

December 8, 2025 – 4:30 p.m.

WELCOME AND ACKNOWLEDGEMENT

Acknowledgement that the meeting was being held on the traditional and unceded territory of Secwepemcúl'ecw, specifically T'exelc, and that Cariboo-Chilcotin School District is proud to serve the students and families of the Secwepemc, Tsilhqot'in and Dakelh Nations.

1. Educational – FESL data (Student Data), school example of key focus area work and success
2. Field Trip to Quebec – Columneetza Secondary

THAT the Board of Education provide in principle approval for the Columneetza Junior Secondary field trip to Quebec, in principle, with final approval pending confirmation of details prior to the trip.

3. AED And Naloxone AP Review
4. Future Meeting Dates

MEETING	Chair	DATE (2 nd Monday)	TIME	LOCATION
Committees of the Whole	Trustee Forbes	December 8, 2025	4:30 p.m.	Board Office
Committees of the Whole	Trustee Forbes	January 12, 2026	4:30 p.m.	Board Office
Committees of the Whole	Trustee Macdonald	February 9, 2026	4:30 p.m.	Board Office
Committees of the Whole		no meeting		
Committees of the Whole	Trustee Macdonald	April 13, 2026	4:30 p.m.	Board Office
Committees of the Whole	Trustee Coates	May 11, 2026	4:30 p.m.	Board Office
Committees of the Whole	Trustee Coates	June 8, 2026	4:30 p.m.	Board Office

“Learning, Growing, and Belonging Together”

TO: Committee of The Whole

FROM: Cheryl Lenardon

DATE: December 08, 2025

RE: Item: #1 - FESL Data Update

BACKGROUND

The Framework for Enhancing Student Learning (FESL) reporting guidelines require districts to create a strategic plan focused on Literacy, Numeracy, and Career and Human Development. The district plan for CCSD includes data sets for report card marks in Literacy and Numeracy, and attendance data as key metrics for district improvement planning. At each committee meeting, staff will present data elements from the current year based on the FESL reporting guidelines.

INFORMATION

At this meeting, the board will be presented with attendance data for the current school year and report card marks for English and Mathematics.

Attendance data is presented using the “attendance groups” outline in the district plan. The chart displays the percentage of students attending less than 80% of the year, less than 90% of the year, and students attending greater than 90%. Based on educational research and recommendations from the First Nations Education Steering Committee (FNESC), all students attending less than 90% of the school are defined as chronic absenteeism.

School report card data is presented for English and Mathematics for all students. For grades K-7 the data is based on the three-term trimester system and includes marks for Tri 1 ending in December. For grades 8-12, the data is from quarter 1 (Q1) of the first semester. The Q1 data only includes students currently registered in English and Math courses this semester. Grades K-9 marks are presented using a performance scale, while grades 10-12 use letter grades.

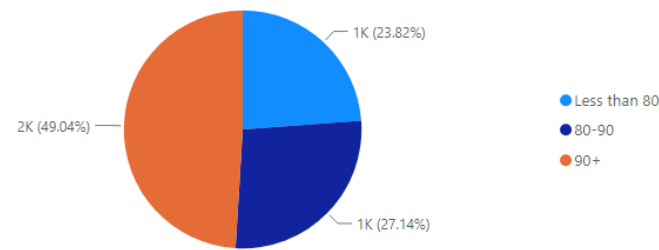
Staff will facilitate a conversation looking at each data set with respect to work being completed in schools and focus areas going forward in the school year.

RECOMMENDATION

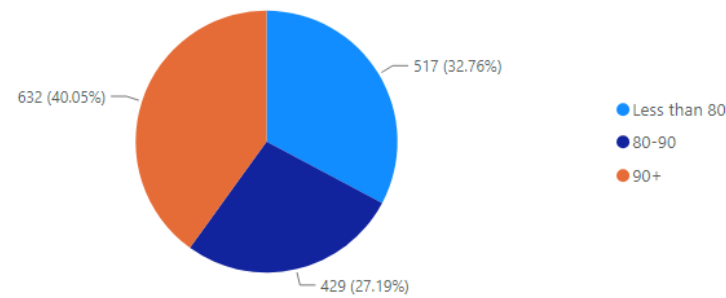
None. For information only.

Attendance

Less than 80, 80-90 and 90+: All Students

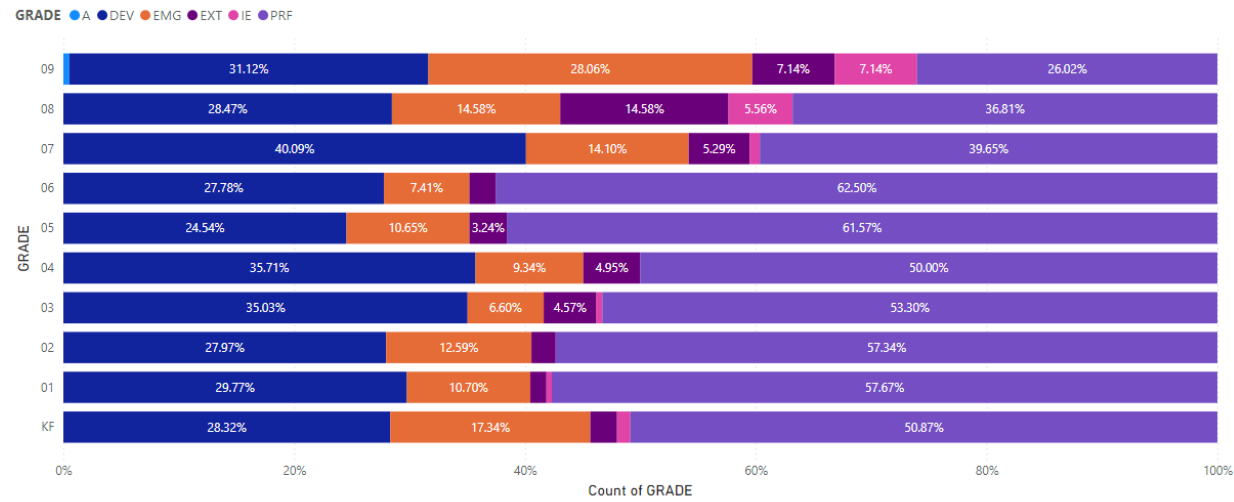


Less than 80, 80-90 and 90+: Aboriginal Ancestry

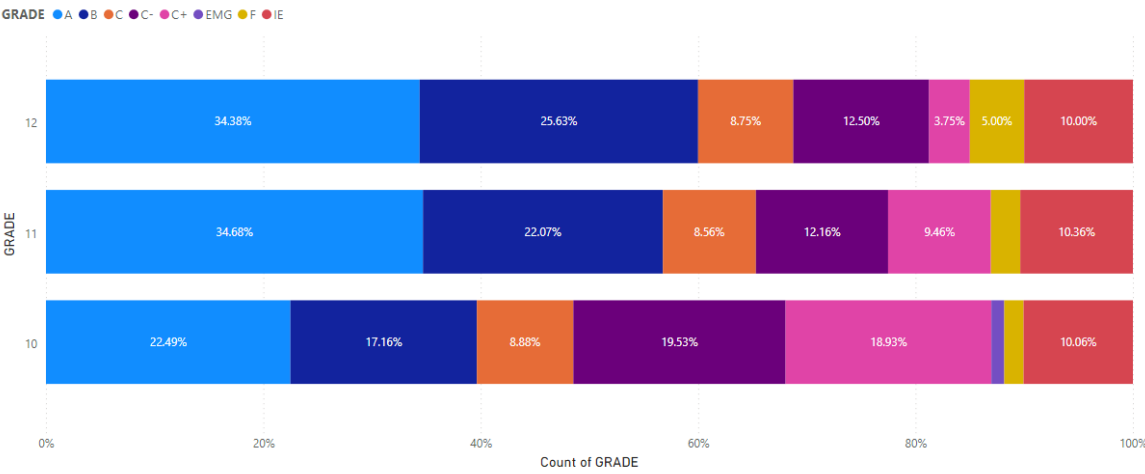


Numeracy

LG Count Math

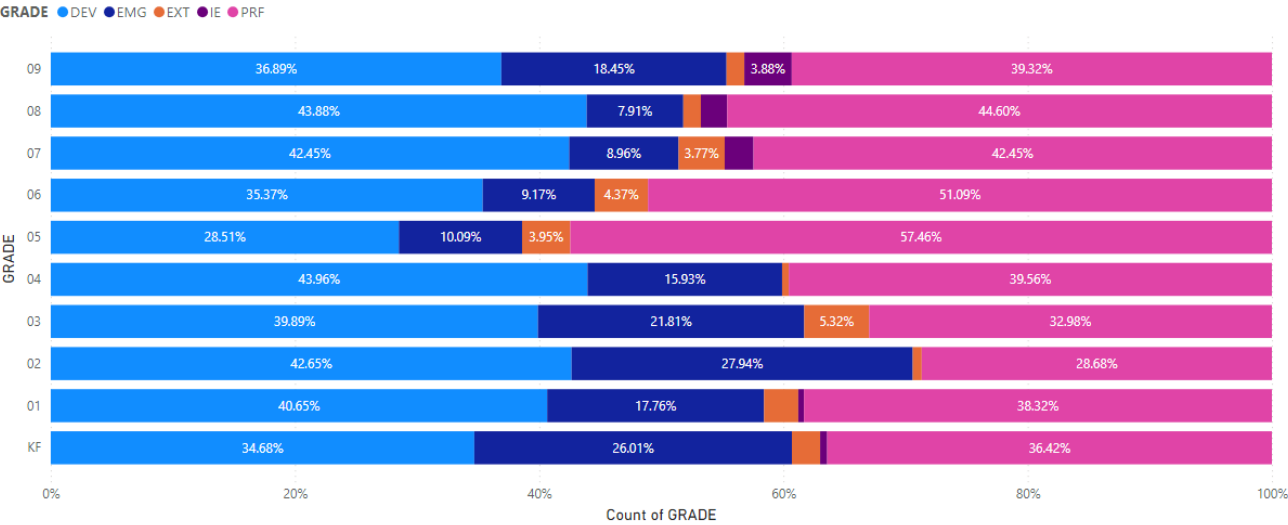


LG Count Math

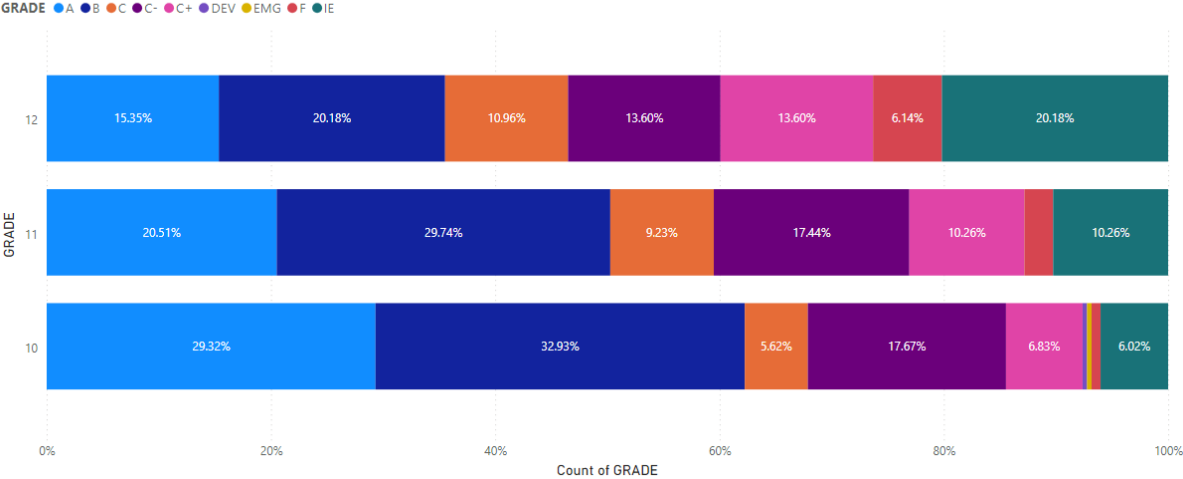


Literacy

LG Count



LG Count



TO: Committee of the Whole

FROM: Cheryl Lenardon, Superintendent

DATE: December 08, 2025

RE: Item: #2 - Field Trip: Columneetza and Lake City Secondary French Trip to Quebec

DISCUSSION

Columneetza and Lake City Secondary are planning a joint French department field trip to Quebec from March 14 to 21, 2026. Details of the initial planning are attached. Vice-principal Matt Cullum and teacher lead Noemi Searls will briefly present their trip plan and answer any questions the Committee has.

School: Columneetza and Lake City Secondary

Field Trip Name: PSO French Immersion Europe Trip

FT ID: 3560

Destination: Quebec City and Montreal

Lead Teacher: Noemi Searls

Departure Date: 3/14/2026

Return Date: 3/21/2026

Learning Goals (or curricular connections): Speaking/reading/listening French in authentic situations, learning about Francophone culture in an authentic place, place-based learning, learning about indigenous peoples in different parts of Canada.

Number Of Students: 20

Total Cost of Trip (\$):

Cost to Each Student (\$): \$3200

Comments about Student Costs: Has been paid by parents over the past year

Funding Sources: Parents, several fundraising opportunities have been given

What each Student needs to bring: Clothing for 6 days, comfortable walking shoes, toiletries, spending money, any needed medications, water bottle.

Student Training (Preparation): Meetings with parents and Supervisors before departure

Students Requiring Support (support plan provided to principal): N/A

Parent Permission Form Due Date: 11/27/2025

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Number Of Supervisors: 3

Supervisory Arrangements: 3 Teacher Chaperones, 2 Parent Chaperones - students divided into smaller groups to check in with assigned adults.

Method of Communication: cell phone

Transportation Details: School bus to Vancouver, Flights from Vancouver to Montreal, Charter bus (organized by EF Tours) in Montreal and Quebec City

Accommodation / Meal Arrangements: Hotels, Breakfast and Dinner organized by EF Tours. Dietary Restrictions communicated to EF Tours directly. Each student is responsible for their own lunch. Hotels will be confirmed by EF tours a month prior to the trip. The tour company also provides a security guard in the halls to ensure students are safe, and do not try to go out when not allowed.

Contingency Plan: Trip could be cancelled, but if already away, EF Tours has insurance that will cover any necessary changes.

Emergency Plan: Necessary emergency services contacted first, then parents/guardians. Again, our tour company has insurance to help us in case of an emergency.

Information About Trip (Additional Comments): Trip is 6 days, 5 nights. Exact dates will be confirmed closer to the departure date. Itinerary is available on our trip website, www.eftours.ca/2785840AX as is information about insurance, etc. Trip has been in planning stages for over a year.

Field Trip Activities: Language learning and practice, Plains of Abraham re-enactment. Walking, some easy hiking, city tours, museums, basilicas, a sugar shack

Potential Known Risks: Risks associated with lots of walking (twisted ankles, cold weather, muscle injury, possibility of being hit by vehicle), risks associated with potential snow (Spring weather) and cold. Risks associated with travelling by bus (injury up to and including the possibility of death caused by a vehicle accident and by air (injury up to and including possibility of death if an accident occurs)).

Plan to Manage Risks: Student training, parent meetings, packing lists, using appropriate safety equipment (seatbelts, etc.).

RECOMMENDATION

THAT the Board of Education provide approval of the field trip in principle, with final approval pending confirmation of details prior to the trip.

TO: Committee of The Whole

FROM: Sean Cameron, Kelvin Parent, Hattie Darney, Rob Cook

DATE: December 08, 2025

RE: Item: #3 - Unexpected Health Emergency AP and Implementation Update

BACKGROUND

The Ministry of Education and Child Care (MECC) now requires all districts to have an Automated External Defibrillator (AED) and Naloxone kit in all schools. Prior to this change, it was at the discretion of schools and districts to have AEDs and Naloxone kits in schools. Districts are also required to have an Administrative Procedure or Policy outlining preparation for responding to an unexpected health emergency.

Districts are required to have a procedure in place by December 2025, have AEDs in secondary schools by December 2025, and have AEDs in elementary schools by June 2026.

INFORMATION

Attached is the Administrative Procedure for Unexpected Health Emergencies, adapted from SD 34 Abbotsford. The procedure outlines how to ensure that all sites have the required emergency response resources, an ongoing maintenance plan, and training resources for staff.

Naloxone kits and training have been provided by Interior Health to all principals and are available in all schools.

Focused Education and MECC approved three vendors and product offerings under the provincial procurement model. District Principal Kelvin Parent led the product selection and deployment process. Parent, in his role as Health & Safety representative and Post-Secondary partnerships, engaged with teacher Rob Cook to advise on products based on his paramedic background and BAA course on First-Responder training. Cook recommended proceeding with the same product line used by BC Ambulance services.

The district purchased 30 of the LifePak CR2 Defibrillators from Iridia Medical. Mr. Parent is currently working with IT and Operations to connect AEDs to the wireless network and install them throughout the district. The plan is to have units installed in all schools by February 2026, well ahead of the MECC deadline. The three secondary schools already have AEDs in place but will also receive a new unit to ensure reliability and consistency throughout the district.

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Mr. Cook and Mr. Parent are currently working on options for training and additional support resources for students and staff, and Mr. Cook's students from the First-Responders course will be providing training to staff and planning to work with media arts classes to develop additional training materials.

RECOMMENDATION

None. For information only.



RATIONALE:

All schools and district sites are required to be prepared to address unexpected health emergencies. Each district site will have resources in place to respond to incidents such as cardiac arrest or opioid overdose, ensuring access to appropriate life-saving measures for staff, students, and the public.

DEFINITIONS:

- **Automated External Defibrillator (AED)** – A portable device used to administer an electric shock to the heart and restore the heart's normal rhythm during sudden cardiac arrest.
- **Naloxone (Narcan)** – A pure opioid antagonist. It temporarily reverses the effects of opioids by competing for the same receptor sites. Naloxone is available in BC without a prescription and is administered intranasally or by injection into a muscle.
- **Opioid** – Depressant medication typically used for pain relief that has the potential to slow breathing and heart rate. They may be prescribed or obtained from an illicit market. Common opioids include heroin, fentanyl, oxycodone, codeine, morphine, methadone and hydromorphone.
- **Overdose** – A physiological event induced by the introduction of a substance or substances into the body of a person.
- **Opioid Overdose** – An acute life-threatening event that requires medical assistance. Defined as the body's response to excessive opioids, which results in unconsciousness, respiratory depression and pinpoint pupils.
- **Sudden Cardiac Arrest** – A condition that occurs when the electrical impulses of the human heart malfunction, causing a disturbance called ventricular fibrillation in the heart's electrical rhythm.
- **Ventricular Fibrillation** – Life-threatening arrhythmia characterized by disorganized activity in the heart's lower chambers (ventricles), causing them to quiver instead of pumping blood effectively.

Procedures

1. Automated External Defibrillator (AED)

- 1.1 All schools and district sites will be equipped with at least one AED.
- 1.2 Designated first aid attendants must review the AED manufacturer's requirements for use, maintenance, and inspections (refer to the manufacturer's user manual).
- 1.3 AEDs in schools are intended primarily for use by designated first aid attendants and secondarily for use by staff or members of the general public.



- 1.4 Monthly inspections will be completed during worksite safety inspections by a designated first aid attendant, Safety Committee member, or by the principal.
- 1.5 The Manager of Health and Safety or designate will ensure the following:
 - 1.5.1 AED meet Health Canada's Medical Device Regulations.
 - 1.5.2 AED is approved by the Canadian Standards Association (CSA).
 - 1.5.3 Notification to the Interior Health Authority of the type and location of the AED.
 - 1.5.4 Establishment of procedures for the monitoring and maintenance of the AED.

2. Suspected Opioid Overdose Response

- 2.1 All schools and district sites will maintain Naloxone kits in designated spots in each facility.
- 2.2 To treat a suspected opioid overdose in a school setting, a staff member trained in opioid overdose response may administer naloxone to any student or staff suspected of having an opioid-related drug overdose.
- 2.3 Inspection of the naloxone and ancillary kit items, and monitoring of expiry dates, shall be completed during worksite safety inspections by a designated first aid attendant, Safety Committee member, or by the principal.
- 2.4 Naloxone will be stored with other emergency medical supplies for easy access when required, and in accordance with the manufacturer's instructions.
- 2.5 Maintenance and replacement costs of Naloxone kits will be provided by the district.

3. Accessibility

- 3.1 Life-saving tools should be clearly marked with standardized signage to support easy identification and use.
- 3.2 Access to life-saving tools should be barrier-free to accommodate diverse user needs.
- 3.3 Tools should be presented in a non-stigmatizing manner to encourage comfortable and equitable use.

4. Training

- 4.1 Training on how to use an AED is common with most first aid and CPR courses. The AED will provide voice prompts with step-by-step instructions. A video overview can be viewed here: [How to Use an AED - St. John's Ambulance Canada](#)
- 4.2 Opioid overdose response training, including the administration of naloxone, can be provided in person, virtually or through online courses. Recommended training resources: [Naloxone Course | Toward the Heart](#)



5. Good Samaritan Act

- 5.1 Under the Good Samaritan Act and Good Samaritan Drug Overdose Act, persons are not liable for rendering emergency care, including the use of an AED or the administration of Naloxone.
- 5.2 Anyone can, at their discretion, provide voluntary assistance to victims of medical emergencies.
- 5.3 The extent to which individuals respond shall be appropriate to their training and experience.

*Adapted from SD 34 administrative procedure.