

Use of Support Person by the General Public	
Adopted: February 2, 2010	Last Reviewed/Revised: April 2, 2024
Next Scheduled Review: 2026-2027	
Associated Policies & Procedures: I-20 Integrated Accessibility Standards VI-46 (a) Use of Assistive Devices by the General Public VI-46 (b) Use of Service Animals by the General Public VI-46 (d) Accessibility Standards - Notification of Disruption of Service VI-46 (e) Monitoring and Feedback on Accessible Customer Service	

Purpose

To comply with the Ontario Ministry of Labour and Ministry of Education in the area of Accessibility Standards to break down barriers and increase accessibility for persons with disabilities in the areas of information and communications, employment and transportation.

Application and Scope

This procedure applies to all operation policies and procedures in all facilities within the Halton Catholic District School Board (HCDSB).

References

- [Accessibility for Ontarians with Disabilities Act, 2005 \(AODA\)](#)
- [Integrated Accessibility Standards, Ontario Regulation 191/11](#)
- [Ontario Human Rights Code](#)

Definitions

A support person is a person who assists or interprets for a person with a disability who accesses the services of the HCDSB. A support person is distinct from an employee who provides support services to a student or staff person in the system – separate and specific procedures apply.

A support person is an individual chosen by a person with a disability to provide services or assistance with communication, mobility, personal care, medical needs or with access to goods or services. Personal care needs may include, but are not limited to, physically transferring an

individual from one location to another or assisting an individual with eating or using the washroom. Medical needs may include, but are not limited to, monitoring an individual's health, or providing medical support by being available in the event of a seizure.

The support person could be a paid professional, a volunteer, a friend, or a family member. They do not necessarily need to have special training or qualifications.

Principles

The Halton Catholic District School Board welcomes all members of the school and broader community to our facilities by committing our staff and volunteers to providing services that respect the independence and dignity of persons with disabilities. Such services incorporate measures that include, but are not limited to, the use of support persons.

Requirements

Responsibility:

Before making a decision to require a support person, the HCDSB will:

- Consult with the person with a disability to understand their needs.
- Consider health or safety reason based on the available evidence.
- Determine if a support person is necessary to protect the health or safety of the person with a disability or the health or safety of others on the premises.
- Determine if there is any other reasonable way to protect the health or safety of the person with a disability or the health or safety of others on the premises.
- In such a situation, the HCDSB will waive the admission fee or fare for the support person, if one exists.
- Supervisory Officers, Principals and/or designates and other supervisory staff will ensure that staff receive training in interacting with persons with disabilities who are accessing HCDSB services accompanied by a support person.

Access to Board Premises:

- Any person with a disability who is accompanied by a support person will be welcomed on HCDSB and/or school premises with their support person. Access will be in accordance with HCDSB procedures.
- This requirement applies only to those areas of the premises where the public or third parties customarily have access and does not include places or areas of the school or HCDSB offices where the public does not have access.

Confidentiality:

- Where a support person is accompanying a person with a disability, who is the parent/guardian of a student, or is an adult student, for the purpose of assisting in a discussion that may involve confidential information concerning the student, the Superintendent, Principal or other staff member, must first secure the written consent of the parent/guardian or adult student regarding such disclosure.
- Consent to the disclosure of confidential information in the presence of the support person must be given in writing by the parent or guardian or adult student.
- A copy of the signed consent document will be retained in the school/board office.
- If the parent/guardian or adult student uses a different support person for subsequent meetings, a new signed consent form will be required.
- *Consent to Disclose Personal Health Information* form (Appendix A) must be signed when information from regulated health professionals, e.g. psychologists, social workers and speech language pathologists is being shared with the parent/guardian or adult student accompanied by a support worker.
- *Consent Form* (Appendix B) is to be used for all other communications.

APPROVED: Regular Meeting of the Administrative Council

AUTHORIZED BY: _____
Director of Education and Secretary of the Board



Appendix A

Consent to Disclose Personal Health Information

This information is collected under the authority of the Education Act and managed in accordance with the Municipal Freedom of Information and Protection of Privacy Act and Personal Health Information Protection Act, 2004 (PHIPA). Information will be used to administer the Support Person service. If you have questions regarding the collection, use or disclosure of this information, please email the Manager of Privacy and Records Information Management at privacy@hcdsb.org

I, _____, authorize _____
(Print your name) (Print name of health information custodian)

to disclose:

my personal health information consisting of:

(Describe the personal health information to be disclosed)

OR

the personal health information of:

(Print the name of person for whom you are the substitute decision maker*)

consisting of:

(Describe the personal health information to be disclosed)

to:

(Print name) (Address of person requiring the information)

I understand the purpose for disclosing this personal health information to the person noted above. I understand that I can refuse to sign this consent form.

Name: (please print)

Address:

Signature:

Date:

Witness Name:(please print)

Address:

Signature:

Date:



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*** Please note: A substitute decision-maker is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual.*

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Appendix B

Consent Form

This information is collected under the authority of the Education Act and managed in accordance with the Municipal Freedom of Information and Protection of Privacy Act and Personal Health Information Protection Act, 2004 (PHIPA). Information will be used to administer the Support Person service. If you have questions regarding the collection, use or disclosure of this information, please email the Manager of Privacy and Records Information Management at privacy@hcdsb.org

I, _____ consent to the sharing of confidential information by _____
(Parent/guardian) (Principal/teacher/other staff member)
related to my child/ward _____ in the presence of my support person _____.
(name of child) (name)

My support person _____ consents to safeguarding the confidentiality of the information shared.
(name)

Affirmation of Consent:

Parent/Guardian:

Parent/Guardian Name: (please print)

Signature:

Date:

Support Person:

I undertake to safeguard the confidentiality of information shared between (school staff) and (parent/guardian) for whom I am a support person.

Support Person Name: (please print)

Signature:

Date:

Witness:

(Principal/Staff Member)

Witness Name: (please print)

Signature:

Date:

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