



DPAC MEETING MINUTES FOR APRIL 25th, 2019

Held at the Chilliwack School District Office

Members Present:	Diane Braun	DPAC Chair
	Jessica Clarke	DPAC Treasurer
	Jamie Benton	DPAC BCCPAC Rep
	Christine Goodman	DPAC Member at Large & CSSS DPAC Rep
	Tai Weatherhead	DPAC Rep Cheam El & Vedder Middle
	Bonnie Pankratz	DPAC Rep Greendale Elementary
	Debbie Milne	DPAC Rep Evans Elementary
	Gary Telford	DPAC Rep Mt Slesse Middle School
	Trina Venier	DPAC Rep GW Graham
	Chad Bruniski	DPAC Rep Sardis Elementary
	Karen Layte	DPAC Rep Tyson Elementary
	Roop Virk	DPAC Rep Little Mountain Elementary

1- CALL TO ORDER – School District Office

1.1 Called to Order

- Diane Braun, Chair, welcomed those present and called the meeting to order.
- Quorum of 5 voting members met with 10 DPAC Members Present. Majority will be 6 votes.
- Called to order 7:07 PM

1.2 Adoption of the Agenda

That the agenda be adopted as amended. Additional of Social Media Committee and Trustee Renumeration Committee.

- **MOVED** by Bonnie that the agenda be adopted as circulated. 2nd Karen. **CARRIED**

1.3 Approval of the Minutes

That the minutes of the February 28,2019 meeting be approved as amended.

- No Changes were suggested to the minutes as circulated.

2- SPECIAL PRESENTATION – VAPING - Michelle Van Daele – Public Health Nurse

- Presentation can be adapted for schools as requested
- Contact Michelle at michelle.vandaele2@fraserhealth.ca if you have questions. Invitation to talk to PACs to ask if they would like a parent info session.
- Michelle explained what vaping products are, and what they look like, and how they work
 - Newer models can hold and deliver more nicotine than older models, as much as cigarettes do. Most concerned with the JUUL, and “Juuling” (has the most nicotine, although levels are not well regulated)
 - Vaping products can contain propylene glycol, vegetable glycerin, flavourings, and possibly nicotine. Some choose the device for the throat hit



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(from Propylene glycol), which is most like cigarettes but is an irritant to eyes, nose, & throat.

- Heating e-juice creates toxicants
- People who don't smoke are vaping, and vaping nicotine
 - Nicotine is addictive
 - Nicotine content can be zero to very high, and e-juice cartridges are not well regulated so nicotine may not be labelled
- Levels of known toxicants are lower than cigarette smoke, but contain heavy metals, carbonyls, tobacco nitrosamine, polycyclic aromatic hydrocarbons, and more
- Safety Issues: Products have been known to explode, cause fires and burns
 - Lithium ion battery is the issue, being over charged, using a different charger. Most incidents occur when device or spare batteries are in a pocket or during use
- Products can be purchased online, at convenience stores and at vape stores
 - There is no municipal regulation about where they can be located (or how far from schools they need to be)
- 34% of students grade 10-12 have tried vaping as of a 2016/2017 province-wide study
- Many students like vaping for a variety of reasons (they think it's harmless, feel rebellious, like the "hit" & flavours, etc.)
- A JUUL pod contains 0.7mL with 3-5% nicotine by weight, which is the equivalent to 200 puffs or 1 pack of cigarettes. Vaporizes salts rather than free-base nicotine making delivery faster.
- Vaping is thought to be less harmful than tobacco, but it is not harmless, and more research needed as short-term and long-term health effects are unknown
- Emerging health evidence: It can be habit forming; Aerosol contains metals; Increases risk of using tobacco products
- Moderate evidence: Increase in cough and wheeze in youth; Increase in asthma exacerbations
- Have honest conversation with child where pros and cons of drug use are discussed
- Be patient and ready to listen to your child
- Try to avoid criticism
- More information can be found at <https://www.fraserhealth.ca/health-topics-a-to-z/children-and-youth/substance-use-in-children-and-youth/e-cigarettes> and in the appendix

3- REPORTS

3.1 Trustee Report

- Trustee Swankey was not in attendance but emailed a report as follows:
 - PAC/DPAC Dinner - Thank you to everyone who attended on April 3rd or offered feedback through Thought Exchange, our new online engagement tool, in the weeks that followed. In the interest of continuing to build and maintain bridges between the Board and our PACs I encourage you to contact your school Trustee if you would like one to attend a future PAC meeting or PAC function.



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- Budget - On April 9th the Board received early assumptions for the 2019/2020 budget. The full draft budget will be presented to both the Board and the public at the next public Board meeting on April 30th. Please consider attending to offer comment or question.
- Mid-Town School Consultations - Public consultations took place/will take place on April 16th at CSS and April 24th at SSS; feedback is also being received through Thought Exchange. The Board will receive the feedback gathered at their public meeting on May 14th. It seems likely the Mid-town school will be open in September 2021, one year later than had been initially anticipated.
- Dress Code - Public feedback is being received through Thought Exchange and will be presented to the Education Policy Advisory Committee (EPAC) when they meet on May 2nd.
- Capital Funding - A third reading of SD33's Capital Plan Bylaw will be brought forward at the April 30th Board meeting; first and second reading were passed at the April 9th meeting. Page 11 - 18 of the April 9th agenda package outline the Capital funding approved by the Province

3.2 Committee Reports

3.2.1 CYC Committee

- Youth Health Center Update
 - Presentation to the SD exec about expanding to south Sardis. Numbers are strong for the current sites attendance with over 2, 600 visits this past year. Counselling, medical support, and access have been enhanced.
 - Options for Sexual Health is on site at the NLC. On May 6 is a fundraiser dinner and auction at The Well.
- CYC 26th Annual Conversation on Chilliwack's Children
 - Occurring May 3rd at CSS's Grand Hall.
 - Topic is how to incorporate nature in the client's journey of development, growth and healing
 - Profiling local initiatives
 - Registration is through www.childandyoung.com
- McCreary Adolescent Health Survey
 - SD administered the 2018 Provincial survey to all Chilliwack youth (Gr 7-12) in public school in May 2018. SD33 hosts the specific Chilliwack data. Last survey in 2014 and Assist Superintendent provided focus groups to various agencies groups upon request, including a presentation to the CYC which will be planned for the May or June meeting
- Chilliwack 2018 State of the Child Report
 - See report in appendix for all statistics

3.2.2 CHC Committee

- Nothing to report at this time



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3.2.3 Special Education Advisory Committee

- IEPs – name no longer named Individual Education Plans; changed to Inclusive Education Plans
- School Based Team (SBT) Best Practice Doc – created a few months ago with school staff in mind using anchor documents and ministry policy
- Discussed the draft parent document – released this week within district
- SBT: Parent and Guardian Helpful Information document with the schools. There are two formats so they can be handed out in person to parents when SBT meetings are arranged via email or phone. The hope is that school staff will provide this doc to all parents when they book an SBT meeting. Copies are in the appendix
- The Student Services website is going through a complete overhaul at the moment, but the new version should be online in a couple of weeks as a resource for parents along with the other documents that parents may find useful.
 - Main titles within the doc include:
 - What is a school-based team (SBT)?
 - Who attends a SBT meeting?
 - How is a student referred for a SBT meeting?
 - What will happen during a SBT meeting?
 - What will happen after a SBT meeting?
 - How can I prepare for a SBT meeting for my child?
 - Section to write details (Date, Time, Location, What to bring/prepare, Who to contact with questions)
 - An example of different type of school based team meeting is a PATH Meeting(acronym – Planning Alternative Futures with Hope)
 - A process to help with students through transitions, and useful for people who have become stuck in their current situation and are unsure about what to do next.
 - It's not an IEP
 - About 5 people are trained in the district to conduct these meeting, and the district is slowly building capacity within individual schools to be able to school/family teams over the next couple of years as they have been found to be highly a effective
 - With the process, they start by looking at the future and working backwards to identify the first steps toward the life you want.
 - It is often difficult for students with learning differences to know how identify short and intermediate goals so the supports at the meeting help bring ideas to the table, provided they are positive and possible.
- Next meeting – May 13th

3.2.4 Primary Prevention

- Childproofing Porn presentation is scheduled for City Council May 7/19



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- Committee attendance has decreased so they will be discussing the future of the sub-committee in June

3.2.5 Trustee Remuneration Committee

- Met Apr 8 & 23
- Information report will be submitted to the board Apr 30/19
- Committee was collaborative, and everybody felt heard

3.2.6 EPAC

- Mallory Tomlinson and Megan Reid will be DPAC Reps on committee when it meets on May 2

3.3 BCCPAC Report

- Education week is April 23-27, 2019
- BCCPAC Conference and AGM is May 3-5
- Proxy vote forms are due by April 26 to be registered prior to the AGM
- May 7 is child and youth mental health day

3.4 Treasurer's Report

- Bank Balances as of March 31, 2019:
 - Gaming: \$4,325.79
 - General: \$535.63
- Budget Committee met Apr 4. Budget presentation at school board meeting April 30/19

3.5 Chair's Report – Diane Braun

- Thanks to everyone who came for PAC/DPAC Appreciation Dinner. Very well attended. 5 or 6 schools not represented, generally the same schools that do not have DPAC reps.
- A reminder for PACs who are not using School District email address, please set up to ensure continuity of communication for the future.

4- UNFINISHED BUSINESS

4.1 Code of Ethics – We still have a few members who have not signed the code of ethics. Diane requested they read and sign after the meeting.

5- NEW BUSINESS

5.1 Call For Nominations – DPAC Executive

- Michelle McGrath will be chairing the nominations committee as no one volunteered to chair it.
- Submit nominations by May 24 to dpacvp@sd33.bc.ca.
- Nominations can be put forward at the AGM as well.



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- If you do not want to be nominated for a DPAC Executive position but are interested in being on a committee, please contact Michelle as well.

5.2 BCCPAC Resolutions

- Early registration of proxies are due by Apr 26. Please submit proxy forms to Diane if your school plans to send a proxy as they can be received upon arrival.
- If all schools who are BCCPAC members vote, our district would have 23 votes at the BCCPAC AGM.
- Diane marked how DPAC Reps voted on resolutions presented from resolutions booklet. Once a resolution is on the floor, it may be modified at the AGM, so the DPAC Reps present voted to allow the Executive in attendance to use discretion at the AGM on how DPAC will vote if the resolution changes on the floor.

5.1 New Ideas or Concerns

- - No new ideas or concerns were discussed

6- DATE OF NEXT MEETING:

6.1 AGM May 30th, 2019 AT 7:00 PM AT THE BOARD OFFICE

6.2 NEXT BOARD MEETINGS:

6.2.1 April 30th, 2019 AT 7:00 PM AT THE BOARD OFFICE

6.2.2 May 14th, 2019 AT 7:00 PM AT THE BOARD OFFICE

7- AJOURNMENT: 9:58pm

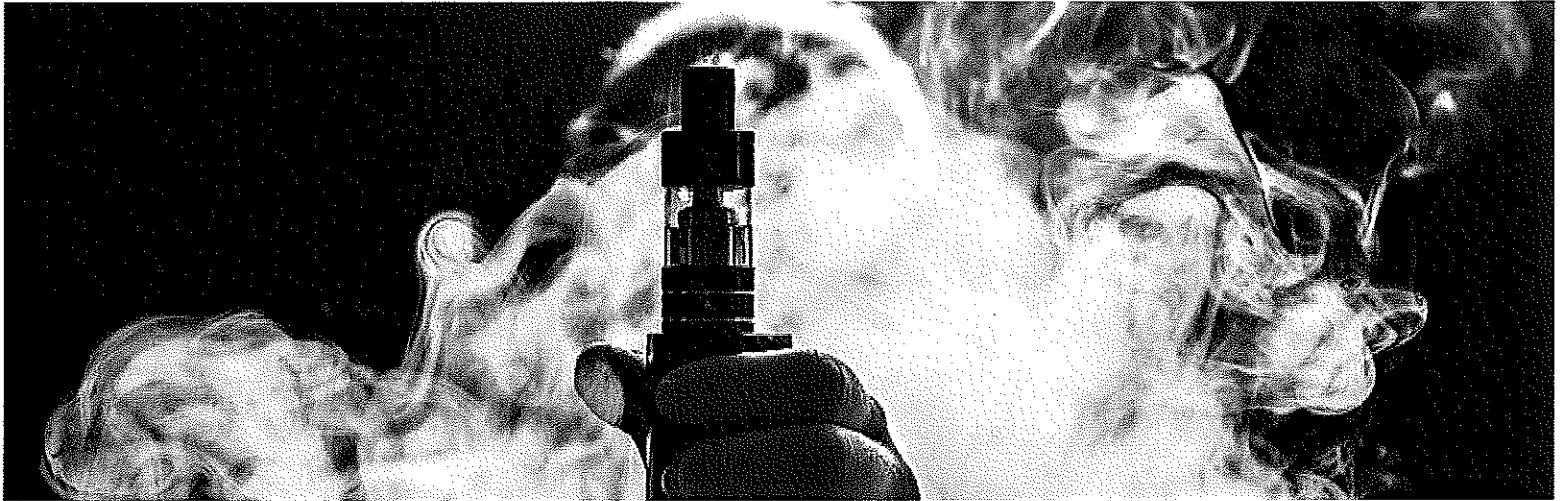


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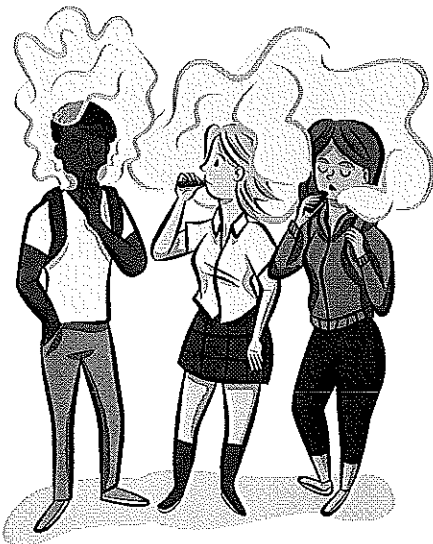
Appendix

VAPING PRODUCTS

INFORMATION FOR FAMILIES



The use of vaping products by youth is increasing. Currently, there are unknowns surrounding the health effects of these products, and some misconceptions about the aerosol (vapour/cloud) produced. As care-givers, you can connect and discuss issues around vaping products with your child. The information provided in this resource is designed to inform and help you start the conversation.



WHAT ARE VAPING PRODUCTS?

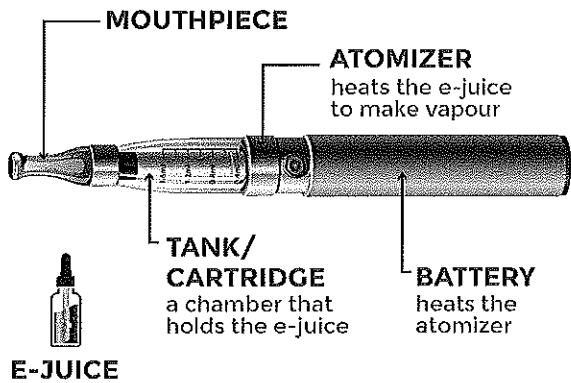
Vaping products are battery-powered devices that heat a liquid solution to create an aerosol.

Vaping products have many names such as: e-cigarettes, vapes, vape pens, mods (box or pod), tanks, e-hookahs and are also known by various brand names. These devices do not contain tobacco and do not involve burning. They consist of the following:

- mouthpiece
- chamber (cartridge/tank/reservoir)
- heating element (atomizer/cartomizer/clearomizer)
- battery
- vaping liquid (e-juice/e-liquid)

The e-juice typically contains a solution of propylene glycol and/or vegetable glycerin, flavourings, and varying amounts of nicotine (none to very high).

The act of inhaling and exhaling an aerosol produced by a vaping product is commonly called 'vaping'. When using popular brands the terms 'Juuling' or 'Breezing' may be used.



WHY ARE YOUTH USING VAPING PRODUCTS?

- The flavours are appealing (e.g. fruit, candy, mint)
- The devices look cool
- Their friends are vaping; it helps them fit in
- Curiosity and/or boredom
- They consider vaping to be harmless compared to smoking
- They like the "hit" from nicotine; it increases feelings of pleasure
- It makes them feel rebellious; some vape in places they're not allowed as it is easy to hide the vaping device.
- To quit or cut down on smoking tobacco



HAVING CONVERSATIONS WITH YOUR CHILD

Have honest conversations with your child. If you use tobacco or vaping products, this is an opportunity to discuss the risks, any regrets, difficulties and health effects you may have experienced.

Be patient and ready to listen when taking part in conversations with youth. Try to avoid

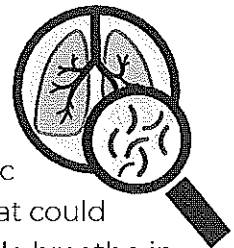
criticism and encourage an open dialogue. Remember to keep the discussion going, and do not expect to make an impact with just one conversation.

QUESTIONS YOU MAY BE ASKED

Here are some questions your child may ask about vaping products with suggestions on how to respond:

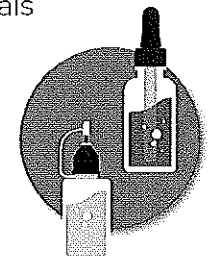
"Why shouldn't I vape?"

Researchers have found that vaping products contain toxic and addictive ingredients that could harm your body. When people breathe in the vapour, they inhale tiny particles that get trapped in the lungs. Vaping can become a habit, in much the same way we frequently check our cell phones.



"Isn't e-juice just flavourings and water?"

E-juice typically contains chemicals as well as flavourings. These chemicals and flavourings are safe for use in food. However, the health effects when inhaled, are unknown. Most e-juice also contain nicotine, which is very addictive.



"What is the big deal with nicotine?"

Our brains continue to develop until our mid-twenties. Nicotine use during this period can cause problems with concentration, learning and impulse control. Once you start using nicotine, you can become addicted and physically dependent – keeping you coming back for more.



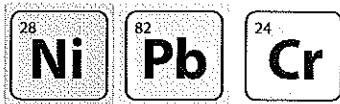
“Is vaping nicotine-free e-juice safe?”

Studies have found that many vaping products labelled “nicotine-free” still contain nicotine. Inhaling nicotine-free vapour is still a health concern.

“Isn’t the cloud produced when vaping just water vapour?”

Once e-juice is heated, a number of toxicants are created. Many of these are cancer-causing.

- Heavy metals: nickel, lead and chromium



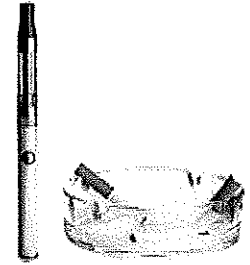
- Carbonyls : formaldehyde, aldehyde
- Tobacco nitrosamines
- Volatile organic compounds (VOCs): benzene, toluene, ethanol, and alcohol
- Polycyclic aromatic hydrocarbons ((PHAs): group of more than 100 chemicals {e.g. Benzo[a]pyrene})
- Tiny particles (particulate matter): mixture of all solid and liquid particles

If you are around friends who vape, the cloud exhaled exposes you to chemicals that are not safe to breathe.



“Isn’t vaping safer than smoking cigarettes?”

Vaping is less harmful than tobacco products such as cigarettes, but **it is not harmless.**



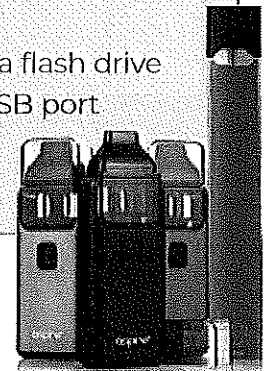
There are still significant health concerns with vaping given the presence of chemicals, toxic compounds, and nicotine.

The long-term health effects of vaping are currently unknown. Short-term health effects are increased coughing and wheezing, inflammation of the lungs and increased heart rate.

Vaping products can explode and cause fires that may result in burns and injuries.

QUICK FACTS ABOUT PODS / MINI PODS

- Aerosol is not harmless
- Have high nicotine content—highly addictive
- Flavourings appeal to youth
- Easy to hide and use
- May look like a USB or a flash drive
- Could recharge on a USB port
- Sometimes called “Jouling” or “Breezing”



VAPING PRODUCTS

INFORMATION FOR TEACHERS



Vaping among youth is on the rise and is an issue in schools. This surging popularity is due to availability, a variety of appealing flavoured products, and the novel design and technology of newer vape devices. Increased experimentation and regular use of vaping products among youth is a concern among educators and public health officials.

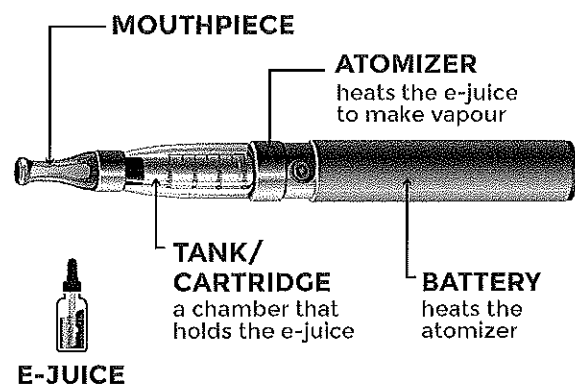
Teachers are in a unique position to provide unbiased information about the adverse health effects of vaping to students and their families. This resource provides evidence-based information to help you inform students of the known and unknown risks of vaping products.

WHAT ARE VAPING PRODUCTS?

Vaping products, such as e-cigarettes, are battery-powered devices that heat a liquid solution to create an aerosol (vapour/cloud). The vaping liquid (e-juice) inside a chamber

typically contains a solution of propylene glycol (PG) and/or vegetable glycerin (VG), flavourings, and varying amounts of nicotine. The act of inhaling and exhaling an aerosol produced by a vaping product is commonly referred to as “vaping”. The terms “Breezing” or “Juuling” are used when popular brands are used (Breeze and Juul).

VAPING PRODUCTS COMPONENTS



MONITORING YOUTH VAPING TRENDS

The Canadian Tobacco, Alcohol, and Drugs Survey (CTADS), Canadian Student Tobacco, Alcohol, and Drugs Survey (CSTADS) and the BC Adolescent Health Survey (BC AHS) collect data on e-cigarette use among youth. CTADS and CSTADS capture both the percent of youth who have 'ever-tried' e-cigarettes and the percent of youth who used e-cigarettes in the past 30 days. The 2018 BC AHS asked students about past 30 day use of e-cigarettes. Past 30 day use implies regular use as opposed to simply experimenting for the first time. Data sets for both CTADS and CSTADS show an increasing trend of e-cigarettes use among youth in Canada.

In parallel, the results of the McCreary Centre Society BC Adolescents Health Survey shows that in 2018, 21% of all BC students used a vaping product with nicotine and 19% used a vaping product without nicotine.

YOUTH VAPING TRENDS IN THE UNITED STATES

In the United States (US) from 2017 to 2018, e-cigarette use has increased 78% among high school students (11.7% to 20.8%), and 48% among middle school students (3.3% to 4.9%). The Food and Drug Administration has declared an epidemic with regards to youth e-cigarette use. Health Canada recognizes the US trend and is carefully monitoring the Canadian market for the increased use of vaping products by youth.

WHY YOUTH VAPE?

Focus groups and literature have identified the reasons youth are vaping:

- appealing flavours (e.g. fruit, candy, mint)
- trendy devices
- their friends are vaping; it helps them fit in
- curiosity and/or boredom
- they consider vaping harmless compared to smoking
- they like the "hit" they get from nicotine; it activates feelings of pleasure
- it makes them feel rebellious
- to quit or cut down on smoking

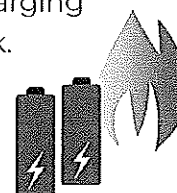


HEALTH RISKS

Vaping impacts health. The toxicants in the aerosols, some of which are carcinogenic, can lead to short-term and long-term health effects. The **long-term** health effects of inhaling vaping aerosol are currently unknown. Some studies suggest that vaping could lead to similar diseases as smoking: lung disease, heart disease and possibly cancer. The health impact continues to be studied.

In the **short-term**, vaping can increase coughing and wheezing, heart rate, and cause inflammation of the lungs.

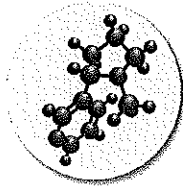
Lithium-ion batteries in vaping products can explode causing injury and fires. Proper use, storage, handling, and charging of the batteries can reduce risk.



ABOUT NICOTINE

Nicotine is a chemical found naturally in tobacco leaves and is present in most e-juices.

Nicotine causes addiction and physical dependence. When the aerosol is inhaled, nicotine reaches the brain rapidly. It binds to brain receptors that stimulate the release of neurotransmitters – activating the brain’s reward centre and triggering feelings of pleasure. Over time, a tolerance is developed and higher amounts of nicotine are needed to achieve the same feelings.



The brain continues to develop until the mid-twenties. Nicotine use during this period can impair the parts of the brain responsible for memory, mood, concentration, and impulse control.



Nicotine also causes increased heart rate, blood pressure, constriction of blood vessels, altered brain waves and muscle relaxation.



FLAVOURINGS

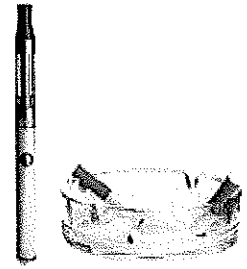
Canada banned flavoured tobacco products in an attempt to reduce the appeal to youth. However, flavourings are permitted in vaping products. There are over 7000 flavours on the market that hide any bad tastes.



VAPING VS. SMOKING CIGARETTES

For people who smoke, vaping may be a less harmful alternative to traditional cigarettes. Since there is no combustion (burning) involved when vaping, the vapour contains fewer toxic chemicals compared to smoking

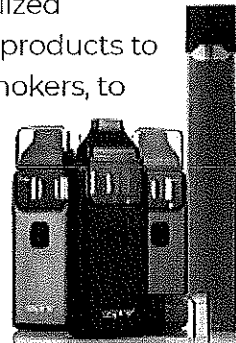
tobacco. Despite this, the inhaled vapour is not harmless. Youth often reject smoking as unhealthy, smelly or ‘nasty’, but do not think of vaping in the same way. To consider vaping as a healthier alternative distracts from the issue of increased youth nicotine use and its potential harm during this stage of life. Vaping is not a healthy choice for anyone who does not smoke. In addition, vaping products have the potential to make smoking normal and acceptable again.



VAPING FOR SMOKING CESSATION

While the research is still emerging, there is insufficient evidence that vaping is linked to improved rates of smoking cessation. Healthcare providers in Canada recommend nicotine replacement therapy (NRT) or prescription medication along with behavioral support to help people quit smoking. NRT therapies (patch, gum, lozenge, inhaler, and mouth spray) are over-the-counter medications proven to be effective for tobacco cessation. These medications provide a clean dose of nicotine to prevent withdrawal while someone is trying to quit. The delivery of nicotine is much slower through these products than from tobacco and vaping products and rarely results in dependency.

In 2018, Health Canada legalized nicotine-containing vaping products to allow adults, in particular smokers, to legally access vaping products as a less harmful alternative to tobacco. For those who smoke and want to reduce health



risks, vaping products may be less harmful, particularly for those unwilling or unable to:

- quit on their own
- quit using approved NRT or prescription medication
- quit using counselling

A concern with using vaping products for cessation is 'dual use'. This defeats the purpose of cessation as it maintains cigarette use.

CANNABIS VAPING

Cannabis can be vaped as dried flower or in concentrate forms such as wax and hash oil. Some vaping products can be used for both cannabis and nicotine-containing e-juice.

However, most devices are not multi-substance compatible. Vaping cannabis oil does not produce the distinct smell that comes from smoking cannabis.



DOES VAPING LEAD TO CIGARETTE SMOKING?

The research surrounding youth transition and initiation of smoking cigarettes is contradictory. A growing number of sources promote the 'gate-way theory' or 'catalyst hypothesis', the idea that vaping leads to smoking in youth. However, some studies disagree and present the 'joint susceptibility hypothesis', which states that those who are likely to smoke cigarettes will do so, regardless of vaping, due to common risk factors. The reason for differing results is mainly based on methodology, including sample size, controlling for multiple variables and length of study. Evidence is not adequate to fully support one view point over the other. We will continue to evaluate

the strength of emerging research to ensure information is accurate.

WHAT IS BEING DONE TO PROTECT YOUTH?

Canadian and international public health organizations recommend legislation to restrict marketing to youth as well as uphold or enhance existing smoking regulations.

Federal Legislation

At a federal level, the Tobacco and Vaping Products Act (TVPA) was enacted on May 2018, to regulate the manufacture, sale, labelling, and promotion of tobacco and vaping products.

- Sales of vaping products are not permitted to those under 18 years.
- The Act prohibits the promotion of vaping products that are appealing to youth, such as candy and dessert flavours.

Provincial Legislation

The BC Tobacco Control Act and Regulations was updated (2016) to include vaping products. It is now called the BC Tobacco and Vapour Products Control Act (TVPCA).

- Sales of vaping products are not permitted to those under 19 years.
- Product store displays are now regulated the same as tobacco.
- Use of vaping products is banned in all public spaces where tobacco smoking is banned, this includes school property.
- Some municipalities have amended their smoking bylaws to include vaping products.



VAPING PRODUCTS

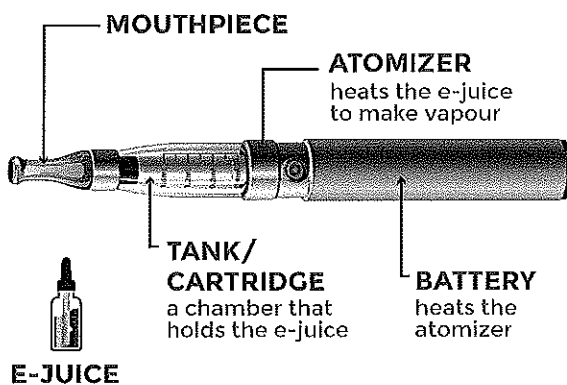
FREQUENTLY ASKED QUESTIONS



1 WHAT ARE VAPING PRODUCTS?

Vaping products are battery-powered devices that heat a liquid solution to create an aerosol (vapour/cloud).

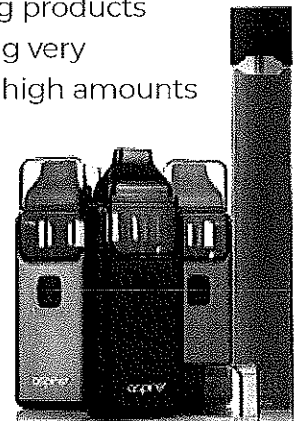
Vaping products have many names such as: e-cigarettes, vapes, vape pens, mods (box or pod), tanks, e-hookahs and are also known by various brand names. These devices do not contain tobacco and do not involve burning. They consist of the following:



- Atomizer is also known as cartomizer or clearomizer
- Vaping liquid is also known as e-juice or e-liquid

2 WHAT VAPING DEVICES ARE MOST COMMONLY USED?

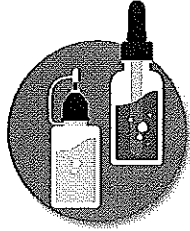
Original vaping devices mimicked the design of traditional cigarettes. However, newer generations of vaping products are more advanced and come in many shapes, sizes and styles. 'JUUL' and 'Aspire Breeze' are examples of vaping products that are now becoming very popular. They contain high amounts of nicotine, which are readily absorbed; thus providing a greater nicotine "hit".



3 WHAT IS IN THE E-JUICE?

The majority of e-juice typically contain:

- propylene glycol (PG)
- vegetable glycerin (VG)
- flavourings
- nicotine (none to very high amounts)



4 DOES THE AEROSOL CREATED FROM VAPING CONSIST OF ONLY WATER VAPOUR?

A misconception among youth and adults is that the aerosol is only water vapour. Once the e-juice is heated, a number of toxicants are created, such as:

TOXICANT	ALSO FOUND IN
Heavy metals	Lead-based paint
Carbonyls	Embalming liquid
Tobacco nitrosamines	Cigarettes
Volatile organic compounds (VOCs)	Gasoline
Polycyclic aromatic hydrocarbons (PAHs)	Vehicle exhaust
Tiny particles (smoke)	Wildfire

These toxicants may cause cancer, lung disease and heart disease.

5 WHAT ELSE CAN BE VAPED?

Cannabis can also be vaped as dried flower or in concentrate forms such as wax and hash oil.

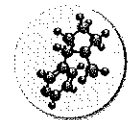


6 WHAT ARE THE HEALTH EFFECTS OF USING VAPING PRODUCTS?

Vaping products **DO HAVE** an impact on health. The toxicants in the aerosol, some of which are carcinogenic, can lead to short-term respiratory and cardiovascular health effects.

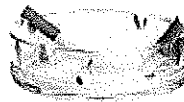
The long-term health effects of using vaping products are currently unknown and continue to be studied.

Vaping products that contain nicotine can lead to nicotine addiction and physical dependence. The immediate response to nicotine includes increased heart rate and blood pressure. Youth are particularly susceptible to the negative effects of nicotine. It can alter brain development, affect memory, concentration and mood.



7 ARE VAPING PRODUCTS LESS HARMFUL THAN CIGARETTES?

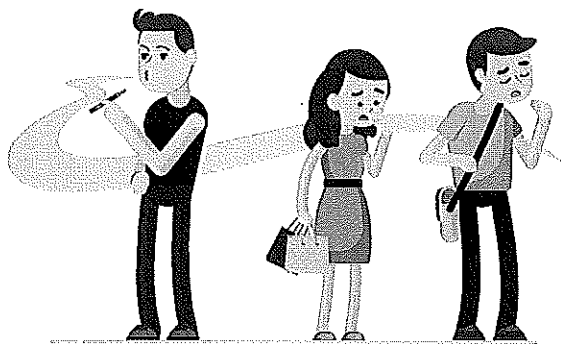
For people who smoke, may be considered a less harmful alternative. This is because the aerosol contains fewer toxic chemicals compared to cigarettes.



However, given the potential harms of vaping products, people who do not smoke, should **NOT** vape.

8 ARE THERE ANY HEALTH EFFECTS ASSOCIATED WITH EXPOSURE TO SECOND-HAND VAPOUR?

Nicotine, heavy metals and tiny particles have been found in secondhand vapour. Bystanders, including children and infants, can breathe in the vapour. People who use vaping products should therefore be cautious around non-users.



9 WHAT ARE THE OTHER RISKS ASSOCIATED WITH USING VAPING PRODUCTS?

Children and adults have been poisoned by swallowing or absorbing the e-juice through skin.

Vaping products can explode and cause fires that may result in burns and injuries. The lithium-ion batteries in vaping devices can be dangerous if they're not properly used, stored, carried or charged.

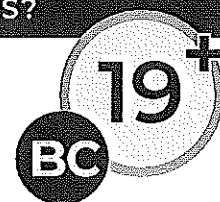


10 ARE VAPING PRODUCTS LEGAL IN CANADA?

Vaping products are legal in Canada. However, there are both federal and provincial laws that govern how they are produced, labelled, promoted and sold.

11 WHAT IS THE AGE RESTRICTION FOR PURCHASING VAPING PRODUCTS?

In BC, you must be 19 years or older to purchase vaping products.



12 IS VAPING PROHIBITED ON SCHOOL PROPERTY?

The BC Tobacco and Vapour Products Control Act bans vaping in all places that smoking is not allowed. This applies to in or on school property. According to the Act, administrators (the board, superintendent and principals) are accountable if there is a violation. Administrators must ensure students' compliance and provide a safe and healthy learning environment.

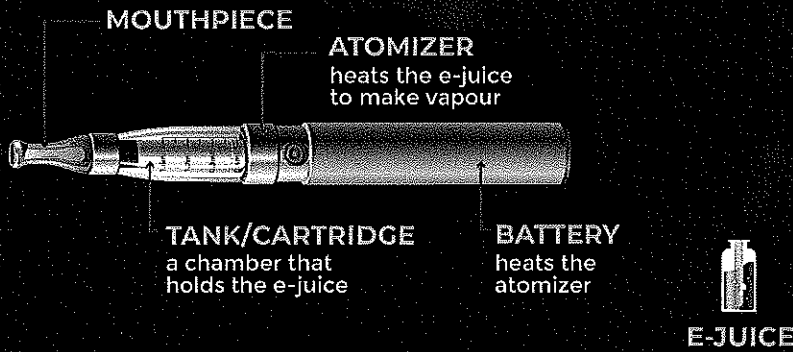
VAPING

AN OVERVIEW

VAPING PRODUCTS

E-cigarettes, vapes, vape pens, mods (box or pod), tanks, e-hookahs

PARTS OF A VAPING DEVICE



WHAT'S IN THE VAPOUR?

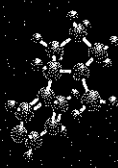
Flavours



E-juice

+

Nicotine



+

- Volatile Organic Compounds (VOCs)
- Carbonyls
- Tiny particles

+

Many toxic heavy metals



Chromium, Nickel, Lead

=



HEALTH EFFECTS OF NICOTINE

Alters brain development



Negatively affects memory, concentration, and mood



Increases anxiety and stress

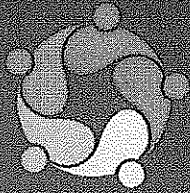


Increases heart rate and blood pressure



Very addictive
(A youth's brain is especially vulnerable to the addictive effects of nicotine)





EAST FRASER

2018 State of the Child Report

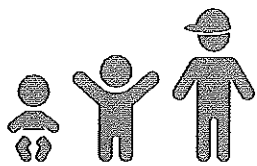
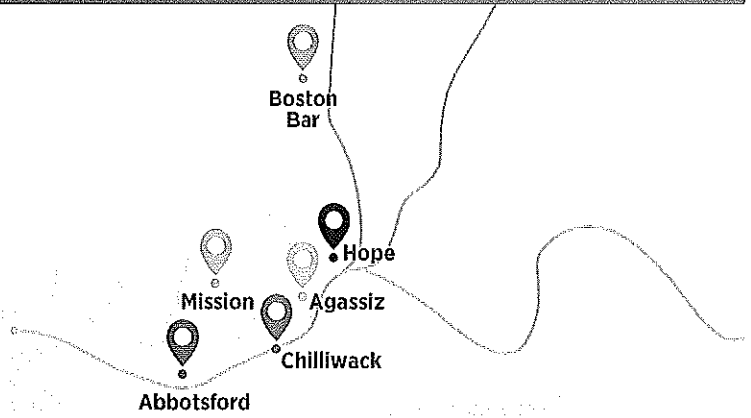
East Fraser includes:

Abbotsford, Chilliwack, Mission, Agassiz, Harrison Hot Springs, Hope and Boston Bar.

- MCFD, SDA Map

51% of the overall population of East Fraser lives in **Abbotsford**.

- Census 2016



12.2% of the overall population are children between **0-9 years old**.

- Census 2016

26

First Nations Communities.

- First Nations Health Authority



6.5% of the overall population report **Aboriginal Ancestry** (higher than 5.8% for BC).

- Census 2016

The majority of people in East Fraser speak English at home.

- Census 2016



The top source countries for immigrants in the Region are; India, United Kingdom, United States, Philippines, Netherlands and Germany.

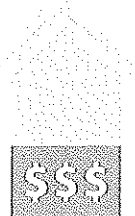
- Census 2016



25.4% of the region spends more than **30% of their household income** on housing.

Mission is the worst at **28.1%** of their population.

- Census 2016



The region has grown in population by **8%** between 2006 and 2016.

43%

of Fraser Valley residents have moved within the last 5 years.

- Census 2016



Between 2006 and 2016, **Kent** has grown the most at **23%**.



2018 projections are for another **11%**, with **Kent** and **Chilliwack** the most popular locations.

- Census 2016



44% of workers in the Fraser Valley work outside the community they live in.

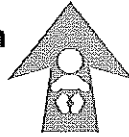
- Census 2016



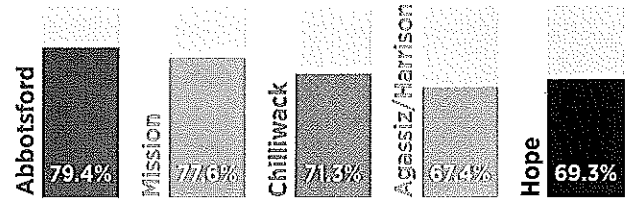
Highest overall birth rate is in **Abbotsford**, followed by Chilliwack, Mission, Agassiz-Harrison and Hope.

All of the Fraser East has had **teen birth rates** that were above that of Fraser Health overall.

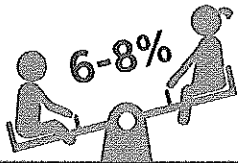
- Fraser Health



Percent of 2 year olds who are fully immunized for age in 2016 in Fraser East.



- Fraser Health



of all students in East Fraser are in **Kindergarten**.

The hardest types of child care to find are **Infant-Toddler and Out of School Care**.

- Local CRRs

In 2017 we had enough licensed childcare spaces for **12.8%** of our population of children aged **0-12 years**.

- MCFD



32% of children are vulnerable on more than one area prior to Kindergarten in BC.

The average across East Fraser Communities is **37%**.

The domain of Physical Health is of particular concern in Fraser Cascade.

- Human Early Learning Partnership (UBC)



Speech & Language services in Fraser East communities:

- ▶ The average number of children (0-5yrs) seen per month is **275**.
- ▶ The average wait time for the first appointment is **3-6 months**.
- ▶ The average wait time for a follow-up appointment is **3-6 months** depending on the needs of the child.

Common concerns requiring speech and language therapy:

- ▶ Not meeting speech and language milestones (e.g. late talker).
- ▶ Disordered speech and language (e.g. apraxia).



Audiology services in Fraser East communities:

- ▶ 97% of newborns are screened for hearing loss.
- ▶ The average number of children (birth-19yrs) seen per month is **275**.
- ▶ The average wait time is **2-10 months** depending on the community and needs of the child.

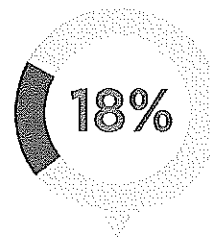
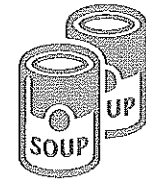
Common concerns requiring audiology services:

- ▶ Rule out hearing loss.
- ▶ Provide support for temporary and permanent hearing loss.

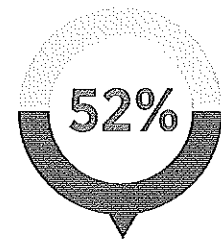
- Fraser Health Speech Language Pathology Program, Aug 2018.
- Fraser Health Audiology East & Early Hearing Program, Aug/Sep 2018.

32.2% of food bank users in East Fraser are **children**.

- UFV Project, Chilliwack Poverty Reduction Committee



of **all children** in the Fraser Valley live in poverty.



of **lone parent families** live in poverty in the Valley.

- 2017 BC Child Poverty Report Card (First Call)

300

Children were in the care of the Ministry of Children & Family Development for the East Fraser Region, as of September of 2018.

1366

Children were being served by MCFD's Child and Youth with Special Needs Services, as of June 30.

428

Children were in the Care of FVCFSS (Delegated Aboriginal Agency), as of September 2018.

- MCFD



298 children and youth were **waiting for Child and Youth Mental Health Services** in the Region; 58.4% of those were in Abbotsford, as of June 2018. - MCFD

How can I prepare for a school-based team meeting for my child?

- Talk to your child. Ask them what is working, what is not working, and what they believe could improve for them at school. Ask them what supports they feel they need.
- Think about your child in your home and community setting. What are their strengths, interests and areas of difficulty, outside of the school environment?
- Gather information about any supports that your child may be receiving outside of the school environment (counselling, behaviour/ academic support, doctor's advice, prescriptions, etc.). School-based teams strive to coordinate their school services with services provided through our community.
- Write down questions that you may have for the school-based team to help you remember. How is your child doing in class? What are the strengths and struggles/stretches that the school has identified? What supports can the school provide to help your child become even more successful?

My next school-based team meeting is...

Date: _____

Time: _____

Location: _____

What should I bring/prepare?

Who can I contact at the school if I have more questions?

Planning
Collaboration Growth
Support Community Caring

School-Based Team Meetings

Teamwork Sharing Partners
Relationships Inclusion
Together

Helpful Information for Parents and Guardians



Chilliwack
School District

What is a school-based team?

A school-based team is a core group of staff within a school who meet on a regular basis to problem solve, make suggestions, and plan interventions for students who are struggling with any aspect of their education.

Who attends a school-based team meeting?

In general, the following people attend school-based team meetings:

- Principal and/or vice principal
- Learning assistance teacher and/or resource teacher
- Classroom teacher(s)
- School counsellor
- Student's parents or guardians
- Student (in consultation with the student's parent or guardian)

Parents and guardians may choose to invite a student/family support person or advocate to the meeting. If you are attending your first school-based team meeting, having a supportive friend or family member with you may help you feel more comfortable.

Schools may also invite additional school or district staff members to the meeting to help create a plan to support the student.

How is a student referred for a school-based team meeting?

A school-based team meeting can be requested by a teacher, school counsellor, principal or vice principal, or a student's parent or guardian.

After a meeting has been requested, a member of the school-based team will contact the student's parent or guardian to schedule a time and date for the meeting. Parents and guardians will always be informed if their child is referred for a school-based team meeting.

If you would like to request a school-based team meeting for your child, please contact the school principal or your child's school case manager.

What will happen during a school-based team meeting?

During a school-based team meeting, team members will discuss a student's progress at school. A student's struggles/stretches and strengths will be reviewed.

When areas where a student may be having difficulty have been identified, the team will brainstorm, problem-solve, and recommend strategies and interventions.

What will happen after a school-based team meeting?

After a school-based team meeting, one of the team members will file and distribute the meeting minutes. These minutes will summarize the main points that were discussed during the meeting and will include a plan to support the student.

Parents and guardians, as well as school staff members that work with the student, will receive a copy of the school-based team meeting minutes.

The strategies and interventions that are recommended by the school-based team will be implemented and monitored.

Where can I find more information about school-based teams?

Chilliwack School District,
Student Services Department

<http://sd33.bc.ca/learning-services>



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