ONTARIO ENGLISH Catholic Teachers ASSOCIATION

Proposed Amendments to Policy/Program Memorandum 161: Supporting Children and Students with Prevalent Medical Conditions in Schools

Submission to the Ministry of Education

July 2026

The Ontario English Catholic Teachers' Association (OECTA) represents the 45,000 passionate and qualified teachers in Ontario's publicly funded English Catholic schools, from Kindergarten to Grade 12.

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INTRODUCTION

The Ontario English Catholic Teachers' Association (OECTA) welcomes the opportunity to provide input on the Ministry of Education's proposed amendments to Policy/Program Memorandum (PPM) 161: *Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy) in Schools*.

Catholic teachers share the Ministry's objective of improving the safety, well-being, inclusion, and full participation of students with prevalent medical conditions in Ontario schools. Students with medical conditions must be able to access learning opportunities, extracurricular activities, school transportation, field trips, and other school-related experiences in environments that are safe, supportive, and responsive to their individual needs.

Consistent practices and clear expectations can help support student safety and provide greater confidence for students, families, and school communities. To that end, the government is seeking to strengthen consistency through the application of Plans of Care, identifying responsibilities, standardizing training requirements, enhancing emergency response expectations, and establishing new reporting and documentation requirements.

At the same time, the proposed amendments represent a significant expansion of operational expectations for school boards, principals, teachers, and education workers.

The proposed changes introduce new requirements related to routine care, emergency response, staff training, documentation, reporting, and participation in school-sanctioned activities beyond the instructional day, with implications for staffing, workload, health and safety, and implementation capacity across Ontario's publicly funded education system.

While the Ministry has framed the proposed amendments as measures intended to improve routine and emergency care, these raise important questions regarding the delivery of medical supports in schools, the delivery of medical supports at school sanctioned activities beyond the instructional day, the roles and responsibilities of teachers, and the resources required to ensure consistent implementation.

Catholic teachers are particularly concerned that several proposed amendments appear to move beyond the current focus on student self-management and emergency response toward a more formalized framework for routine medical care in schools that could exceed established job duties and create new expectations and obligations that are beyond the scope of a professional teacher’s practice. This creates a corresponding concern regarding teachers’ liability in the event they intervene to assist students in need as contemplated by the proposed amendments.

The proposed amendments also raise important equity considerations. Students' access to accommodations and supports should not depend on geography, local staffing capacity, access to health care providers, or a family's ability to navigate increasingly complex documentation requirements.

Catholic teachers believe that students with prevalent medical conditions should be supported through policies that are evidence-informed, equitable, and adequately resourced. Improvements to student safety and inclusion must be accompanied by clear

roles and responsibilities, funding for appropriate staffing and training supports, meaningful consultation with education partners, and implementation frameworks that are practical and sustainable.

This submission outlines the Association's key considerations regarding the proposed amendments to PPM 161 and their implications for students, teachers, and school communities. It also offers recommendations intended to strengthen the government's ability to achieve its stated objectives.

OVERVIEW OF PROPOSED AMENDMENTS

The proposed amendments to PPM 161 represent a significant expansion and development in the Ministry's approach to supporting students with prevalent medical conditions in schools.

The current policy framework under PPM 161 focuses primarily on supporting student safety through Plans of Care, facilitating student self-management where appropriate, and establishing procedures to respond to medical incidents and emergencies. The proposed amendments build upon this framework by strengthening existing requirements, standardizing practices across school boards, and expanding expectations related to routine care, emergency response, staff training, reporting, and documentation.

The proposed amendments represent more than administrative or procedural changes. Taken together, they introduce a more formalized system of routine and emergency medical support within Ontario's publicly funded schools and expand expectations regarding the role of school staff in supporting students with prevalent medical conditions.

Several proposed changes raise important considerations. These include:

- the identification of staff responsible for routine and emergency care;
- the expansion of Plans of Care beyond the instructional day;
- mandatory training requirements;
- enhanced documentation obligations, and
- new reporting requirements.

While the proposed amendments identify the need for school boards to establish expectations, the government's proposal remains largely silent on details, raising a number of important questions that will be discussed throughout this submission.

Ultimately, the success of the proposed amendments will depend not only on the establishment of new requirements, but also on the Ministry's commitment to providing the funded resources, staffing supports, implementation guidance, equity considerations, and ongoing consultation necessary to ensure that those requirements can be met effectively.

As the Association has made clear to the government on many occasions and through numerous submissions, policies that are intended to improve student safety and participation must be accompanied by appropriate funding for the practical supports needed

to achieve those objectives without downloading additional workload and responsibilities onto teachers.

The sections that follow detail some of the key questions, concerns, and considerations the Association has with the proposed amendments to PPM 161.

ROLES, RESPONSIBILITIES, AND COLLECTIVE AGREEMENT PROTECTIONS

The amendments propose to strengthen several responsibilities currently articulated in PPM 161 by changing expectations from "should" to "must." In particular, principals would be required to clearly communicate processes to parents and guardians, co-create Plans of Care, maintain files for each student, share relevant information with staff and other identified individuals, communicate with parents and guardians in medical emergencies, and encourage the identification of staff to support daily or routine management in accordance with applicable collective agreements.

Catholic teachers recognize the importance of clear roles and responsibilities in supporting students with prevalent medical conditions. Students, families, teachers, education workers, principals, school boards, health care professionals, and community partners each have important roles to play in supporting safe and inclusive learning environments.

However, clarity must not be confused with the unilateral expansion of duties. The proposed amendments raise important questions about the responsibilities that may be assigned to teachers, particularly where Plans of Care identify staff who are expected to support routine management or emergency medical intervention.

In fact, many of the new obligations found in the proposed amendments implicate teachers who may have "direct contact" with affected students. "Direct contact" is not defined and could feasibly implicate every teacher in a school, depending on the student's age and grade.

Without explicit safeguards and clarity, the revised PPM could be interpreted or implemented in ways that place new medical responsibilities on seemingly all teachers without proper training, consent, staffing support, legislative or collective agreement protections. This would be inappropriate, potentially unsafe, and could contravene collective agreement provisions.

As a corollary to this, the revised PPM does not stipulate the nature of the training that is to be provided. It is unclear whether such training will be hands-on, electronic, or provided in some other format. As a result, it is impossible for the Association to comment on the sufficiency, safety, or appropriateness of such training. However, suffice it to say, and given that the Association has repeatedly raised concerns over appropriate resourcing throughout the education sector, Catholic teachers are concerned that any resulting training flowing from the proposed amendments will be insufficient and expose Catholic teachers to liability in the event that intervention(s) are provided.

Along similar lines, the current PPM recognizes that implementation must not violate existing collective agreements. That protection must be not just retained, but strengthened

in any revised version. Supporting students with prevalent medical conditions is a shared priority – one that must occur within a framework that respects established professional roles, qualifications, collective agreements, and health and safety obligations.

Teachers are not health care professionals. While teachers play a critical role in creating inclusive classrooms, recognizing signs of distress, responding appropriately to emergencies, and supporting students according to school board policy and Plans of Care, they must not be expected to perform medical procedures or routine medical care beyond their professional role, training, or qualifications.

This is particularly important where the proposed amendments refer to the identification of staff who are "authorized and qualified" to provide routine care and emergency medical intervention. The revised PPM must clearly define what it means for staff to be authorized and qualified, who determines that status, what training is required, whether participation is voluntary, and how staff absences or turnover will be addressed.

In addition, any process for identifying staff to support daily or routine management must be consistent with collective agreements and must not create pressure on teachers to assume duties outside their job descriptions and beyond their professional roles and duties as teachers. Where a student's medical needs require ongoing, specialized, or invasive support, school boards and the Ministry must ensure that appropriately trained and qualified personnel are available.

Catholic teachers believe that student safety is best supported when roles are clear, responsibilities are appropriate, and implementation is properly resourced. Ambiguity in this area will not support students or families; it will create inconsistency, uncertainty, and risk across the system.

As such, the Association **recommends that the revised PPM expressly state that nothing in the policy requires teachers to perform medical procedures or routine medical care beyond their qualifications, training, job duties, collective agreement obligations, or applicable legislation**. Moreover, the Association **recommends that any mandated training or training introduced pursuant to the revised PPM must be implemented in consultation with the Association and other appropriate third-party actors (*i.e.* health professionals, etc.).**

INSTRUCTIONAL DAY AND SCHOOL-SANCTIONED ACTIVITIES

The proposed amendments would require school boards to ensure that their policies and procedures – including Plans of Care – apply not only during the instructional day, but also to school-sanctioned events and activities, including field trips, school transportation, overnight excursions, board-sponsored sporting events, and board-operated before- and after-school programs that are not licensed under the *Child Care and Early Years Act*.

Students with prevalent medical conditions should be able to participate fully in school life. Access to field trips, athletics, transportation, overnight excursions, and other school-related

events should not depend on uncertainty regarding whether a student's medical needs can be appropriately supported.

At the same time, expanding PPM 161 beyond the instructional day raises significant operational and health and safety considerations.

School-sanctioned activities often occur in less controlled environments than classrooms and school buildings. They may involve different staffing arrangements, limited access to medical supplies, delayed access to emergency medical services, unfamiliar physical environments, and increased supervision demands. These circumstances can heighten risk for students and create uncertainty for teachers regarding their roles and responsibilities.

As such, consistency cannot be achieved simply by extending Plans of Care to additional settings. School boards must ensure that appropriate staffing, training, emergency planning, communication protocols, and contingency measures are in place before activities proceed.

This is particularly important in rural, northern, and remote communities, where access to emergency medical services may be limited or delayed. A province-wide policy must recognize that implementation will look different across Ontario and that some school communities will require additional resources to meet the same safety standard.

Without dedicated resources and clear implementation guidance, the proposed amendments could result in teachers increasingly being expected to manage complex medical needs in settings where they may not have adequate training, support, or access to emergency assistance. This would not improve student safety; rather, it could create new risks for students and staff alike.

Catholic teachers believe that student inclusion must be supported through careful planning, not informal workarounds. Where a student's Plan of Care applies to a school-sanctioned activity beyond the instructional day, school boards must be responsible for ensuring the activity can be carried out safely, with appropriate supports in place, and in a manner that respects collective agreements.

As part of any revised policy, Catholic teachers recommend that school boards be required to conduct activity-specific risk assessments for field trips, overnight excursions, sporting events, transportation, and other school-sanctioned activities involving students with prevalent medical conditions.

These assessments should consider a student's Plan of Care, access to trained personnel, availability of medical supplies, emergency response timelines, staff absence contingencies, and the need for additional staffing supports. Moreover, such activity-specific risk assessments should be shared with relevant and affected staff in advance of the activity, to ensure understanding, agreement, and compliance with collective agreements.

Student participation is a critical part of the educational experience. However, it cannot be contingent on the willingness of individual teachers to assume medical responsibilities beyond their qualifications, training, professional role, or collective agreement obligations.

ROUTINE MANAGEMENT AND MEDICAL CARE RESPONSIBILITIES

One of the most significant aspects of the proposed amendments is the Ministry's intention to strengthen requirements related to routine management for students with prevalent medical conditions.

As proposed, school boards would be required to outline expectations for providing supports to students with prevalent medical conditions in order to facilitate their daily or routine management activities in school. The Ministry has also indicated that the revised PPM would define routine care and require Plans of Care to identify trained staff who are authorized and qualified and available to provide routine care and emergency medical intervention.

The Association recognizes that many students with prevalent medical conditions require daily supports in order to participate safely and fully in school, as outlined in a student's Plan of Care.

However, the proposed amendments raise serious concerns regarding the distinction between supporting student self-management and assigning responsibility for routine medical care to teachers.

The proposed amendments appear to move toward a more formalized expectation that school staff may be identified to provide routine care. This represents a significant shift and requires much greater clarity.

There is an important difference between accommodating a student so that they can safely manage their medical condition at school and assigning a teacher responsibility for providing ongoing medical care. The latter may involve duties that fall outside the professional training, qualifications, and job responsibilities of teachers.

This distinction is particularly important in relation to diabetes and epilepsy, where routine management may involve complex monitoring, interpretation of symptoms or device readings, administration of medication, response to changing medical conditions, or decisions that could have significant health consequences. These are not merely administrative tasks. In some circumstances, they may constitute medical care.

Catholic teachers are concerned that, without clear limits, the revised PPM could result in the downloading of medical care responsibilities onto teachers in a manner that is inconsistent with their professional role and potentially unsafe for students. A policy intended to improve student safety must not inadvertently create ambiguity about who is responsible for medical decision-making or clinical care in schools.

In addition, the proposed amendments do not sufficiently address what happens when the routine management needs of a student exceed the capacity of existing school staff. In such cases, school boards and the Ministry must ensure that appropriately trained and qualified health care or specialized support personnel are available.

This issue has equity dimensions that should be noted. Students with similar medical needs should receive comparable supports regardless of the school they attend, the availability of staff volunteers, or the resources of their local board. Without dedicated staffing and

funding, implementation may vary considerably across the province, resulting in inequitable access to safe and appropriate supports.

The revised PPM should therefore make clear that routine management supports must be determined based on student need, collective agreement obligations, and the availability of appropriate personnel. Where medical procedures or ongoing clinical supports are required, those supports must be provided by individuals who are properly trained, authorized, qualified, and assigned through appropriate processes.

As such, Catholic teachers recommend that **the Ministry revise the proposed amendments to clearly distinguish between educational accommodations, support for student self-management, emergency response, and routine medical care**. The revised PPM should also require school boards to identify when a student's needs require dedicated health care or specialized support personnel, rather than relying on teachers to fill those gaps.

EMERGENCY RESPONSE, CPR, AND AED

The proposed amendments would strengthen expectations related to emergency response by requiring school boards to establish expectations for staff responses to medical incidents involving students with prevalent medical conditions. The Ministry is also proposing mandatory training on CPR, Automated External Defibrillator (AED), and emergency response.

The Association supports efforts to ensure that schools are prepared to respond quickly and appropriately when a student experiences a medical emergency. However, the proposed amendments raise questions regarding staff responsibilities, training requirements, and liability protections.

Medical emergencies require clear protocols, appropriate training, and access to necessary equipment and supports. At the same time, while appropriate training is an essential component of student safety, it should not be assumed that training alone equips an individual to perform complex medical responsibilities or exercise the clinical judgment associated with regulated health professionals.

The Ministry should recognize that training supports preparedness, but it does not alter the professional role of teachers or replace the need for appropriately qualified personnel where ongoing medical care is required.

As such, the Ministry must clarify the relationship between emergency response expectations and liability protection, particularly where staff may be expected to respond to conditions that do not all benefit from the same statutory framework. Without additional information, the expectations placed on teachers will remain ambiguous.

Any requirement for CPR, AED, or emergency response training must be fully funded and provided during paid work hours in a manner that is consistent with the collective agreement. And to be clear, certification and recertification requirements should not be downloaded onto individual teachers.

The Association recommends that **the revised PPM clearly define emergency response expectations, confirm school board responsibility for emergency planning and staffing, and provide explicit guidance regarding liability protections for staff acting or making decisions in good faith in accordance with board procedures and a student's Plan of Care**.

STANDARDIZED PLANS OF CARE

The proposed amendments would require school boards to use a ministry-provided standardized Plan of Care template. Catholic teachers support the goal of improving consistency across school boards and ensuring that Plans of Care contain clear, relevant, and accessible information to support student safety.

At the same time, several proposed changes warrant further consideration. In particular, mandatory health care professional information and signatures may create barriers for some families, including those facing challenges accessing primary care. The revised PPM must ensure that students are not left without necessary supports while documentation is being obtained.

Similarly, the requirement to identify staff who are authorized and qualified to provide routine care and emergency medical intervention must not result in the assignment of medical responsibilities to teachers outside their qualifications, training, job duties, or collective agreement obligations.

The Association understands that electronic devices may be required for medical purposes, such as continuous glucose monitoring. However, school boards will require clear guidance to ensure these accommodations are implemented consistently while respecting student privacy and teachers' rights.

The proposed process also raises workload considerations. While it is important that relevant staff review Plans of Care, the process must be practical, secure, and supported by appropriate systems in a manner that respects collective agreements.

Catholic teachers believe that Plans of Care should promote student safety, dignity, inclusion, and participation. Standardized templates should be accessible, focused on essential information, and supported by clear processes for interim supports, annual review, staff absences, and privacy protection.

The Association recommends that **the Ministry consult with education unions, school boards, health-care professionals, families, and relevant medical organizations before finalizing the standardized templates to ensure they support consistency without creating barriers for families or inappropriate obligations for school staff**.

LIABILITY CONCERNS

As detailed above, the proposed amendments raise important questions about the responsibilities that may be assigned to teachers, particularly where Plans of Care identify staff who are expected to support routine management of a condition or provide emergency

medical intervention. Indeed, many of the new obligations found in the proposed amendments implicate teachers who may have "direct contact" with affected students. "Direct contact" is not defined and could feasibly implicate every teacher in a school, depending on the student's age and grade.

At the same time, the proposed amendments contemplate that teachers will be required or expected to intervene in emergency situations, that teachers will have responsibilities regarding medication storage and disposal, and that students will be permitted to carry controlled substances. Taken together and individually, this creates concern that obligations on teachers flowing from the proposed amendments will introduce legal liability for teachers who act in accordance with the revised PPM.

The proposed amendments seek to address these potential liability concerns through reference to the *Good Samaritan Act*, as well as *Sabrina's Law* and *Ryan's Law*. Provisions are found within each of these *Acts* which generally seek to limit liability for individuals engaged in a good faith response to emergency situations. The issue, however, is that this legislation is under-inclusive relative to the obligations contemplated in the revised PPM. *Sabrina's Law* concerns anaphylaxis and *Ryan's Law* concerns asthma, for example. The emergency situations contemplated by the proposed amendments extend beyond those two situations.

The proposed amendments recognize the limitations of those two laws and suggest that the *Good Samaritan Act* will serve as a general 'catch-all' liability protection for individuals who provide emergency services in accordance with the revised PPM. The *Good Samaritan Act*'s liability protections provide as follows:

> "2. (1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person."
>
> "(2) Subsection (1) applies to, … (b) an individual … who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency."

The liability protections contemplated by the *Good Samaritan Act* are thus limited to individuals who: (i) are acting voluntarily; (ii) are doing so without reasonable expectation of compensation or reward; and (iii) provide services that do not meet the threshold of "gross negligence."

While there is no doubt that Catholic teachers acting pursuant to the revised PPM will be doing so in good faith, it is unclear on the wording of the proposed amendments whether the *Good Samaritan Act* will even apply in circumstances where obligations have been placed upon Catholic teachers during the instructional day. This, in turn, could mean that the perceived or assumed protections from liability contemplated under the revised PPM do not apply in certain circumstances.

The Association therefore recommends that the **Ministry explicitly state and introduce corresponding statutory safeguards, where appropriate, stipulating that teachers and other staff acting or making decisions pursuant to the revised PPM will not be liable, in any capacity, for actions or decisions undertaken in good faith pursuant to the PPM.**

EQUITY CONSIDERATIONS

This document has integrated discussion of equity-related issues throughout; however, it is worth highlighting several of these matters in greater detail.

The proposed amendments are intended to support the full participation of students with prevalent medical conditions. This is an important equity objective. Students should not be excluded from learning opportunities, field trips, athletics, transportation, or other school-related activities because their medical needs are not consistently understood or appropriately supported.

However, equity requires more than standardization. A single province-wide framework may improve consistency, but it will not produce equitable outcomes unless it is accompanied by the resources and flexibility required to respond to different student, family, school, and community circumstances.

For example, mandatory health care provider signatures may create barriers for students whose families do not have timely access to primary care or a family doctor. This may disproportionately affect students in rural, northern, and remote communities, newcomer families, low-income families, and families who face systemic barriers when accessing health care services. These students should not experience delays in receiving school-based supports because of external socio-economic barriers beyond their control.

The Ministry must also recognize differences in local emergency response capacity. A school in a large urban centre may have faster access to emergency medical services and specialized health supports than a school in a rural or remote community. These differences must be reflected in implementation planning, staffing supports, and emergency response expectations.

There are also important considerations for Indigenous students and communities. Implementation of the revised PPM should involve meaningful consultation with Indigenous partners – as is required by law – and should also recognize the distinct health, education, and jurisdictional realities affecting Indigenous students and families.

Language access and health literacy are also critical. Families must be able to understand Plans of Care, emergency procedures, consent requirements, and documentation expectations. The Ministry should provide multilingual, accessible, and culturally responsive resources so that families are not disadvantaged by language barriers or unfamiliarity with Ontario's education and health systems.

Finally, equity considerations apply to staff as well. Additional medical-support responsibilities may fall unevenly across employee groups, schools, and communities.

Without clear safeguards, these responsibilities may disproportionately affect particular employee groups, including those already carrying significant workload pressures.

Catholic teachers believe that all students with prevalent medical conditions deserve safe, inclusive, and equitable access to school. To achieve this goal, **the Ministry must ensure that implementation is not dependent on geography, family advocacy, local staffing capacity, or the willingness of individual teachers to absorb additional responsibilities without adequate support**.

REPORTING, DATA COLLECTION, AND PRIVACY

The proposed amendments would require school boards to report annually to the Ministry on the number of students with each prevalent medical condition, as well as the number of staff trained in CPR, AED, emergency response, and prevalent medical conditions.

The Association recognizes that data can play an important role in supporting evidence-based policy and identifying system needs. Reliable information about student needs, training levels, and implementation gaps may help the Ministry and school boards allocate resources more effectively and improve supports for students.

However, data collection must be purposeful, limited, secure, and clearly connected to improving student safety and inclusion. Information about students' medical conditions is sensitive and must be handled with the highest degree of care.

The proposed reporting requirements must not result in unnecessary school-level administrative burden or duplicative data entry for teachers, education workers, or principals. If the Ministry requires annual reporting, it should provide centralized, secure, and user-friendly tools that allow school boards to collect and report data efficiently.

The Ministry must also provide clear guidance regarding privacy, consent, access, retention, and the use of student medical information. Any reporting framework must comply with applicable privacy legislation and ensure that individual students cannot be identified through provincial reporting.

Catholic teachers believe that **data should be used to strengthen supports, not simply to monitor compliance. Reporting requirements must be accompanied by transparency regarding how the data will be used, what safeguards will be in place, and how the information will inform funding, staffing, training, and policy decisions**.

FUNDING, STAFFING, AND IMPLEMENTATION

The proposed amendments introduce new and expanded expectations for school boards, principals, teachers, and education workers. These include expanded application of Plans of Care, standardized training, CPR and AED requirements, enhanced routine and emergency

care expectations, staff acknowledgement processes, contingency planning for absences, and annual reporting obligations.

These requirements cannot be implemented effectively without adequate time and dedicated resources.

Catholic teachers are concerned that, without additional funding and staffing supports, the proposed amendments will result in increased workload, inconsistent implementation, and greater pressure on existing school staff to fill gaps in the system. This would undermine the stated purpose of the amendments and create new risks for students and staff.

In recent years, schools have been asked to respond to increasingly complex student needs without sufficient resources. Adding new medical support, documentation, training, and reporting expectations without corresponding investments will further strain a system that is already under pressure.

The Ministry **must provide dedicated funding to support implementation of the revised PPM. This should include funding for training and release time, administrative supports, secure digital systems, additional staffing where required, and access to specialized health-care or medical support personnel for students with complex needs**.

Implementation should also be phased in with clear timelines, provincial guidance, and meaningful consultation with education partners. School boards must not be left to interpret broad requirements without the resources and direction necessary to implement them consistently and safely.

Catholic teachers believe that student safety and inclusion cannot be achieved through policy direction alone. The Ministry must invest in the people, systems, and supports required to make the revised PPM effective in every school community.

CONCLUSION

The proposed amendments to PPM 161 are intended to improve safety, consistency, and full participation for students with prevalent medical conditions. These are important objectives, and Catholic teachers support efforts to ensure that students are safe, included, and able to participate fully in school life.

However, the proposed amendments also raise significant questions regarding implementation, staffing, training, liability, workload, equity, and the appropriate distinction between educational responsibilities and medical care responsibilities.

Taken together, the proposed changes represent a substantial expansion of expectations within schools. Without clear role definitions, dedicated funding, appropriate staffing supports, meaningful consultation, and strong protections for collective agreement rights, the revised PPM risks creating inconsistent implementation and placing additional pressure and liability on teachers in ways that may not improve student safety.

Catholic teachers believe that student safety and inclusion are best supported through collaboration, adequate resources, and respect for professional roles. The Ministry must ensure that any revised policy is practical, equitable, evidence-informed, and accompanied by the supports necessary to make implementation successful across Ontario's diverse school communities.

For these reasons, Catholic teachers urge the Ministry to revise the proposed amendments to PPM 161 in consultation with education unions, school boards, health-care professionals, families, and relevant community partners, and to ensure that the final policy framework is properly funded, clearly defined, and focused on supporting students safely and effectively.

RECOMMENDATIONS

In light of the concerns outlined above, Catholic teachers recommend that the Ministry:

- Revise PPM 161 to clearly distinguish between educational accommodations, support for student self-management, emergency response, and routine medical care.
- Confirm that nothing in the revised PPM requires teachers to perform medical procedures or routine medical care beyond their qualifications, job duties, collective agreement obligations, any appropriate and meaningful training received, or applicable legislation.
- Ensure that implementation of the revised PPM respects all collective agreements and does not unilaterally expand the duties of teachers.
- Ensure that implementation of the revised PPM does not unilaterally expand the role of teachers.
- Provide dedicated, enveloped funding to support implementation, including training, release time, administrative support, secure digital systems, and additional staffing where required.
- Ensure that any mandated training or training introduced pursuant to the revised PPM by a school board is implemented in consultation with the Association and other appropriate third-party actors (*i.e.* health professionals, etc.).
- Require school boards to provide access to appropriately trained and qualified health-care or specialized support personnel where a student's medical needs exceed the role or capacity of school staff.
- Ensure that CPR, AED, prevalent medical condition, and emergency response training is evidence-based, role-specific, fully funded, and delivered during paid working time.
- Clarify liability protections for teachers who act or make decisions in good faith in accordance with board procedures and a student's Plan of Care.
- Explicitly state and introduce corresponding safeguards (statutory and otherwise), where appropriate, stipulating that teachers and other staff acting or making decisions pursuant to the revised PPM will not be liable, in any capacity, for actions or decisions undertaken in good faith pursuant to the PPM.
- Require school boards to conduct activity-specific risk assessments for field trips, transportation, overnight excursions, sporting events, and other school-sanctioned

activities involving students with prevalent medical conditions, which shall be shared with relevant staff in advance of the activity in question taking place in a manner that ensures staff understand and agree with any resulting obligations, and to ensure that such activities are compliant with collective agreements, where applicable.

- Ensure that standardized Plans of Care are practical, accessible, privacy-protective, and do not create barriers for families who face difficulty obtaining health-care provider documentation.
- Provide multilingual, accessible, and culturally responsive resources for students and families.
- Ensure that annual reporting requirements are limited, secure, privacy-protective, and do not create unnecessary administrative burden at the school level.
- Consult meaningfully with education unions, school boards, health-care professionals, Indigenous partners, families, and relevant medical organizations before finalizing and implementing the revised PPM.