completed including necessary signatures, a recent photo of the student and a emergency action plan as agreed upon with the parents;
- in cases where a physician has directed that the student requires frequent ongoing blood glucose monitoring and administration of insulin, contact the Student Services Coordinator to initiate a referral to the CCAC;
- ensure that diabetes information available in the Kids with Diabetes in Your Care Handbook (available through the Canadian Diabetes Association 1-800-Banting) is shared with the parent, staff and students to raise awareness and understanding of diabetic management in the school;
- identify individual students with diabetes to all school staff each September;
- inform occasional staff of any students with diabetes in the classroom/school;
- if needed, request parent consent for referral to CCAC for consultation with school staff;
- contact the CCAC Case Manager regarding new medical orders and ensure that previous procedures are not altered by school personnel until the new medical orders are received;
- assign a staff member as outlined in the Kids with Diabetes Information Card to verify the child's reading of the glucometer and monitor the child during insulin self-administration;
- designate a back-up person in the absence of the assigned staff member;
- ensure the student is provided a clean and comfortable environment to administer insulin;
- ensure the student does not participate in physical education or exams if blood glucose is below or above target limits as identified in the Kids with Diabetes Information Card;
- ensure training is provided to staff as per the [Diabetes Management Chart](#);
- ensure the management and safe removal of the biohazard waste receptacle;
- ensure that parents are informed that, even if consent is provided to let the student self-monitor diabetes, the severity of their child's reaction may hinder any attempt to do so and as a result, the child may require the assistance of others;
- post in the office, common staff area, health room and provide to the student's teachers, a photo of any child with diabetes along with the *Signs and Symptoms of Hypoglycemia and Emergency Treatment of Hypoglycemia* as found in the *Kids with Diabetes in Your Care Handbook*;
- remind parents that they need to provide three emergency kits – one with student, one with the teacher and one with the office;
- as specified in the Kids with Diabetes Information Card, keep the office emergency kit, provided by parents, in an easily accessible and identifiable location known to all staff (i.e. in a designated

location in the office) along with all documentation including a signed authorization for a staff member to measure blood glucose and/or access emergency care as necessary;

- encourage the student to carry the emergency kit at all times;
- review or provide annual in-service each September by a regulated professional in the management of diabetes (i.e. a member of the Diabetes Core Team) for teachers, non-teaching school staff, and volunteers to ensure awareness of;
 - Board policy and procedure related to students with diabetes;
 - diabetic management through the use of the Kids with Diabetes in Your Care Handbook; and
 - use and location of emergency kits;
- authorize staff, when a student is known to have diabetes, to respond to a perceived hypoglycemic reaction using the emergency kit and remain with the child until recovery is complete or seek medical attention immediately should the symptoms continue; and
- contact and inform the parent (or emergency contact if unable to reach the parent) as per the Emergency Health Care Plan, if a student has experienced a hypoglycemic reaction or is noncompliant.

Teachers shall:

- be knowledgeable about how to access the *Kids with Diabetes in Your Care Handbook*;
- meet with the parents of all students with diabetes to discuss the student's needs, and the diabetes management plan as outlined in the Kids with Diabetes Information Card;
- follow the guidelines as outlined in the Kids with Diabetes Information Card and [Supporting Students Who Have Type 1 Diabetes: Tips for Teachers and School Staff](#);
- include the student's Kids with Diabetes Information Card in his/her daybook/record book;
- post the *Signs and Symptoms of Hypoglycemia* and *Emergency Treatment of Hypoglycemia* (See Kids with Diabetes in Your Care Handbook) in the classroom;
- ensure the student's emergency kit is available in the classroom;
- ensure that the student's emergency kit and the *Emergency Treatment of Hypoglycemia* protocol are taken on excursions and/or activities outside of the school; and
- ensure parents are notified of the need to replace items in the emergency kit as they are used.

Educational Assistants shall:

- follow the guidelines as outlined in the Kids with Diabetes Information Card and Supporting Students Who Have Type 1 Diabetes: Tips for Teachers and School Staff and
- verify the child's reading of the glucometer and monitor the child during insulin self-administration.

Community Care Access Centre Central and Central West (CCAC) shall:

- arrange and facilitate a case conference with the parent/principal/appropriate staff/Student Services Coordinator in May or June, or prior to the student starting school in order to determine the level of intervention required or, when the student has acquired independent competency skills as determined by the core team checklist;
- ensure staff receives Supporting Students Who Have Type 1 Diabetes: Tips for Teachers and School Staff (which is current information regarding the role of school staff) from the Diabetes Core Team;
- provide annual school staff training in the management of diabetes;
- provide assessment/support for newly diagnosed diabetes and for children transitioning to independent competency of mechanical skills (i.e. provide nursing staff at lunch hour to perform a blood sugar check if necessary);
- assess need for monitoring of student by a registered nurse at school;
- administer insulin via pump/injection until student can demonstrate independence;
- ensure sharps are disposed in biohazard waste receptacles; and
- provide a signed [Request and Consent Care of Student with Diabetes](#) form to exchange information with the school and Diabetes Core Team.

Parents shall:

- alert the school to their child's diabetic condition as well as any ongoing changes in the condition;
- consider providing their child with suitable identification, for example, MedicAlert®, which should be worn and/or carried by the student specifying the nature of the problem and the procedure to be followed in an emergency;
- complete and sign the Kids with Diabetes Information Card and Request and Consent for Care of a Student with Diabetes for monitoring of blood glucose levels and provision of the current medical management plan upon registration for new students and each September for returning students;
- provide the school with an ongoing supply of fast-acting glucose for treating hypoglycemia; a biohazard container for sharps disposal, diabetic testing supplies and three emergency kits; and
- ensure that their child leaves for school each day with snacks as well as his/her emergency kit; and
- if the student is agreeable, arrange for a presentation to be made to the student's classmates about diabetes.

Students shall:

- ensure that he/she carries the emergency kit at all times;
- wear his or her MedicAlert® if one is available;
- take responsibility for understanding and maintaining appropriate nutrition;
- take age/developmental appropriate responsibility for bringing and looking after his/her blood glucose monitoring; and insulin injection apparatus, including proper disposal in sharp container; and
- take age/developmental appropriate responsibility for his/her diabetes management.

Department

Curriculum and Instructional Services; Special Education Services

Procedure History

Approved 1996

Amended 2001

Amended 2002

Amended 2009

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Board Procedure #662.7

Seizures Management

Document Integration Project Format

In addition to the responsibilities set out in Board Policy and Procedure 662.0, Provision of Health Support Services, this procedure outlines the process for meeting the specific needs of students with seizures and the associated management plan.

Definitions

Seizure Disorder

Seizure disorder is a neurological disorder which causes sudden bursts of hyperactivity in the brain. This hyperactivity produces "seizures" which vary from one person to another in frequency and form. A seizure may appear as a brief stare, a change of awareness, or a convulsion. A seizure may last a few seconds or a few minutes. Repeated brain seizures usually characterize a seizure disorder sometimes known as epilepsy.*

Responsibilities

Principals shall:

- establish a Emergency Health Care Plan and if required an Essential Routine Health Services Plan as agreed upon by parents, that clearly outline procedures to be followed in the school setting in response to a perceived emergency seizure event;
- ensure that for each student with a seizure disorder, a recent photo of the student is provided by the parents for the Emergency Health Care Plan;
- ensure that seizure information available from [Epilepsy Ontario](#) is shared among the parent, staff and students to raise awareness and understanding of seizure management in the school;
- identify individual students with a seizure disorder to all school staff each September;
- inform occasional staff of any students with a seizure disorder in the classroom/school;
- where routine administration of medication for seizure management occurs at school, follow procedures outlined in Board Procedure #662.1 Administration of Medication to Students in School;
- post in the office, common staff area and health room and provide to the student's teachers, a copy of the Emergency Health Care Plan and information from Epilepsy Ontario;
- review or provide annual in-service each September by a regulated professional in the management of seizures for teachers, non-teaching school staff, and volunteers to ensure awareness of Board policy and procedure related to students with seizure disorders;
- contact and inform parent (or emergency contact if unable to reach the parent) as per the Emergency Health Care Plan if a student has experienced a seizure.

Teachers shall:

- meet with the parents of all students with seizure disorders to discuss;
 - the student's needs; and
 - the seizure management plan as outlined in the Emergency Health Care Plan.

School Staff shall:

- follow the directions in the Emergency Health Care Plan.

Community Care Access Centre Central and Central West (CCAC) shall:

- upon request of the principal, provide professional development to teachers regarding the management of seizures.

Parents shall:

- alert the school to their child's seizure disorder;
- provide school staff with signs of seizure activity specific to their child;
- collaborate with the school in the development and completion an Emergency Health Care Plan and/or Essential Routine Health Services Plan; and
- complete and sign the Staff or Self-Administration of Medication to Students in School form, if required.

Students shall:

- take age/developmental appropriate responsibility for indicating to adults when experiencing warning signs of possible seizure activity; and
- take age/developmental appropriate responsibility for his/her seizure management.

Department

Curriculum and Instructional Services; Special Education Services

Procedure History

Approved 1996

Amended 2001

Amended 2002

Amended 2009

** Adapted from Epilepsy Ontario and CBC.ca health.*

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Board Procedure #662.8 Administration of Automatic External Defibrillators

Document Integration Project Format

In addition to the responsibilities set out in Board Policy and Procedure 662.0, Provision of Health Support Services, this procedure outlines the process for use of an automatic external defibrillator (AED) in schools for students whose condition requires immediate care to intervene in a potentially life-threatening situation. These emergency services will require specific training and are to be provided according to a pre-established Emergency Health Care Plan. This procedure also outlines the responsibilities for the acquisition of AEDs in schools or Board offices.

Definition

Automatic External Defibrillator (AED)

An automated external defibrillator (AED) is a device used to administer electric shock through the chest wall to the heart. Built-in computers assess the individual's heart rhythm, judge whether defibrillation is needed, and then administer the shock. Audible and/or visible prompts guide the user through the process.

Legislative Context

Education Act

Regulated Health Professions Act

Responsibilities

Principals shall:

- ensure that medical orders, specifying the need for an AED for a specific student, are received from a physician;
- contact the Student Services Coordinator upon receipt of the medical orders;
- provide annual in-service each September for teachers, non-teaching school staff and volunteers to ensure awareness of:
 - Board policy and procedure related to students with an AED,
 - use and location of AEDs, and
 - identification of students requiring the use of AEDs;
- establish an Emergency Health Care Plan for each student requiring an AED that is approved by a physician, parent and the principal and clearly outlines procedures to be following in the school setting;
- ensure parents sign a [Maintenance and Service of a Family-Owned/SEA Claim Defibrillator form](#);
- inform occasional staff of any students with an AED in the classroom/school;
- assign staff members to administer the AED who are trained in CPR;
- designate a back-up person in the absence of the assigned staff members;
- post in the office, common staff area and health room and provide to the student's teachers; a photo of any child with an AED and instructions for its use;
- keep the AED provided by parents or through a SEA claim, in an easily accessible and identifiable location known to all staff (i.e. in a designated location in the office);
- ensure a rapid and effective communication system with the local EMS and first responders such as police, ambulance and fire departments;

- contact 911 and inform the parent (or emergency contact if unable to reach the parent) as per the Emergency Health Care Plan if a student has required the use of an AED; and
- ensure the use and maintenance of the AED according to the manufacturer's specifications.

School Staff shall:

- follow the procedures and duties as outlined in the annual training of the use of AEDs and Emergency Health Care Plan; and
- include the Emergency Health Care Plan in his/her daybook to be accessible to an occasional teacher/support staff

Parents shall:

- provide the school with the child's physician's written notification that the child's medical condition warrants the use of this type of defibrillator and to provide details for the Emergency Health Care Plan and Essential Routine Health Services;
- complete and sign a Maintenance and Service of a Family-Owned Defibrillator form;
- supply an AED/supply a replacement for damaged or outmoded equipment to the school;
- at their cost, provide, or contact an agency to provide, AED training for the school staff;
- consider providing their child with suitable identification, for example, MedicAlert® which should be worn and/or carried by the student specifying the nature of the problem and the procedure to be followed in an emergency;
- sign they have received the Emergency Health Care Plan for their child and acknowledge that although the staff are trained, they do not have medical qualifications;
- perform or contract with an agency to perform monthly maintenance checks on the AED and sign/initial the inspection at the beginning of each month on the Maintenance and Service of a Family-Owned Defibrillator form;
- assume responsibility for any and all repairs or service required for the defibrillator; and
- assume responsibility for transporting the defibrillator to and from school if the defibrillator is family-owned.

For AEDs purchased prior to the 2009-10 school year

The Senior Manager of Administrative Services shall:

- keep an original signed copy of all written agreements for AEDs acquired by school councils and other outside agencies for use in schools or Board work locations other than schools.

Principals shall:

- ensure that there is a written agreement outlining the commitment in perpetuity of the external agency/company to cover all costs of the equipment including;
 - the service and maintenance of the equipment (including how and when),
 - the replacement of the equipment if damaged, stolen or outmoded, and
 - ongoing training (including how and when training will be scheduled and organized);
- not renew any contractual agreement for AEDs in school;
- ensure that any requests to distribute information from the external agency/company providing the AED is in accordance with [Board Policy and Procedure 182, Distribution of Materials from External Sources](#); and
- ***notify the school community that the defibrillator will only remain on site if it is properly maintained, funded and if there are staff trained in its use.***

For AEDs not associated with students/staff with specific medical orders:

AED are not longer to be purchased for or by Board offices or schools by schools, school councils or outside agencies. Only AEDs for students/staff whose condition is stipulated in a medical order which warrants the use of an AED are allowed in Board offices or schools.

Department

Curriculum and Instructional Services; Special Education Services

Procedure History

Approved 2009

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