

**Governance and Policy Committee Meeting**

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**AGENDA**

**Tuesday, March 7, 2023**

**OPEN SESSION**

**Hybrid Meeting, 5:30 p.m.**

**Committee Members:**

B. MacDonald (Committee Chair)  
L. Alves (Committee Vice-Chair)  
K. Bailey  
S. Benjamin  
J. Clark  
K. McDonald

D. Green (Ex-officio)  
L. Cole (Ex-officio)

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**OPEN SESSION**

**1. Call to Order**

**2. Acknowledgement of Traditional Lands**

**3. Approval of Agenda**

**4. Declarations of Conflict of Interest**

**5. Approval of Minutes**

5.1. Governance and Policy Committee Meeting, January 18, 2023

**6. Delegations**

**7. Staff Reports**

7.1. Supporting Students with Prevalent Medical Conditions Policy  
7.2. Concussion Prevention and Intervention Policy  
7.3. Information Access and Privacy Policy – Policy #88  
7.4. Trustee Staff Relations Policy

*Janet Jackowski  
Rasulan Q. Hoppie  
Oriana Sharp  
Kathryn Lockyer*

**8. Trustee Motions for Consideration**

**9. Trustee Notices of Motion**

**10. Adjournment**

## PEEL DISTRICT SCHOOL BOARD

Minutes of a meeting of the Governance and Policy Committee of the Peel District School Board, held in the Brampton Room, the H. J. A. Brown Education Centre, 5650 Hurontario Street, Mississauga, Ontario on Wednesday, January 18, 2023, at 17:30 hours.

Members present:

Lucas Alves  
Karla Bailey (17:35 hours)  
Susan Benjamin  
Jeffrey Clark  
Brad MacDonald  
Kathy McDonald

Also present:

Will Davies  
Jill Promoli

Administration:

Kathryn Lockyer, General Counsel and Governance Officer (Executive Member)  
Donna Ford, Superintendent of Education  
Masuma Khangura, Executive Officer, Human Resources, Partnerships and Equity  
Sabrina Valteau, Governance Coordinator

Lorelei Fernandes, Board Reporter

### 1. Call to Order

General Counsel and Governance Officer, Kathryn Lockyer called the meeting to order. She welcomed everyone to the first Governance and Policy Committee Meeting since the Organizational Meeting of the Board, and noted that the meeting will be livestreamed, recorded, and posted on the Board's website.

### 2. Land Acknowledgement

A video of the Acknowledgement of Traditional Lands was viewed.

### 3. Election of Chair and Vice-Chair

Internal Auditors, Tony Ronca and Carlo Avolio, were present to act as scrutineers.

Executive Member, General Counsel and Governance Officer, Kathryn Lockyer called for nominations for the position of Chair of the Governance and Policy Committee. She noted that the elections are for a two-year term.

Trustee Lucas Alves nominated Trustee Brad MacDonald.

There were no further nominations.

**3. Election of Chair and Vice-Chair (Continued)**

The nomination of Brad MacDonald for the position of Chair of the Governance and Policy Committee was moved by Lucas Alves and seconded by Jeffrey Clark.

GC-01, moved by Lucas Alves  
seconded by Karla Bailey

Resolved, that the nomination for the position of Chair of the Governance and Policy Committee be closed.

..... carried

Trustee MacDonald was acclaimed as Chair of the Governance and Policy Committee.

Kathryn Lockyer called for nominations for the position of Vice-Chair of the Governance and Policy Committee.

Trustee Brad MacDonald nominated Trustee Lucas Alves.

There were no further nominations.

The nomination of Lucas Alves for the position of Vice-Chair of the Governance and Policy Committee was moved by Brad MacDonald and seconded by Susan Benjamin.

GC-02 moved by Brad MacDonald  
seconded by Susan Benjamin

Resolved, that the nomination for the position of Vice-Chair of the Governance and Policy Committee be closed.

..... carried

Trustee Lucas Alves was acclaimed as Vice-Chair of the Governance and Policy Committee.

**4. Approval of Agenda**

GC-03 moved by Susan Benjamin  
seconded by Lucas Alves

Resolved, that the agenda be approved.

..... carried

**5. Conflict of Interest**

There were no declarations of conflict of interest.

**6. Minutes of the Governance and Policy Committee Meeting, September 14, 2022**

GC-04 moved by Jeffrey Clark  
seconded by Susan Benjamin

Resolved, that the Minutes of the Governance and Policy Committee Meeting, held September 14, 2022, be approved.

..... carried

**7. Review of Policy 27: Naming of Schools – Update #3**

Superintendent of Education, Donna Ford, reviewed the report and stated that Policy 27 emerged from Directive 18, which requires that the Board undertake a comprehensive diversity audit of schools, including naming of schools. She provided background information of the work done and the purpose of the policy to support the process of naming or renaming of schools, facilities, or special function areas. Reviewing the policy, Donna Ford outlined the roles and responsibilities and approval process for naming or renaming of schools, which includes community engagement.

Chair MacDonald recalled a discussion at the Governance and Policy Committee meeting of September 14, 2022, where members had expressed their preference that schools are not be named after people. He commented that this suggestion has not been reflected in the policy. He inquired as to the criteria for choosing a school name, clarity on what the community engagement will involve, and titles of who will sit on the Naming Committee. The administration provided clarification on the process for approval of school names outlined in the policy and noted that details of the process will be included in an accompanying Operating Procedure. Kathryn Lockyer advised that a Community Engagement Framework is being developed. Lengthy discussion ensued and trustees' questions and comments included: in future avoid using names of individuals for school naming, particularly after employees or trustees; conduct thorough research if considering naming of a school after a worthy individual who is no longer living and provide criteria for selection, inclusion of language, culture, achievements, community; whether existing schools already named after people will be changed or retained; clarification and/or definition of special function area; a flowchart will provide more clarity on the process.

GC-05 moved by Lucas Alves  
seconded by Karla Bailey

Resolved, that, Policy 27: Naming of Schools, be referred to staff for revisions as follows:

- a) Prohibiting the use of individual's names in the naming or renaming process for schools, special function areas, and facilities in the future;
  - b) Incorporating the comments from trustees regarding community consultation process, criteria for selection of school names, definition of special function area, and titles of members on the Naming Committee.
- (APPENDIX I, Item 7.1 of the agenda)

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**8. Disconnecting from Work Policy**

Masuma Khangura, Executive Officer, Human Resources, Partnerships and Equity, referred to an amendment to the Employment Standards Act 2000 (ESA) requiring employers with 25 or more employees to have a written policy for disconnecting from work. Reviewing the report, she highlighted that the purpose of the Policy is to provide a framework to support employees in disconnecting from work outside of working hours, to support work-life balance and well-being, and to develop and maintain a positive and healthy workplace culture. Masuma Khangura stated that independent and dependent contractors are excluded from this policy, and the policy prohibits reprisal for disconnecting from work. She stated that responsibility for management of this Policy rests with the Director of Education or their designate, responsibility for coordination and day to day management is assigned to the Executive Officer, Human Resources, Partnerships and Equity, and responsibilities of managerial staff and employees will be set out in an Operating Procedure.

Masuma Khangura responded to trustees' questions of clarification regarding: having a alternate point of contact available for staff who have Out of Office notification; the policy addresses responsibilities for managers and supervisors due to emergencies; notification that although emails may be sent after office hours, responses are not expected out of office hours; out of office hours tasks are incorporated in the terms and conditions of specific roles; remote working option is still being offered to some staff for Peel DSB to remain competitive in the market; clarification between service delivery and the right to disconnect from work.

GC-06 moved by Lucas Alves  
seconded by Jeffrey Clark

Resolved, that the Governance and Policy Committee recommends to the Board:

That, the report be received and the Disconnecting from Work Policy (Appendix A of the report), be approved. (APPENDIX II, Item 7.2 of the agenda)

..... carried

**9. Trustee Staff Relations Policy**

General Counsel and Governance Officer, Kathryn Lockyer presented the draft Trustee Staff Relations Policy. She explained that the purpose of the policy is, to guide the nature of the working relationship between Peel DSB members and staff at all times, on and off site, and is a good governance tool for respectful and productive relationships between trustees and staff. She reviewed the draft policy, highlighting the process for bringing a matter to the attention of staff through a member of the Leadership Team, what members can and cannot do, communications between members and staff, notification on media inquiries and significant events, requests for advice from the General Counsel and Governance Officer, monitoring of adherence to the policy and reporting in aggregate terms. Kathryn Lockyer stated that research done to develop this policy includes an environmental scan, guidance from the Municipal Act, Trustee Codes of Conduct, and Ontario Public School Boards' Association (OPPSBA) Good Governance Guide.

**9. Trustee Staff Relations Policy (Continued)**

In response to a trustee’s question regarding consequences for members who do not adhere to the policy, Kathryn Lockyer advised that in addition to the policy which sets goals and expectations, operating procedures may be developed to include a formal complaint process. She added that the Trustees’ Code of Conduct will be reviewed later in this term of office and could be expanded to include complaints from staff and the public. Responses to questions of clarification from trustees included: Executive Leads are Department Heads; the policy is new and not mandated by the Education Act; informal complaints have been received but there is no formal trustee-staff relations policy; information on incidents occurring at schools is shared with trustees based on compliance with other policies; other school boards do not have a similar policy; this policy responds to Directive 5 regarding good governance; the annual reporting will be public and non-specific. Discussion ensued following a suggestion to submit the policy to OPSBA for review and feedback, and trustees’ questions regarding process were responded to by Kathryn Lockyer.

GC-07 moved by Lucas Alves  
seconded by Jeffrey Clark

Resolved, that the Board approve sending the Trustee Staff Relations Policy (Appendix 1 of the report) to the Ontario Public School Boards’ Association (OPSBA) for review and response within a one-month time period, following which the Policy is brought back to the Governance and Policy Committee. (APPENDIX III, Item 7.3 of the agenda)

..... carried

**10. Trustee Notices of Motion**

**1. Artificial Intelligence (AI) and Plagiarism Policy**

Trustee Alves submitted a Notice of Moton and requested that the motion be dealt with immediately.

GC-08 moved by Lucas Alves  
seconded by Karla Bailey

Resolved, that staff bring a report to the next Governance and Policy Committee meeting on the status of Artificial Intelligence (AI) and Plagiarism Policy in relation to artificially generated content via software.

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Trustee Alves spoke of plagiarism as it exists and the widely accepted definition of plagiarism respecting AI, content or communication pieces created by a machine that produces content through coding, which is not recognized as plagiarism. He expressed his concerns and explained how it could pose a problem for Peel DSB in the future. In view of the Governance and Policy Committee meetings being scheduled on a quarterly basis, it was agreed that the motion be dealt with today.

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GC-08 ..... carried

January 18, 2023  
Governance and Policy Committee:lf

**11. Adjournment**

GC-09            Moved by Susan Benjamin  
                          Seconded by Jeffrey Clark

Resolved, that the meeting adjourn (19:55 hours).

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..... Chair

## 7.1

Governance and Policy Committee, March 7, 2023

# Supporting Students with Prevalent Medical Conditions

**Strategic Alignment:**

Policy/Program Memorandum (PPM) 161, Supporting Students with Prevalent Medical Conditions in Schools

**Report Type:**

Recommendation

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| <p><i>Prepared by:</i> Janet Jackowski, Senior Manager (Acting) – Social Emotional Learning<br/>Paul da Silva, Associate Director, SIESESEL</p> <p><i>Submitted by:</i> Rashmi Swarup, Director of Education</p> |
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## **Overview**

### **Recommendation:**

That the policy on Supporting Students with Prevalent Medical Conditions Policy, as attached as Appendix 1, be approved by the Board of Trustees.

### **Highlights:**

- This Policy is developed in accordance with PPM 161, Supporting Students with Prevalent Medical Conditions in Schools
- Prevalent Medical Conditions, as set out in PPM 161, are defined as asthma, diabetes, epilepsy and/or those at risk for anaphylaxis
- This policy outlines supports to promote student health, safety and well-being

### **Background:**

Through PPM 161, the Ministry of Education expects all school boards to develop and maintain a policy to support students in schools who have prevalent medical conditions. As defined, prevalent medical conditions refer to asthma, diabetes, epilepsy, and/or at risk for anaphylaxis, which have the potential to result in a medical incident or a life-threatening medical emergency.

The Supporting Students with Prevalent Medical Conditions Policy was drafted in accordance with the *Education Act*, PPM 161, *Ryan's Law*, *Sabrina's Law*, related legislation, and board policies and procedures. This policy will be the overarching policy that supports the existing Peel District School Board (PDSB) guidelines that address anaphylactic allergies, asthma and diabetes management.

In accordance with PPM 161, the purpose of this Policy is to:

- a) support Peel District School Board students with prevalent medical conditions to fully access school in a safe, accepting, and healthy learning environment that supports well-being.
- b) empower students with prevalent medical conditions, as confident and capable learners, to reach their full potential for self-management of their medical condition(s), according to their Plan of Care.

## **Evidence**

### **Findings/Key Considerations:**

An environmental scan of related school board policies was conducted, along with internal consultation and consultation with SEAC. This policy sets out requirements for collection of personal information, plans of care, supporting daily or routine independent management, emergency response, partnership with stakeholders, safety considerations, and liability protection. This policy also outlines the roles and responsibilities of parents, students, school staff, principals, relevant ministries and external partners, and the board itself.

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## **Impact Analysis**

### **Equity & Human Rights Review:**

This policy supports the rights of students with prevalent medical conditions to fully access school in a safe, accepting, and healthy learning environment that supports their wellbeing.

### **Board or Ministry Policy Alignment:**

This policy intersects with:

- PPM 81, Provision of health support services in school settings
- PPM 149, Protocol for partnerships with external agencies for provision of services by regulated health professionals, regulated social service professionals, and paraprofessionals
- PDSB Policy 86, Emergency Preparedness
- PDSB Policy 88, Freedom of Information and Privacy
- PDSB Policy 51, Human Rights
- PDSB Policy 56, Occupational Health and Safety

This policy also complements the following board procedures:

- SESS 5, Reporting a Child in Need of Protection
- SESS 8, Procedures for Administration of Prescribed Medication to Pupils in School
- SESS 9, Provision of School Health Support Services
- SESS 16, In-School and In-Classroom Student Assistance Provided by Third Party
- SESS 18, Protocol for Externally Regulated Professionals and Paraprofessionals
- EHS 1.3.2, Environmental Health and Safety Training and Education Requirements
- EHS 2.8.4, Health and Safety – First Aid Requirements
- Emergency Evacuation Procedures

### **Resource/Financial Implications:**

Staff are responsible for implementing the policy and related procedures to support students to be able to fully access a safe and healthy school learning environment.

### **Legal implications:**

This policy allows the Board to be compliant with the guidelines outlined in the Ministry PPM 161.

### **Risk Assessment:**

There are no direct financial implications to implementing this policy. This policy will assist in reducing the liability of the board.

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**Community Impact:**

There is an impact to student safety and wellbeing if this policy and related procedures are not implemented.

## **Next Steps**

**Action Required:**

Existing procedures and guidelines will be migrated to operating procedures in compliance with this policy and PPM 161.

**Communications:**

Once approved, communication to system leadership, central staff, and school staff will be initiated. This policy will be available on the PDSB internal and external websites.

**Success Measures:**

Plans of care will be completed, reviewed, and updated each school year. Supports will be in place for students at their school allowing students to attend in a safe and healthy learning environment.

## **Appendices**

Appendix 1 – Supporting Students with Prevalent Medical Conditions Policy

## **PEEL DISTRICT SCHOOL BOARD POLICY**

### **Supporting Students with Prevalent Medical Conditions**

**POLICY ID:** Enter Text

**FUNCTIONAL CATEGORY:** Enter Text

**RESPONSIBILITY:** Superintendent of Education, Special Education, Social-Emotional Learning and Well Being

**APPROVAL:** Board of Trustees

**APPROVAL DATE:** Click for date

**EFFECTIVE DATE:** Click for date

**PROJECTED REVIEW DATE:** Click or tap here to enter text.

**REVIEW SCHEDULE:** Five (5) years

#### **1. Purpose**

The Supporting Students with Prevalent Medical Conditions Policy (this “Policy”) has been developed in accordance with Policy/Program Memorandum (PPM) 161, Supporting Students with Prevalent Medical Conditions in Schools to promote the safety and well-being of students in schools who have prevalent medical conditions as defined in PPM 161, specifically asthma, diabetes, epilepsy, and/or those at risk for anaphylaxis.

The purpose of this Policy is to:

- a) support Peel District School Board (“PDSB”) students with prevalent medical conditions to fully access school in a safe, accepting, and healthy learning environment that supports well-being;
- b) empower students with prevalent medical conditions, as confident and capable learners, to reach their full potential for self-management of their medical condition(s), according to their Plan of Care.

#### **2. Application and Scope**

This Policy applies to all students with prevalent medical conditions, their parents/guardians and school staff, including occasional staff, who support students

with prevalent medical conditions. This Policy will be implemented in a manner consistent with existing provisions of collective agreements and related memoranda of understanding with unions/associations. This Policy will, at all times, be interpreted in a manner consistent with PDSB policies, relevant Ministry PPMs and guidance documents including PPM 161, 81, and 149, and other applicable legislation including but not limited to the *Education Act*, *Immunization of School Pupils Act*, the *Regulated Health Professions Act*, the *Good Samaritan Act*, *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA), *Personal Health Information Protection Act* (PHIPA), *Ryan's Law*, *Sabrina's Law*, and the *Ontario Human Rights Code*. Students with prevalent medical conditions will be accommodated in accordance with the above up to the point of undue hardship, which considers health and safety requirements.

This Policy is aligned with and supports the principles and expectations of PDSB Policy 51, Human Rights, Policy 54, Equity and Inclusive Education and the Anti-Racism Policy.

### 3. Definitions

- 3.1 **Education Act:** Reference to the Ontario *Education Act* incorporates its regulations and all applicable Ministry of Education policy and program memoranda and guidance documents.
- 3.2 **Parent/Guardian:** Refers to the person having lawful custody of a student, which can include a Parent(s) or guardian(s). Reference to parent(s)/guardian(s) does not apply to students who are 18 years or older, or where a student is 16 or 17 years old and has withdrawn from parental control.
- 3.3 **Plan of Care:** A form that contains individualized information on a student with a prevalent medical condition (PPM 161).
- 3.4 **Prevalent medical condition:** refers specifically to asthma, diabetes, epilepsy and/or are at risk of anaphylaxis which have the potential to result in a medical incident or a life-threatening medical emergency.
- 3.5 **Principal:** refers to the principal or a delegated vice-principal.
- 3.6 **Student or Pupil:** Pupil under the *Education Act*.

## **4. Policy**

### **4.1 Collection of Personal Information**

- a) PDSB will support staff in collaborating with students, parents/guardians, and appropriate medical/health professionals and paraprofessionals to collect information related to students' medical conditions, consistent with the existing provisions of collective agreements and related memoranda of understanding among parties to such agreements.
- b) Parents and guardians of children with prevalent medical conditions are requested to inform PDSB of their child's medical condition(s) and to communicate any other changes related to their child's health information on an annual basis or whenever there are changes in the child's medical condition / treatment or whenever the child has been diagnosed with a new condition. PDSB will request new and current students and/or their parents/guardians to provide information on the students' prevalent medical condition(s) on an annual basis or once the student has been diagnosed with a new condition.
- c) The collection, use and disclosure of personal health information of students with prevalent medical conditions will occur in accordance with the Privacy and Confidentiality provisions of this Policy and applicable PDSB policy or procedure relating to privacy and access to information.

### **4.2 Plan of Care**

- a) A Plan of Care will be developed for every student with a prevalent medical condition. The Plan of Care will be co-created, reviewed and/or updated by the parent(s)/guardian(s) in consultation with the Principal or their designate, designated staff as appropriate, and the student as appropriate.
- b) The Plan of Care, including the emergency response to medical incidents and medical emergencies and supporting student's daily or routine independent management, must be consistent with the responsibilities of the parties involved as set out in this Policy and associated procedures, and all

other applicable PDSB policy and procedure, legislation and PPMs. The Plan of Care must consider the obligations set out in applicable legislation, policies, and collective agreements and must take into account the local needs and circumstances of the school, such as geographical considerations, demographics, and cultural considerations, as well as the availability of supports and resources, including school staff within the school board and the community.

- c) PDSB will ensure appropriate staff intervention within the scope of their training, knowledge and role as non-medically trained professionals is provided when a student with a prevalent medical condition is not able to self-manage their Plan of Care (e.g., due to language barriers, cognitive and/or physical ability, maturity, behavioural issues). Such staff intervention will require the active cooperation and involvement of parents/guardians in supporting the management of the student's care.
- d) The Plan of Care will be co-created, reviewed and/or updated during the first thirty school days of every school year and during the school year, as applicable (e.g., when a student has been diagnosed with a prevalent medical condition, or where a consensus is not reached on the Plan of Care within the first thirty school days of the school year).
- e) The Plan of Care will contain specific information on the student with a prevalent medical condition and will include at minimum:
  - (i) preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas;
  - (ii) identification of school staff who will have access to the Plan of Care;
  - (iii) identification of routine or daily management activities that will be performed by the student, parent(s), or staff volunteer(s), as outlined in school board policy, or by an individual authorized by the parent(s);

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



- f) Parents can designate who is provided access to the agreed upon Plan of Care. With authorization from the parents, the Principal or the Principal's designate will share the Plan of Care with school staff who are in direct contact with students with prevalent medical conditions and others as appropriate who are in direct contact with students with prevalent medical conditions (e.g., food service providers, transportation providers, volunteers).
- g) PDSB will create and make a Plan of Care template available on their public website in the language of instruction.

#### **4.3 Supporting Daily or Routine Independent Management**

- a) PDSB will provide supports to students with prevalent medical conditions to facilitate their daily or routine independent management activities in school.
- b) Facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with prevalent medical conditions to independently perform daily or routine management activities in a school location (e.g., within a classroom, gymnasium, library, schoolyard; on a school bus; at a field trip location), as outlined in their Plan of Care.

#### **4.4 Emergency Response**

- a) PDSB will collaborate with relevant stakeholders to establish expectations regarding emergency response to medical incidents and/or medical emergencies that are aligned with existing board policies and procedures and the student's Plan of Care.

#### **4.5 Partnership with Stakeholders**

- a) The health, safety and well-being of students with prevalent medical conditions is a responsibility shared by PDSB, parents/guardians, students, the provincial government, municipal health agencies, health care providers and community partners.
- b) PDSB will provide health support services in accordance with Ministry PPM 81, Provision of Health Support Services in School Settings, and with PDSB policy and operating procedures relating, but not limited to, the provision of

health support services in school settings and administration of prescribed medications to students in schools.

#### **4.6 Safety Considerations**

- a) Students are permitted to carry their medication(s) (including prescribed controlled substances) and supplies, as outlined in the Plan of Care.
- b) PDSB will support training to local schools and relevant school staff in the storage (according to the item's recommended storage conditions) and safe disposal of medication and medical supplies. PDSB will provide schools with appropriate supplies to support safe disposal of medication and medical supplies.
- c) PDSB and local schools will establish a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g., bomb threats, evacuation, fire, “hold and secure”, lockdown) or for activities off school property (e.g., field trip, sporting event).
- d) In accordance with the requirement of the *Child and Family Services Act*, 1990, where PDSB employees have reason to believe that a child may be in need of protection, they are required to report to the Children's Aid Society.

#### **4.7 Training**

- a) Relevant school staff (including occasional staff) with direct contact with a student with a prevalent medical condition will be provided with school-based training at a minimum, annually. Training should take place within the student's first thirty days of school, where possible, to ensure the safety and well-being of the student, and should be reviewed as appropriate.
- b) The training will consider the obligations set out in applicable legislation, policies, and collective agreements and must take into account the local needs and circumstances of the school, such as geographical considerations, demographics, and cultural considerations, as well as the availability of supports and resources, including school staff within the school board and the community.

- c) The scope of training will be consistent with expected duties of school board staff, as outlined in PDSB policy and procedure and applicable collective agreements, legislation and/or Ministry policy/program memoranda or guidance. The scope of the training will include:
  - (i) strategies for preventing risk of student exposure to triggers and causative agents;
  - (ii) strategies for supporting inclusion and participation in school;
  - (iii) recognition of symptoms of a medical incident and a medical emergency;
  - (iv) information on school staff supports, in accordance with board policy;
  - (v) medical incident response and medical emergency response;
  - (vi) the roles and responsibilities of students, parents/guardians, school staff and the Principal;
  - (vii) documentation procedures.
- d) Training will be based on evidence-based materials that have been developed by health and education partners, including resources provided by the Ministry of Education. PDSB, in consultation with appropriate stakeholders will determine the scope of training required to support the implementation of prevalent medical condition procedures and the mode of delivery of the training, including the appropriate agency or organization to deliver such training. Training will be provided by an appropriate person with requisite professional knowledge in the particular prevalent medical condition.
- e) Staff will receive general awareness training and relevant resources to prevent and respond to medical conditions and health emergencies. Relevant staff will be provided with training on life-threatening medical situations, prevalent medical conditions and first aid/CPR training. Each site will be equipped with required first aid materials as required by applicable health and safety law.

#### **4.8 Procedures and Guidelines**

- a) Procedures and guidelines may be issued under this Policy further setting out strategies and the responsibilities of all parties, including students, parents/guardians, school staff and principals with respect to specific prevalent medical conditions. Such procedures and guidelines will incorporate and be subject to this Policy.

#### **4.9 Liability**

- a) In accordance with the *Good Samaritan Act*, 2001, S.O. 2001, c. 2, despite the rules of common law, PDSB will protect employees from liability for damages who voluntarily and without reasonable expectation of compensation or reward provide emergency health care services or first aid assistance as set out in that Act that result from the employee'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 employee.
- b) In accordance with *Sabrina's Law*, 2005, S.O. 2005, PDSB will protect employees from liability for damages 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 that Act, unless the damages are the result of an employee's gross negligence.
- c) In accordance with *Ryan's Law*, 2015, S.O. 2015, c. 3, PDSB will protect employees from liability for damages 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 that Act.

#### **4.10 Privacy and Confidentiality**

- a) PDSB will ensure all staff are trained to recognize and respect the importance of a student's privacy, dignity, religious belief, and cultural sensitivity when collecting, accessing and sharing medical information and administering or supporting with the administration of medication in accordance with applicable PDSB policy and procedure and law including the

*Ontario Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act.*

- b) To ensure effective policy review, PDSB will develop processes to collect data on the number of students with prevalent medical conditions, using a critical equity lens, ensuring full accessibility, respect of individual privacy rights, inclusive demographic representation and the complexity of all identities (including intersectionality of multiple social identities) and collect and monitor the number of medical incidents/emergencies that have occurred on annual basis.

## **5. Roles and Responsibilities**

### **5.1 Parents of children with prevalent medical conditions**

As primary caregivers of their child, parents are expected to be active participants in supporting the monitoring and management of their child's medical condition(s) while the child is in school. At a minimum, parents will:

- a) educate their child about their medical condition(s) with support from their child's health care professional, as needed
- b) guide and encourage their child to reach their full potential for self-management and self-advocacy and supporting their child's self-management including through administration of medication, technological monitoring, and nutritional requirements
- c) inform the school 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
- d) 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
- e) co-develop of a Plan of Care based on operational feasibility and requirements set out in legislation, PDSB policy and procedures, and relevant guidance

- f) support with their child's monitoring and self-management, depending on the student's cognitive, emotional, social, and physical stage of development, and their capacity for self-management
- g) in addition to the child's medical practitioner, administer or support their child with the administration of medications and treatment of the student's medical condition
- h) facilitate the provision of in-school third-party support through authorized community agencies required to support the student's prevalent medical condition
- i) confirm annually to the principal or the principal's designate that their child's medical status is unchanged
- j) initiate and participate in annual meetings to review their child's Plan of Care
- k) supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied
- l) seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate

## **5.2 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 will:

- a) 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
- b) participate in the development of their Plan of Care
- c) participate in meetings to review their Plan of Care

- d) 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; administration of medication; technological monitoring; nutritional requirements; following school board policies on disposal of medication and medical supplies) in conjunction with, parent(s), health care professional(s) and school staff (where appropriate)
- e) communicate with their parent(s) and school staff if they are facing challenges related to their medical condition(s) at school and in their self-management of their medical condition
- f) wear medical alert identification that they and/or their parent(s) deem appropriate
- g) if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs

### **5.3 School staff**

School staff will follow PDSB's policies and the provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff will:

- a) review the contents of the Plan of Care for any student with whom they have direct contact
- b) participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board
- c) share information on a student's signs and symptoms with other students, if the parents give consent to do so and as outlined in the Plan of Care and authorized by the principal in writing
- d) 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

- e) 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
- f) 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
- g) enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care
- h) not undertake responsibilities that exceed their role, professional knowledge and/or training provided on the prevalent medical condition as non-medically trained individuals.

The designation of roles and responsibilities for health support services in school settings does not preclude, in emergency situations, the provision of a health service by designated school board staff, administered in accordance with section 29(1)(a) of *the Regulated Health Professions Act* and under PDSB policies and procedures.

#### **5.4 Principal**

In addition to the responsibilities outlined above under “School Staff”, the principal and/or their designate will:

- a) clearly communicate to parents and appropriate staff the process for parents to notify the school of their child's medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care with the principal or the principal's designate. This process should be communicated to parents, 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 a diagnosis



- b) co-create, review, or update the Plan of Care for a student with a prevalent medical condition with the parent(s), in consultation with school staff (as appropriate) and with the student (as appropriate)
- c) maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition
- d) with parental consent, 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
- e) communicate with parent(s)/guardian(s) in medical emergencies, as outlined in the Plan of Care
- f) 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

## **5.5 School Board**

PDSB will:

- a) on an annual basis, communicate this Policy to parents, school board staff, and others in the school community who are in direct contact with students
- b) make this Policy and their Plan of Care template available on the public website in the language of instruction
- c) provide training and resources on prevalent medical conditions on an annual basis
- d) develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas
- e) 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

- f) 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
- g) consider its obligations under relevant PPMs and this Policy when entering into contracts with transportation, food service, and other providers

Notwithstanding anything in this Policy, PDSB may determine, in its discretion on a case-by-case basis considering the circumstances and severity of a student's prevalent medical condition, the types of responsibilities PDSB staff can take on in addition to any set out in relevant PPMs and PDSB policy and procedure. PDSB may accommodate up to the point of undue hardship, as determined in the discretion of PDSB.

## **5.6 Relevant Ministries and External Partners**

Relevant provincial ministries, including the Home Care Program of the Ministry of Health and the Ministry of Community and Social Services, and external agencies with whom PDSB has an agreement for the provision of services by regulated health professionals, regulated social service professions and paraprofessionals, will carry responsibility for roles and responsibilities as set out in relevant PPMs including PPM 161, Supporting children and students with prevalent medical conditions, PPM 81, Provision of health support services in school settings and PPM 149, Protocol for partnerships with external agencies for provision of services by regulated health professionals, regulated social service professionals, and paraprofessionals.

## **6. Reference Documents**

### **Legislation**

*Education Act*, R.S.O 1990, c. E.2

*Regulated Health Professions Act*, 1991, S.O. 1991, c. 18

*Good Samaritan Act*, 2001, S.O., 2001, c. 2

*Sabrina's Law*, 2005, S.O. 2005

*Ryan's Law*, 2015, S.O. 2015, c. 3

*Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56

*Personal Health Information Protection Act*, 2004, S.O. 2004, c. 3, Sched. A

### **Ministry Policy/Program Memoranda**

PPM 161, Supporting children and students with prevalent medical conditions in schools

PPM 81, Provision of health support services in school settings

PPM 149, Protocol for partnerships with external agencies for provision of services by regulated health professionals, regulated social service professionals, and paraprofessionals

**PDSB Policy**

- Policy 88, Freedom of Information and Privacy
- Policy 86, Emergency Preparedness
- Policy 51, Human Rights
- Policy 56, Occupational Health and Safety

**PDSB Procedure**

- SESS 5, Reporting a Child in Need of Protection
- SESS 8, Procedures for Administration of Prescribed Medication to Pupils in School
- SESS 9, Provision of School Health Support Services
- SESS 16, In-School and In-Classroom Student Assistance Provided by Third Party
- SESS 18, Protocol for Externally Regulated Professionals and Paraprofessionals
- EHS 1.3.2, Environmental Health and Safety Training and Education Requirements
- EHS 2.8.4, Health and Safety – First Aid Requirements
- Emergency Evacuation Procedures

**Guidelines**

- Creating Safe and Health Schools for Students with Anaphylactic Allergies Guidelines
- Creating Safe and Health Schools for Students with Asthma Guidelines
- Creating Safe and Health Schools for Students with Diabetes Guidelines

**7. Revision History**

| <b>Review Date</b> | <b>Approval Date</b> | <b>Description</b> |
|--------------------|----------------------|--------------------|
|                    |                      |                    |
|                    |                      |                    |

**Governance & Policy Committee: March 7, 2023**

# Concussion Prevention and Intervention Policy

**Strategic Alignment:**

Legislative Requirement – Education Act, Rowan’s Law, and Ministry Policy/Program Memorandum

**Report Type:**

Recommendation

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| <p><i>Prepared by:</i> Kathryn Lockyer, General Counsel &amp; Governance Officer<br/>Rasulan Hoppie, Superintendent</p> <p><i>Submitted by:</i> Rashmi Swarup, Director of Education</p> |
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## **Overview**

### **Recommendation:**

That the Concussion Prevention and Intervention Policy, attached as Appendix 1, be recommended for approval by the Board of Trustees and replace the existing Policy 84 – Concussion Prevention and Intervention.

### **Highlights:**

- Peel District School Board (PDSB) is committed to reducing the risk of injury and raising awareness of the signs and symptoms of concussions and knowledge of how to properly manage a diagnosed concussion.
- The policy applies to all employees, student, parents/guardians, coaches, team trainers, officials and volunteers and applies to all interschool activities whether on school site or off school site, intramural activities, self-injurious behaviours, as well as any activities where collisions can occur such as during physical education classes, playground time or school-based sports activities.
- The policy outlines the requirements for procedures, actions, training, and resources necessary to comply with legislation as well as best practices for concussion management.

### **Background:**

The Ontario government enacted Rowan's Law (Concussion Safety), 2018 on March 7, 2018. The Education Act was also amended to provide the Minister of Education with the authority to require school boards to comply with policy and guidelines on concussions. Policy/Program Memorandum No 158 (PPM 158), which came into effect on January 31, 2020, was issued by the Minister of Education requiring all school boards in Ontario to have a policy on concussion safety for students that meets certain minimum requirements. The Minister of Education has further provided that the Ontario Physical and Health Education Association (Ophea) concussion protocol outlined in the Ontario Physical Activity Safety Standards in Education is the minimum standard for risk management practices related to concussions.

## **Evidence**

### **Findings/Key Considerations:**

PPM 158 sets out the requirements for the policy. The draft policy includes all the requirements as provided for in PPM 158. The implementation of the policy requirements will be set out in procedures. These procedures are currently being drafted and will be submitted for approval and implementation through Director's Council.

Staff completed an environmental scan of similar policies across other school boards. Additionally, there were consultations held with several groups, including unions, Health and

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Safety, and the Region of Peel Secondary School Athletics Association (ROPSSAA) on the draft policy. The feedback received has been incorporated into the draft attached.

The Ophea standards are met and exceeded by the policy. The standards refer to concussions incurred by students, but the policy has been expanded to include staff as well. This inclusion is based upon the feedback obtained through consultation on the draft policy.

The policy is also applicable to both interschool as well as intramural and playground activities which exceeds the minimum standards. The standards include interschool sports but not intramural sports. This inclusion is based upon the feedback obtained through consultation on the draft policy.

The policy requirements include:

- a confirmation of an annual review of approved concussion awareness resources by individuals participating in interschool and intramural sports
- the establishment of concussion codes of conducts and an annual receipt of confirmation of review of the concussion codes of conducts by individuals participating in interschool and intramural sports
- annual concussion training for relevant school staff (relevant staff are determined by the procedures and may include teachers, coaches, team trainers, officials, and volunteers)
- the establishment of a process for the removal of students with a suspected concussion from physical activity and, for those diagnosed with a concussion, a return to school plan, which includes their return to learning and to physical activity
- the establishment of a process to document and track a student's progress, from removal from an activity due to a suspected concussion, to the return, through graduated steps, to learning and to physical activity.

## **Impact Analysis**

### **Board or Ministry Policy Alignment:**

This policy aligns and meets the requirements of Rowan's Law (Concussion Safety), the Education Act and PPM 158.

### **Resource/Financial Implications:**

Resource dedication will be required to implement the policy and procedures on an ongoing basis.

### **Legal implications:**

There is a significant risk, reputationally, liability-wise, and financial to the organization to not have the legislative and regulatory requirements in place.

### **Community Impact:**

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This policy reinforces the Peel District School Board's dedication to the health, safety and overall well-being of its students and staff. This reinforcement builds trust and confidence in PDSB.

## **Next Steps**

### **Action Required:**

Implementation of the policy through procedures. The procedures will be in place by the end of March, 2023.

### **Communications:**

A communication plan will be developed to raise awareness of the policy and procedures and promote the requirements and expectations of staff, students, parents, volunteers, officials, team trainers, coaches and the community.

### **References:**

Education Act  
Rowan's Law (Concussion Safety)  
Ministry Policy/Program Memorandum No 158  
Ontario Physical Activity Safety Standards in Education Concussion Protocol

## **Appendices**

Appendix 1 – Draft Concussion Prevention and Intervention Policy

## PEEL DISTRICT SCHOOL BOARD POLICY CONCUSSION PREVENTION and INTERVENTION

**POLICY ID:** Enter Text

**FUNCTIONAL CATEGORY:** Enter Text

**RESPONSIBILITY:** Associate Director of School Improvement & Equity, Curriculum & Instruction, Student & Community Engagement

**APPROVAL:** Board of Trustees

**APPROVAL DATE:** 3/29/2023

**EFFECTIVE DATE:** 3/29/2023

**PROJECTED REVIEW DATE:** September 30, 2023

**REVIEW SCHEDULE:** Annual review

### 1. Purpose

The Peel District School Board (PDSB) recognizes the importance of the health, safety, and overall well-being of its students and staff and that these are essential preconditions for effective learning. PDSB is committed to promoting awareness of safety in schools and reducing the risk of injury and specifically awareness of the signs and symptoms of concussions and knowledge of how to properly manage a diagnosed concussion.

This policy complies with and is in accordance with the Education Act, Rowan's Law (Concussion Safety) and the Ministry Policy/Program Memorandum No 158. This policy is aligned with and supports the principles and expectations of PDSB's Human Rights Policy (Policy 51), the Equity and Inclusive Education Policy (Policy 54) and the Anti-Racism Policy. At all times, this policy is to be interpreted to be consistent with the Ontario Human Rights Code, the Accessibilities for Ontarians with Disabilities Act (AODA) and relevant Board policies and procedures.

### 2. Application and Scope:

This policy applies to all employees, students, parents/guardians, coaches, team trainers, officials, volunteers. This policy applies to all interschool activities, intramural



activities whether on school site or off school site, self-injurious behaviours, as well as any activities where collisions can occur such as during physical education classes, playground time or school-based sports activities.

### **3. Definitions**

#### **3.1 A concussion:**

- Is a brain injury that causes changes in the way in which the brain functions and that can lead to symptoms that can be physical (e.g. headache, dizziness), cognitive (e.g. difficulty in concentrating or remembering), emotional/behavioural (e.g. depression, irritability) and/or related to sleep (e.g. drowsiness, difficulty in falling asleep)
- May be caused either by a direct blow to the head, face, or neck or by a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull
- Can occur even if there has been no loss of consciousness (most concussions occur without a loss of consciousness)
- Cannot normally be seen by means of medical imaging tests, such as x-rays, standard computed tomography (CT) scans, or magnetic resonance imaging (MRI) scans.

#### **3.2 PDSB is the Peel District School Board.**

### **4. Policy**

#### **4.1 Guiding Principles:**

- Research demonstrates that a concussion can have a significant impact on an individual; cognitively, physically, emotionally and/or socially.
- Children and adolescents are among those at greatest risk for concussions. While there is potential for a concussion any time there is body trauma, the risk is greatest during activities where collisions can occur, such as during

physical education classes, playground time, or school-based sports activities.

- Educators and school staff (employees) play a crucial role in the identification of a suspected concussion as well as the ongoing monitoring and management of a student with a concussion. Awareness of the signs and symptoms of concussion and knowledge of how to properly manage a diagnosed concussion is critical in a student's recovery and is essential in helping to prevent the student from returning to learning or physical activities too soon and risking further complications.
- It is a joint responsibility of parents, students, employees, and the community to promote student health and safety and to foster healthy and safe environments in which students can learn.
- A concussion can only be diagnosed by a medical professional.

4.2 It is expected that the concussion awareness resources developed for the government of Ontario by leading experts in injury prevention and available on the government's concussion website shall be used to ensure consistency in information. The concussion awareness resources shall be made available to students, parents, staff, volunteers, organizations that use PDSB school facilities, licensed childcare providers operating in the PDSB's schools and partners as deemed relevant by the Director of Education or their designate. Confirmation must be received from the below list of individuals that they have reviewed the concussion awareness resources every school year prior to participation in board sponsored interschool sports:

- Students participating in board sponsored interschool sports or intramural sports
- Parents of students under 18 years of age who are participating in board sponsored interschool sports or intramural sports
- Coaches participating in board sponsored interschool sports or intramural sports

- Team trainers or other staff participating in board interschool sports or intramural sports
  - Officials participating in board sponsored interschool sports or intramural sports
- 4.3 Concussion awareness should be included in the curriculum and annual staff training as relevant. This could include annual concussion awareness events, such as Rowan's Law Day, for students and staff. Concussion awareness should be ongoing throughout the school year.
- 4.4 There shall be annual concussion training for relevant staff around this policy and procedures arising from this policy as well as the concussion awareness resources. There shall be mechanisms for the new staff to obtain the training, where relevant, if they commence their employment after the annual training has taken place.
- 4.5 PDSB shall develop and implement strategies for preventing and minimizing the risk of students sustaining concussions at school as well as staff sustaining concussions while carrying out their duties.
- 4.6 For board sponsored interschool sports or intramural sports, there shall be a Concussion Code of Conduct applicable to students, parents, coaches, and team trainers. The Concussion Code of Conduct shall be made available to students, parents, staff, volunteers, organizations that use PDSB school facilities, licensed child care providers operating in the PDSB's schools and partners as deemed relevant by the Director of Education or their designate. There shall be confirmation every school year from the below individuals that the Concussion Code of Conduct was reviewed prior to participation in board sponsored interschool sports or intramural sports:
- Students participating in board sponsored interschool sports or intramural sports
  - Parents of students under 18 years of age who are participating in board sponsored interschool sports or intramural sports

- Coaches participating in board sponsored interschool sports or intramural sports
  - Team trainers or other staff participating in board sponsored interschool sports or intramural sports.
- 4.7 There shall be developed and implemented a procedure to establish processes for the identification of suspected concussions.
- 4.8 There shall be developed and implemented a procedure outlining a Return to School Plan for students who have been diagnosed with a concussion, regardless of whether the concussion was sustained at school or elsewhere. The Return to School Plan supports both the student's return to learning and their return to physical activity. PDSB is entitled to rely on the information provided by students and parents in carrying out the PDSB's responsibilities as part of the Return to School Plan. Ophea (Ontario Physical and Health Education Association) maintains a concussion protocol as part of the Ontario Physical Activity Safety Standards in Education. It was developed in partnership with the Ministry of Education, the Ministry of Health, the Ministry of Tourism, Culture and Sport, medical professionals, sport and recreation organizations, health organizations and educational organizations. The Return to School Plan shall refer to the Ophea concussion protocol.
- 4.9 A tracking system shall be developed and implemented to track a student's progress from removal from an activity due to a suspected concussion, to the return, through graduated steps, to learning and to physical activity. The collection, use, access, and disclosure of personal and health information to which is reasonably necessary to carry out this policy and any resulting procedures shall be collected, used, accessed, retained and disclosed in accordance with legislation and PDSB policies and procedures.
- 4.10 Report annually to the Board of Trustees on the activities to implement this policy and report to the Minister of Education upon request on the activities to achieve the requirements outlined in this policy and related procedures.

## 5. Roles and Responsibilities

5.1 The Director of Education holds primary responsibility, through their designate(s) for implementation of this Policy. Responsibility for the coordination and day to day management of this Policy and related procedures is assigned to the Associate Director of School Improvement & Equity, Curriculum & Instruction, Student & Community Engagement.

5.2 Further roles and responsibilities will be outlined in related procedures.

## 6. Reference Documents

Education Act

Policy/Program Memorandum 158

Rowan's Law (Concussion Safety) 2018

Concussion Awareness Resources

Municipal Freedom of Information and Protection of Privacy Act

Ontario Physical Activity Safety Standards in Education

Ophea (Ontario Physical and Health Education Association)

Ontario Public Health Standards: Requirements for Programs, Services and Accountability

Personal Health Information and Protection of Privacy Act

## 7. Revision History

| Review Date | Approval Date | Description |
|-------------|---------------|-------------|
|             |               |             |
|             |               |             |

Governance and Policy Committee, March 7, 2023

# Information Access and Privacy Policy – Policy #88

**Strategic Alignment:**

*Education Act*

*Municipal Freedom of Information and Protection of Privacy Act*

*Personal Health Information Protection Act*

**Report Type:**

Recommendation

*Prepared by:* Oriana Sharp, Privacy and Information Officer

*Submitted by:* Kathryn Lockyer, Governance Officer

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## **Overview**

### **Recommendation:**

That the Information Access and Privacy Policy, attached - as Appendix 1, be recommended for approval by the Board of Trustees and replace Policy 88 – Freedom of Information and Privacy

### **Highlights:**

- The Information Access and Privacy Policy provides a framework for all levels of Peel District School Board (PDSB) staff to handle requests for information and respect the privacy and confidentiality of individuals.
- The Policy outlines areas such as providing a Notice of Collection, how to address Privacy Complaints and when a Privacy Impact Assessment is necessary.
- Responsibility is assigned to all levels of staff.
- The Policy lays the framework to handle privacy breaches.

### **Background:**

In 2019, the PDSB engaged KPMG to conduct an audit of its records management practices. While the focus was on records management (RM) lifecycle controls, KPMG also identified associated privacy observations and risks as the collection and use of personal information impacts specific RM activities. The audit report provided observations, gaps against leading practices and organizational obligations, and recommendations to support risk remediation.

The audit revealed that there was a gap in training, communication and consistent practices in the records management space but more significantly surrounding privacy. In September 2022, the board hired a Privacy and Information Officer to develop and lead in the creation of a comprehensive privacy program. The Freedom of Information and Privacy Policy provided the initial basic requirements, and the Information Access and Privacy Policy not only provides for the basic requirements but is also more fulsome in its content and direction.

## **Evidence**

### **Findings/Key Considerations:**

The purpose of this policy is to ensure compliance with the requirements of the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) and the *Personal Health Information Protection Act* (PHIPA) by establishing policies and procedures that facilitate access to records while protecting the privacy of personal information, personal health information and confidential information.

The policy is designed to ensure fair and impartial access to PDSB records and information in the custody and control of the PDSB. It also sets out the roles, responsibilities, and operational requirements around how personal information and personal health information are collected, used, disclosed, and disposed of by the PDSB.

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The policy applies to all PDSB employees, volunteers, Trustees, service providers and PDSB records, including records and information of Trustees that are created and used for the purpose of carrying out PDSB business.

The policy was developed through conducting an environmental scan of school boards and municipalities of a similar size and structure. This brings the Board in line with Ministry requirements, MFIPPA, PHIPA and the expectations of the Office of the Information and Privacy Commissioner of Ontario.

## **Impact Analysis**

### **Board or Ministry Policy Alignment:**

This Policy is the first step in building a comprehensive privacy program and helps set standards for exercising the roles and responsibilities for staff.

### **Resource/Financial Implications:**

Setting standards and expectations helps promote the effective and efficient use of resources. There are no direct financial implications of approving and implementing this Policy.

### **Legal implications:**

Setting out clear responsibilities and standards reduces the risk of potential liabilities in the event of a privacy breach.

### **Risk Assessment:**

Setting clear expectations reduces reputational risk and increases public confidence in Peel District School Board.

Establishing guidelines ensures a better understanding of roles and responsibilities thus reducing the risk of regulatory non-compliance.

### **Community Impact:**

An Information Access and Privacy Policy increases public trust and confidence in the Peel District School Board.

## **Next Steps**

The Information Access and Privacy policy, once approved by resolution, will be posted on the internal and external PDSB website.

### **Action Required:**

- An Ontario Student Record (OSR) Procedure, handbook and associated retention schedule is being presented to Director's Council
- A Privacy Breach Protocol has been developed and will be rolled out to the Board



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- A Privacy Impact Assessment (PIA) framework has been developed and the Legal and Governance Services department will be strengthening in-house resources to conduct PIA's for all software acquisitions that collect personal information and personal health information

**Communications:**

Communication of the Policy and its requirements will be shared with Staff.

Legal and Governance Services staff will provide outreach and advisory services on an ongoing basis.

An online training program will be developed with the intention that staff complete on an annual basis.

## **Appendices**

Appendix 1 – Information Access and Privacy Policy

## **PEEL DISTRICT SCHOOL BOARD POLICY**

### **Information, Access and Privacy**

**POLICY ID:**

**FUNCTIONAL CATEGORY:**

**RESPONSIBILITY:** General Counsel and Governance Officer, Legal and Governance Services

**APPROVAL:** Board of Trustees

**APPROVAL DATE:**

**EFFECTIVE DATE:**

**PROJECTED REVIEW DATE:** March 2025 or with significant changes in legislation

**REVIEW SCHEDULE:** Three (3) years

### **1. Purpose**

The Peel District School Board (PDSB) is committed to being open, accessible and transparent while maintaining the privacy of personal information, personal health information, and confidential information in its custody and control.

Providing access to records and protecting privacy are legislated obligations under the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), Personal Health Information Protection Act (PHIPA), Education Act, Child Youth and Family Services Act and the Occupational Health and Safety Act.

PDSB records are public documents, subject to limited legislative exemptions, and are available for review and release in accordance with established procedures.

The purpose of this policy is to ensure compliance with the requirements of MFIPPA and PHIPA by establishing policies and procedures that facilitate access to records while protecting the privacy of personal information, personal health information and confidential information.

This policy is designed to ensure fair and impartial access to PDSB records and information in the custody and control of the PDSB. It also sets out the roles, responsibilities, and operational requirements around how personal information and

personal health information are collected, used, disclosed, and disposed of by the PDSB.

## 2. Application and Scope:

The purpose of this policy is to ensure compliance with the requirements of MFIPPA and PHIPA by establishing policies and procedures that facilitate access to records while protecting the privacy of personal information, personal health information and confidential information.

This policy is designed to ensure fair and impartial access to PDSB records and information in the custody and control of the PDSB. It also sets out the roles, responsibilities, and operational requirements around how personal information and personal health information are collected, used, disclosed, and disposed of by the PDSB.

This policy is aligned with and supports the principles and expectations of PDSB's Human Rights Policy (Policy 51), the Equity and Inclusive Education Policy (Policy 54) and the Anti-Racism Policy. At all times, this policy is to be interpreted to be consistent Page 2 of 8 Appendix 1 with the Ontario Human Rights Code, the Accessibilities for Ontarians with Disabilities Act (AODA) and relevant Board policies and procedures.

## 3. Definitions

- 3.1 **Consistent purpose** means that an individual has a reasonable expectation that the personal or personal health information collected by the PDSB will be used or disclosed for the purpose for which it was collected or similar consistent purposes when carrying out PDSB business. The individual to whom the information relates might reasonably expect the use or disclosure of their information for the Consistent Purpose.
- 3.2 **Control of a record** means the power or authority to make a decision about the creation, use or disclosure of a record.

- 3.3 **Custody of a record** means the keeping, care, watch, preservation or security of a record for a legitimate business purpose. While physical possession of a record may not always be necessary to establish custody, physical possession may be an element of the evidence of custody.
- 3.4 **Head** means the individual selected by resolution of the Board of Trustees to make access decisions on behalf of the Board and oversees the administration of the legislation.
- 3.5 **Identifying information** means information that directly identifies an individual or for which it is reasonably foreseeable in the circumstances, that the information could be utilized, either alone or with other information, to indirectly identify an individual.
- 3.6 **Information & Privacy Commissioner of Ontario:** The Office of the Information and Privacy Commissioner of Ontario (IPC) provides oversight of Ontario's access and privacy laws. The IPC is an independent and impartial officer of the Ontario Legislature who, among other roles, makes decisions as a tribunal or regulator. The IPC resolves appeals of decisions made by institutions under access and privacy laws. The IPC also investigates complaints and privacy breaches involving institutions, health information custodians and service providers.
- 3.7 **Notice of Collection** Under the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA), government institutions must give notice to people when personal information is collected. The notice should state:
- a) the legal authority for the collection
  - b) the reason for the collection
  - c) how they plan to use the information
  - d) who to contact for more information
- 3.8 **Personal information** means recorded information about an identifiable individual including, information relating to the race, colour, religion, age, sex, sexual orientation or marital status of the individual; information relating to

education, medical, financial or employment history of the individual; any identifying number or symbol assigned to the individual; address, telephone number, fingerprints or blood type of the individual; personal opinions or views of the individual except if they relate to another individual; correspondence sent to an institution by the individual that is implicitly or explicitly of a private nature; views or opinions of another individual about the individual; and individual's name if it appears with other personal information relating to the individual.

3.9 **Personal health information** includes identifying information about an individual in oral or recorded form, if the information:

- a) relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family;
- b) relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual;
- c) relates to payments or eligibility for health care, or eligibility for coverage for health care, in respect of the individual;
- d) is the individual's health card number; or
- e) identifies an individual's substitute decision-maker.

3.10 **Privacy impact assessment** is the process for identifying, assessing and mitigating privacy risks. The PDSB develops and maintains privacy impact assessments for all new or modified programs that involve the collection, use, or disclosure of personal information or personal health information.

3.11 **Public record** is a record that is created in an open public process, thereby making it a public record that can be provided to a requester without going through a routine disclosure or freedom of information request process.

3.12 **Record** means any information however recorded, whether in printed form, on film, by electronic means or otherwise, and includes the following: correspondence, memorandum, book, plan, map, drawing, diagram, pictorial or graphic work, photograph, film, microfilm, sound recordings, videotape, handwritten notes, calendar notations, machine readable record, any other

documentary material, regardless of physical form or characteristics, and any copy thereof.

3.13 **Substitute decision-maker** means a person who is authorized under MFIPPA or PHIPA to consent on behalf of the individual to the collection, use or disclosure of personal information or personal health information about the individual or exercise the right to request access to or correction of personal information or personal health information. A substitute decision-maker may include:

- a) a person legally authorized to make a decision about treatment on behalf of an individual who is not capable;
- b) a person acting with the written authorization of the affected individual in relation to the individual's personal information or personal health information;
- c) a guardian or parent with lawful custody of a child less than 16 years of age;
- d) the estate trustee or other responsible person in relation to the personal information or personal health information of a deceased individual; or
- e) other persons authorized under the law of Ontario or Canada to act on behalf of the individual (e.g., the public guardian and trustee or the Office of the Children's Lawyer).

## 4. Policy

### 4.1 Access to Information

- a) The Peel District School PDSB recognizes the right of individuals and groups to access information in its custody and control as an essential function of an open, accountable and transparent government, accountability and transparency.
- b) The PDSB will ensure that personal information and personal health information is as accurate, complete and up-to-date as is necessary for the

purpose for which it is to be used. Individuals have a right to challenge the accuracy and completeness of their personal information or personal health information held by the PDSB and have it corrected as appropriate.

- c) The PDSB will implement processes and procedures to facilitate access to information and will ensure these processes are available and accessible.
- d) In order to facilitate access to records, the PDSB acknowledges the role that strong information management practices play in preventing records from being lost or inappropriately deleted, reducing search times and fees associated with mishandled information, and reducing the risk of privacy breaches.
- e) The identity of a requester is their personal information and will only be disclosed when there is a clear need in order to facilitate a request or as required by legislation. Access decisions in response to requesters exercising their right to access PDSB information will be made in a consistent manner regardless of the requesters' identity.
- f) Staff have a duty to ensure every reasonable effort is made to assist requestors, by providing complete, accurate and timely responses to their request using the appropriate access to information process in accordance with legislated timelines. This includes working with the MFIPPA or PHIPA delegated staff and responding to requests for records as part of the freedom of information process in a timely manner.
- g) In accordance with MFIPPA and PHIPA, it is an offence to willfully alter, conceal, destroy/delete, or cause any person to do so, with the intention of denying access to a record or information contained in a record.

#### 4.2 Protection of Privacy

Maintaining the privacy of personal information, personal health information, and confidential information is an important ethical, professional and legal requirement in the relationship between the PDSB and individuals/third parties whose information is

handled in the course of providing services. The following privacy protection standards are in effect constantly:

- a) Notice of Collection and Consent Requirements
  - (i) Staff may only collect personal information and personal health information with legal authority.
  - (ii) The purpose for which personal information and personal health information is collected is identified to the individual at or before the time it is collected by way of a Notice of Collection.
  - (iii) Staff to ensure the collection, use and disclosure of personal information and personal health information is done with the knowledge and consent of the individual.
  - (iv) Staff limit the collection of personal information and personal health information to only that which is necessary for the purposes identified and ensure information is collected by fair and lawful means.
- b) Use of Information Limitations
  - (i) Personal information and personal health information collected by the PDSB will only be used for the purpose for which it was obtained or for a Consistent Purpose.
  - (ii) The use of personal information or personal health information for any other purpose must have the consent of the individual to whom the information relates or be required by law or for the purposes of law enforcement.
- c) Protection of Information
  - (i) All staff share responsibility for the protection and privacy of personal information, personal health information, and confidential information against theft or loss and unauthorized access, collection, use, disclosure, copying, modification, retention and disposal.



- (ii) All staff will ensure that the technical, administrative and physical safeguards in place will be appropriate to the information's sensitivity, format in which it is held, and the related privacy risks.
  - (iii) Physical security measures will be put in place to prevent unauthorized access to personal information, personal health information, and confidential information by staff and external parties.
  - (iv) Personal information, personal health information, and confidential information will not be left exposed or visible when unattended. Staff will lock computer and mobile device screens with passwords and put physical records in locked locations when not in use.
  - (v) System, software and email passwords allowing access to personal information, personal health information, or confidential information are not shared or disclosed to others.
  - (vi) Security and privacy provisions are included in contracts with outside providers of records and information storage or disposal services.
- d) Retention of Information
- (i) Personal information and personal health information will be retained only as long as is necessary according to the PDSB's retention schedule.
  - (ii) If not covered by the schedule, personal information and personal health information will be kept for a minimum of one year as prescribed by MFIPPA and PHIPA.
- e) Privacy Complaints
- (i) The PDSB will readily make available specific information about its policies and practices related to the management of personal information and personal health information.
  - (ii) The PDSB will address complaints concerning its access and privacy practices.

f) Privacy Breach

- (i) When discovered, staff will contain the effects of a breach of personal information or personal health information by determining the nature and scope of the incident and issuing all required notifications through a clear communications and escalation plan according to the Privacy Breach Protocol.
- (ii) Where required by MFIPPA or PHIPA, privacy breaches will be reported to the Information & Privacy Commissioner of Ontario (IPC) or otherwise as determined by the Head.
- (iii) The PDSB will ensure recommendations of the IPC related to a privacy breach are considered and implemented.

g) Privacy Impact Assessments

- (i) Staff shall work with the Privacy Office to conduct a privacy impact assessment on every new or changed service, technology or initiative that involves the collection, use or disclosure of personal information or personal health information in accordance with the Privacy Impact Assessment procedure.

## **5. Roles and Responsibilities**

5.1 *PDSB Trustees* approve this policy.

5.2 *Director of Education* provides oversight and compliance with this policy by all PDSB employees.

5.3 *General Counsel* is accountable to the Director of Education and PDSB Trustees for compliance with MFIPPA and will take reasonable steps to ensure that all staff handles personal information in compliance with MFIPPA.

5.4 *Privacy and Information Officer* develops, implements and oversees the PDSB's privacy and records management program.

- 5.5 *Senior Board Reporter* acts as the Freedom of Information Coordinator and is accountable for responding to formal FOI requests and access and privacy related issues, including privacy complaints.
- 5.6 *Chief Information Officer* ensures that the appropriate technological safeguards are implemented in accordance with MFIPPA and PHIPA.
- 5.7 *Senior Leadership* takes reasonable steps to ensure that processes and practices for the handling of personal information or personal health information by their staff comply with MFIPPA or PHIPA. Supports routine disclosure practices to provide ease of access for clients.
- 5.8 *Employees, Consultants and Volunteers* familiarize themselves with and follow any PDSB or program-specific procedures which direct or affect the handling of personal information or personal health information, as well as adhere to the PDSB's Retention Schedule. Implements routine disclosure practices to provide ease of access for the ease of the public.

## **6. Appendices**

## **7. References Documents**

### Legislation

*Child Youth and Family Services Act*

*Education Act*

*Municipal Freedom of Information and Protection of Privacy Act*

*Occupational Health and Safety Act*

*Personal Health Information Protection Act*

### PDSB Policies

Records and Information Governance Policy

PDSB Procedures

Ontario Student Record Procedure

**8. Revision History**

| <b>Review Date</b> | <b>Approval Date</b> | <b>Description</b> |
|--------------------|----------------------|--------------------|
|                    |                      |                    |
|                    |                      |                    |

Governance and Policy Committee Meeting, Tuesday, March 7, 2023

# Trustee Staff Relations Policy

**Strategic Alignment:**

Ministry Directive 5

Good Governance and Best Practices

**Report Type:**

Recommendation

*Prepared by:* Kathryn Lockyer, General Counsel and Governance Officer

*Submitted by:* Rashmi Swarup, Director of Education

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## **Overview**

### **Recommendation:**

That the Trustee Staff Relations Policy, attached as Appendix 2, be recommended for approval by the Board of Trustees.

### **Background:**

The Trustee Staff Relations Policy was brought forward at the January 2023 Governance and Policy Committee Meeting. The committee report is attached as Appendix 1. At the meeting, members of the Committee recommended:

That, the Board approve sending the Trustee Staff Relations Policy to the Ontario Public School Boards' Association (OPSBA) for review and response within a one-month time period, following which the Policy is brought back to the Governance and Policy Committee.

At the February 22, 2023, Board Meeting the Committee recommendation was not approved and therefore the Trustee Staff Relations Policy is brought back to the Governance and Policy Committee for consideration.

## **Next Steps**

### **Action Required:**

The Trustee Staff Relations Policy, once approved, will be posted on the Peel District School Board's internal and external websites.

## **Appendices**

Appendix 1 – Trustee Staff Relations Policy Committee Report

Appendix 2 – Trustee Staff Relations Policy

## 7.1

Governance and Policy Committee Meeting, Wednesday, January 18, 2023

# Trustee Staff Relations Policy

**Strategic Alignment:**

Ministry Directive 5

Good Governance and Best Practices

**Report Type:**

Recommendation

*Prepared by:* Kathryn Lockyer, General Counsel & Governance Officer

*Submitted by:* Rashmi Swarup, Director of Education

## **Overview**

### **Recommendation:**

That the Trustee Staff Relations Policy attached as Appendix 1 be recommended for approval by the Board of Trustees.

### **Highlights:**

- The Trustee Staff Relations Policy sets out principles to ensure that Members of the Board of Trustees and Staff share a common understanding of their respective roles and responsibilities and engage in a respectful and productive relationship to achieve the mission, vision, and goals of Peel District School Board
- The Policy sets out guidance on the flow of information and appropriate, effective, respectful and timely communication
- The Policy sets out expectations and standards to ensure Members and Staff have a common basis for their relationship

### **Background:**

The *Education Act* sets out the roles and responsibilities of the Trustees and the Director of Education at a high level.

The Trustee Code of Conduct supports both legislated requirements and Board established by-laws, governance directives, policies and procedures that set out the governance and accountability framework for the Board of Trustees. A Trustee Code of Conduct contributes to confidence in public education and respect for the integrity of Trustees in the community. A Trustee Code of Conduct establishes governing principles and standards for acceptable and respectful behaviours. A Trustee Code of Conduct promotes high standards and provides a framework for professional conduct and responsibilities. A Trustee Code of Conduct demonstrates how Trustees have determined to regulate themselves as it is approved by the Trustees and applies to the Trustees.

A Trustee Staff Relations Policy will also contribute to confidence in public education and respect for the Peel District School Board in the community. A Trustee Staff Relations Policy establishes governing principles and standards for acceptable and respectful behaviours between staff and Trustees. It provides a framework for understanding that mutual respect and cooperation are required to achieve the goals of the Peel District School Board and implement the Board of Trustees' strategic priorities and policies. The Trustee Staff Relations Policy demonstrates how Trustees have determined to regulate themselves regarding staff relationships and applies to both Trustees and all staff.



## **Evidence**

### **Findings/Key Considerations:**

The purpose of the Policy is to set high standards for relations between Members (defined as all Trustees of the Board of Trustees of the Peel District School Board and all Members of statutory and standing committees of the Peel District School Board including but not limited to Parent Involvement Committee, Audit Committee, Supervised Alternative Learning Committee and Special Education Advisory Committee) and Staff (defined as leadership, the officers, employees (full-time, part-time, temporary, probationary, casual and contract) and volunteers of the Peel District School Board in order to provide good governance and maintain a high level of public confidence in the administration of the Peel District School Board. The Policy sets out a general standard to ensure that Members and Staff share a common understanding of their respective roles and responsibilities as well as a common basis for their relationship. The Policy further outlines communication guidelines to facilitate appropriate, respectful, timely and effective communication between Members and Staff.

The Policy creates general obligations of relating to one another in a courteous, respectful, and professional manner and to appreciate and respect the roles and responsibilities of the other. It provides a basis to work together to produce the best results and outcomes for the Peel District School Board and for the collective interest of the PDSB Community.

The Policy provides that the Board of Trustees as a whole is the governing body and that it comprises a collective decision-making body and that Staff serves the whole of the Board of Trustees rather than individual Members. Members set the strategic priorities and policies and Staff implement them and are responsible for operations.

A Member shall communicate regarding matters that they wish addressed with a member of Leadership (defined as the Director of Education, Associate Directors of Education, Superintendents, Controllers, Executive Leads, Chief Information Officer and General Counsel & Governance Officer). Leadership may delegate or refer the question or matter to other members of Staff, including School Administration and Leadership.

Creating a flow of information and communication that always starts between Leadership and Members is important to ensure awareness and informed decision-making by both Members and Staff while keeping in mind that Members have no greater right of access to information than any member of the public. All communication should be professional and respectful. No one should maliciously or falsely injure the professional or ethical reputation of others. Members and Staff must show respect for decisions made.

Members shall respect the role of Staff and shall refrain from engaging in administrative and operational matters.

An environmental scan of district school boards and municipalities as well as a review of the OPSBA's Good Governance Guideline and other research was completed and best practices as learned from the scan and review have been incorporated into the Policy attached as Appendix 1.

## **Impact Analysis**

### **Equity & Human Rights Review:**

The Policy is to be adhered to in accordance with the principles of the Human Rights Policy, Anti-Racism Policy as well as all Board policies and procedures relating to workplace safety, harassment, and codes of conduct. Members and Staff shall act in a way that upholds the legal and mandated commitment to equity, anti-racism, and anti-oppression.

### **Board or Ministry Policy Alignment:**

This Policy is the next step following the Procedure By-law and Trustee Code of Conduct and helps set standards for exercising the roles and responsibilities of Members and Staff.

### **Resource/Financial Implications:**

Setting standards and expectations helps promote the effective and efficient use of resources. There are no direct financial implications of approving and implementing this Policy.

### **Legal implications:**

Setting out clear roles and responsibilities and standards of behaviour and conduct reduces risk of potential liabilities for workplace complaints.

### **Risk Assessment:**

Setting clear expectations reduces reputational risk and increases public confidence in Peel District School Board.

Establishing guidelines ensures a better understanding of roles and responsibilities thus reducing the risk of regulatory non-compliance.

### **Community Impact:**

Adopting a Trustee Staff Relations Policy increases public trust and confidence in the Peel District School Board and provides guidance and standards for Trustee and Staff behaviour.

## **Next Steps**

### **Action Required:**

The Trustee Staff Relations Policy, once approved by resolution, will be posted on the website.

The Policy will be placed in the Policy Management Program review schedule so that it is reviewed a minimum of once per term of office and more frequently as required.

**Communications:**

Communication of the Policy and its requirements will be shared with Staff.

**Success Measures:**

The General Counsel & Governance Officer will report annually on the effectiveness of the Policy and, in aggregate, complaints or concerns with the Policy.

## **Appendices**

Appendix 1 – Trustee Staff Relations Policy

## PEEL DISTRICT SCHOOL BOARD POLICY TRUSTEE STAFF RELATIONS

**POLICY ID:** Enter Text

**FUNCTIONAL CATEGORY:** Enter Text

**RESPONSIBILITY:** Legal and Governance Services

**APPROVAL:** Board of Trustees

**APPROVAL DATE:** 2/22/2023

**EFFECTIVE DATE:** 2/22/2023

**PROJECTED REVIEW DATE:** 2/1/2027

**REVIEW SCHEDULE:** [Click or tap here to enter text.](#)

### 1. Purpose

To guide the nature of the working relationship between Members of the Peel District School Board (PDSB) Board of Trustees and Peel District School Board Staff to promote productive and respectful interactions and communications in a consistent, fair and reasonable manner.

### 2. Application and Scope:

This policy applies to all Members of the Board of Trustees and all Staff of the Peel District School Board.

This policy is to be applied wherever and whenever interactions occur – onsite at Peel District School Board facilities, schools, offices or off-site at any location both during and after regular hours of work.

This policy is not intended to inhibit a Member of the Board of Trustees from carrying out their duties.

This policy is aligned with and supports the principles and expectations of PDSB's Human Rights Policy (Policy 51), the Equity and Inclusive Education Policy (Policy 54) and the Anti-Racism Policy. At all times, this policy is to be interpreted to be consistent

with the Ontario Human Rights Code, the Accessibilities for Ontarians with Disabilities Act (AODA) and relevant Board policies and procedures.

### 3. Definitions

**Leadership** means the Director of Education, Associate Directors of Education, Superintendents, Controllers, Executive Leads, Chief Information Officer and General Counsel & Governance Officer.

**Members** means all Trustees of the Board of Trustees of the Peel District School Board and all Members of statutory and standing committees of the Peel District School Board including Parent Involvement Committee, Audit Committee, Supervised Alternative Learning Committee and Special Education Advisory Committee.

**PDSB** means the Peel District School Board.

**PDSB Community** may include students, school councils, parents/guardians, Trustees, employees (full-time, part-time, temporary, probationary, casual and contract), volunteers, community agencies, bargaining agents, federations, unions and associations, and all other persons, groups or organizations invited to work with the board or on board property.

**School Administration/Administrator** means principals and vice-principals.

**Staff** means leadership, the officers, employees (full-time, part-time, temporary, probationary, casual and contract), and volunteers of the Peel District School Board.

### 4. Policy

4.1 PDSB is committed to respectful and productive relationships between and amongst Members and Staff in their respective roles established by statute, by-laws, policies, procedures, and operating conventions. This policy is based on principles to guide those relationships:

- a) All Members are Equal – The Board of Trustees is the collective governing body of the PDSB. The Board of Trustees are the policy and strategic decision-making authority for PDSB. Its decision-making authority rests with the entire Board of Trustees and not with individual Trustees. Only the Board of Trustees as a whole has the authority to direct Staff to carry out specific tasks or functions. The Staff, under the direction of the Director of Education, serves the Board of Trustees as a whole and the combined interests of all Members of the Board of Trustees as expressed through the resolutions of the Board of Trustees. An individual Member, and factions of the Board of Trustees, should refrain from requesting staff to undertake work, to prepare reports, or seek preferred outcomes other than pursuant to a Board of Trustees approved direction. An individual Member will respect the principle that strategic decision-making, policy making, directing staff and the commitment of PDSB resources is only to be exercised by Members acting collectively through the Board of Trustees as a whole.
  
- b) Mutual Respect – Members of the Board, as a whole, exercise fiduciary, strategic, policy, and representative responsibilities concerning the operations of the PDSB in partnership with an administration that is neutral, objective, and professional. Individual Members have a responsibility to support the Board of Trustees' role to represent the PDSB Community and to consider the well-being and interests of the PDSB Community and in that regard, have a representative relationship with the PDSB Community. Staff acknowledges the representative, strategic direction-setting and policy-making role of the Board of Trustees while maintaining responsibility for management of daily operations. No Member or Staff shall make comments that disparage or harm the reputation of the PDSB, Members or Staff either verbally, in writing or on social media. No Member or Staff shall maliciously or falsely impugn or injure the professional or ethical reputation, or the prospects or practice of

Staff or Members. All Members shall show respect for the professional capacities of the Staff. Members will not express individual judgments of performance of any Staff. Legitimately held criticisms shall be stated directly and professionally, clearly identified as the author's own opinion without making defamatory statements or statements based on conjecture. Members shall not permit Staff to be subjected to derogatory comments and/or behaviour or conduct on the part of members of the PDSB Community.

- c) Open and Clear Communication – Open lines of communication are essential. While Members and Staff should feel comfortable speaking to one another about their work both formally and informally, formal communication channels exist to raise and manage operational and administrative issues and should be respected. Ongoing, respectful communication establishes and maintains positive relationships enabling Staff and Members to be proactive when promoting programs, services, activities, and initiatives or when addressing issues, concerns and/or matters that may impact PDSB. Effective communication avoids confusion and lack of awareness.
- d) Respectful Workplace – PDSB is committed to a positive, healthy, and safe workplace in which every person is treated with respect and dignity. Incivility, harassment, and discrimination is not tolerated, condoned, or ignored. Members shall avoid behaviour that could be interpreted as bullying or harassing.

4.2 Members have the same right of access to information as members of the public. If a Member requests information that is available to the public, the information shall be provided in the same manner as it would be to the public.

4.3 When a Member wishes to bring a matter to the attention of Staff on behalf of a member of the PDSB Community, such as to ask a question or to act in a representative capacity for a constituent, the Member shall obtain consent from

the constituent to ask the question or raise the issue with Staff. A Member shall only communicate regarding such matters with a member of Leadership.

Leadership may delegate or refer the question or matter to other members of Staff, including School Administration. If a Member determines that the matter has not been attended to or resolved, the Member may bring the matter to the appropriate member of Leadership or the Director of Education who will then oversee the matter and advise the Member appropriately.

- 4.4 Members shall respect the role of Staff and shall refrain from engaging in administrative and operational matters. When a Member forwards a matter to Leadership, the Member shall refrain from interfering with Staff's carriage of the matter. Members will not obstruct Staff in the performance of their duties. Leadership may provide status updates to the Member for tracking purposes and for communicating with members of the PDSB Community only if the Member has obtained prior consent from the constituent or member of PDSB Community to do so and that consent has been provided to Leadership. This policy does not override confidentiality or privacy requirements that may otherwise apply.
- 4.5 If Staff receives a referral or communication from a Member, it shall be referred to the appropriate member of Leadership, with the Member being so advised.
- 4.6 It is reasonable for a Member to request and it is reasonable for Staff to provide an approximate time frame for addressing the matter. The approximate time may be based on the type of response required and other operational priorities.
- 4.7 Requests for Staff attendance at meetings organized by a Member shall be made to the appropriate member of Leadership. These requests should be made with sufficient and reasonable notice not to be less than four business days. Members shall not attend Staff meetings or a meeting involving Staff and members of the PDSB Community without first discussing it with the appropriate member of Leadership.
- 4.8 Members shall refrain from requesting or expecting a waiver of standard processes or procedures in their dealings with Staff. Matters received from



Members will receive the same priority as those received from the PDSB Community and will be responded to in accordance with standard operating procedures and conventions. Members shall not compel Staff to engage in partisan political activities or be subject to threats or discrimination for refusing to engage in such activities. No Member shall use, or attempt to use, their authority for the purpose of intimidating, threatening, coercing, commanding or influencing any Staff with the intent of interfering in Staff's duties.

- 4.9 Staff shall report to Members to ensure that all Members are apprised of known issues that may impact upon Member decision-making in a timely manner. Staff shall notify all Members in a timely fashion of changes to legislation and any unintended or unexpected impacts of policy decisions. Staff shall provide briefing materials, reports and information requested by individual Members to all Members.
- 4.10 Staff shall give effect to decisions and policies of the Board of Trustees whether or not the Staff member agrees with or approves of them.
- 4.11 Communications between Members and Staff shall contain accurate and up-to-date information that is accessible, timely, clear and transparent. When appropriate and possible, the appropriate Leadership member shall notify appropriate or all Members of potential for media and/or public inquiries, of receipt of media inquiries and prior to media releases. Appropriate or all Members are to be informed of significant events, unusual situations, significant incidents, activities and/or issues as necessary.
- 4.12 School Administrators will communicate with appropriate Leadership regarding any matter having an impact on the school or PDSB community and the appropriate Leadership will disseminate the information to the appropriate Member or all Members depending on the matter. Leadership and School Administrators may determine that the School Administrator may communicate directly with the Member on a particular matter. The School Administrator shall

keep the appropriate Leadership apprised of the matter and the interactions with the Member.

- 4.13 Members may request advice from the General Counsel & Governance Officer about the appropriate wording of motions, amendments, formal directions to staff and procedural matters. Members may consult with the appropriate member of Leadership prior to responding to constituents' concerns or requests to ensure accurate information regarding legislative requirements, policies, procedures, service levels, budget, work plans and any previous communication.
- 4.14 Staff are not expected to respond to a Member communication or request outside of normal working hours except in the case of emergencies.
- 4.15 Members are prohibited from soliciting donations for any cause from Staff. Staff are prohibited from soliciting donations for any cause from Members.

## **5. Roles and Responsibilities**

- 5.1 All Members and Staff are required to adhere to this policy and its governing provisions.
- 5.2 The General Counsel & Governance Officer shall monitor the adherence to this policy and is responsible to receive any complaints and/or concerns related to this policy. Complaints and/or concerns are to be remedied by following the respective policies, processes and procedures related to the complaint and/or concern. The General Counsel & Governance Officer shall track complaints and/or concerns and report annually, in aggregate terms, on compliance with this policy.

## **6. Reference Documents**

Anti-Racism Policy

Disconnecting from Work Procedure

Elections Policy - Employees

- Employee Code of Conduct
- Equity and Inclusive Education Policy
- Human Rights Policy
- Freedom of Information and Privacy Policy
- OPSBA's Good Governance Guide
- Procedure By-law
- Social Media Policy
- Trustee Code of Conduct
- Workplace Violence Procedure
- Workplace Harassment Procedure

**7. Revision History**

| <b>Review Date</b> | <b>Approval Date</b> | <b>Description</b> |
|--------------------|----------------------|--------------------|
|                    |                      |                    |
|                    |                      |                    |