

# Anaphylaxis Policies

## (School Boards, Provinces & Territories)

Each province and territory in Canada has its own Ministry of Education or Department of Education which governs schools within its region. Some Ministries are responsible for publicly funded schools only while others also cover private schools and child care centres.

Users of this manual are encouraged to first check what information is available **before** starting to develop an anaphylaxis policy. Existing policies can be compared with those of other boards or provinces for ideas and best practices. Many policies are available on school board and provincial websites and some schools post their anaphylaxis plans on their school websites.

We have provided general information from a variety of sources below. (Website links were accurate at time of writing.)

### **Canadian School Boards Association (CSBA)**

The CSBA represents over 400 school boards. A copy of *Anaphylaxis: A Handbook for School Boards*, published in 2001, has useful information. The manual, available in English and French, can be downloaded for free from the CSBA website at [www.cdnsba.org](http://www.cdnsba.org) (go to Publications). (See Appendix K for additional contact information.)

### **Ontario**

In May 2005, the Ontario government passed a new law, *Bill 3: An Act to protect anaphylactic pupils*, which affected all publicly funded schools in Ontario. Named "Sabrina's Law" in honour of an Ontario student who died following an anaphylactic reaction in 2003, the law became effective January 1, 2006. The first legislation of its kind in Canada, this law requires that every school board establish and maintain an anaphylaxis policy. It also requires that principals develop individual plans for pupils at risk of anaphylaxis. (Download a copy of the Bill at the Legislative Assembly of Ontario website: [http://www.ontla.on.ca/web/bills/bills\\_detail.do?locale=en&BillID=135&isCurrent=false&ParlSessionID=38%3A1](http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=135&isCurrent=false&ParlSessionID=38%3A1).)

On May 2, 2007, the Ontario Ministry of Children and Youth Services amended the *Day Nurseries Act* to require that all licensed daycare facilities in Ontario have an anaphylaxis policy in place to help protect those children at risk of anaphylaxis within a daycare setting. For more information regarding this amendment, please refer to The Day Nurseries Act - R.R.O. 1990, Reg. 262, Health & Medical Supervision, section 36.1 at [http://www.e-laws.gov.on.ca/html/regs/english/elaws\\_regs\\_900262\\_e.htm#BK7](http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900262_e.htm#BK7).

## **Alberta**

In May 2007, the Alberta School Boards Association (ASBA) issued a policy advisory on anaphylaxis. The ASBA policy advisory provides school boards with voluntary guidelines for developing their own procedures for safeguarding students at risk of anaphylaxis. Alberta Education launched its Allergy Anaphylaxis Informational Response (AAIR) kit in March 2008. The resource was developed in response to the policy advisory to provide school administrators and staff with a comprehensive package of information and hands-on training materials for managing allergic conditions such as asthma and anaphylaxis in the school community. Additional information about the ASBA policy advisory and the AAIR resource is available at [www.education.alberta.ca/aaair](http://www.education.alberta.ca/aaair).

## **British Columbia**

In September 2007, the Ministry of Education announced the signing of the *Anaphylaxis Protection Order*. This ministerial order, which carries the force of law, requires all BC school districts to have anaphylaxis policies and procedures in place to protect allergic students. School policies for managing anaphylaxis must be developed in accordance with the *Anaphylactic and Child Safety Framework (September 2007)*. The Ministry's "Core Anaphylaxis Resources" including the Order, the Framework and additional supporting materials for teachers, parents and administrators is available on the British Columbia School Trustees Association website at <http://www.bcsta.org/anaphylaxis>.

## **Manitoba**

Since 1995, Manitoba has been implementing the Unified Referral and Intake System (URIS) which is a partnership involving the provincial government departments of Family Services and Consumer Affairs; Education; Health; and Healthy Living, Youth and Seniors. URIS provides support to children with special health care needs when they are apart from their parents/guardians and attending school, a licensed child care program, a recreation program or are receiving respite, i.e. special care. Life-threatening allergies (anaphylaxis) are one of the health care needs addressed by URIS. The URIS Ministers issued a provincial directive requiring school divisions and child care facilities to develop local policies regarding anaphylaxis in May 2002. In October 2008, Bill 232 (*The Public Schools Amendment Act – Anaphylaxis Policies*) was passed to formalize, in law, a school board's obligation to develop an anaphylaxis policy. The Bill also gives the Minister of Education the discretionary authority to make regulations in this area. The amendment was proclaimed effective November 1, 2009. For more information about *The Public Schools Amendment Act*, go to <http://web2.gov.mb.ca/bills/39-2/b232e.php>.

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In 2008, Manitoba passed the Child Care Safety Charter – the first legislation of its kind in Canada which mandates safety plans and codes of conduct in child care facilities. While these facilities have been using the Manitoba guide *Caring for Children with Anaphylaxis in a Child Care Program* since 2002, this new legislation will require them to develop comprehensive and coordinated policies and procedures to meet the needs of children who have diagnosed anaphylaxis. The Charter is expected to be proclaimed in 2010. For more detail, see <http://web2.gov.mb.ca/laws/statutes/2008/c01808e.php>.

### **New Brunswick**

In 1999, the New Brunswick Department of Education issued a Health Support Services Policy for anaphylaxis stating: “This policy defines standards and procedures required for the provision of health support services to students while they are the responsibility of the public education system, recognizing this responsibility is shared among parents, the public education system and health care providers.” The policy was revised in 2004 and again in 2008. Section 6.6.1 of Policy 704 is specific to life-threatening allergies and risk of anaphylactic reaction. A copy of the policy can be downloaded from the Government of New Brunswick website at <http://www.gnb.ca/0000/policies.asp> (look under Health and Safety, Policy 704). Note that the appendices are listed as separate downloadable documents.

### **Newfoundland and Labrador**

In January 2007, the Department of Education, Division of Student Support Services issued a draft policy & guidelines for anaphylaxis. The document provides schools with voluntary guidelines for the safe management and response to students at risk of anaphylaxis. The draft document is being reviewed and the final version will be available on the Department of Education website ([www.ed.gov.nl.ca/edu](http://www.ed.gov.nl.ca/edu)) at a later date.

### **Nova Scotia**

The Nova Scotia Department of Education is in the process of updating anaphylaxis protocols for schools in collaboration with school boards, allergy clinics and local district health authorities, in reference to *Anaphylaxis in Schools & Other Settings*. School boards currently work with their partners in health to develop local policies, protocols or individual emergency health care plans for students with life-threatening illnesses or conditions. In addition, the provincial Special Education Policy outlines the collaborative individual program planning process which schools follow in programming and providing support services for students with special needs, including special health care needs. When this updating process has been completed, information will be made available online at [www.ednet.ns.ca](http://www.ednet.ns.ca).

## Prince Edward Island

The Minister of Education and Early Childhood Development issued a directive in September 2008 concerning Procedures for Dealing with Life-threatening Allergies, stating that "The purpose of this Directive is to provide guidance to parents and school personnel concerning procedures for managing students who have life-threatening allergies and are at risk of anaphylaxis." To view the Minister's Directive, go to the Government of Prince Edward Island website: <http://www.gov.pe.ca/educ/index.php3?number=1024332&lang=E>. To download a copy of the *Information Handbook on Anaphylaxis*, Third Edition, September 2006, published by the Department of Education and the Department of Health, go to: [http://www.gov.pe.ca/educ/photos/original/anasept\\_2006.pdf](http://www.gov.pe.ca/educ/photos/original/anasept_2006.pdf).

## Quebec

In Quebec, health issues in schools and child care centres are managed by a joint committee within the Ministère de l'Éducation, the Ministère de la Famille, des Aînés et de la Condition féminine, and the Ministère de la Santé. School nurses, working for the Ministère de la Santé et des Services sociaux (the health ministry), manage the emergency plans of allergic children in schools and child care settings and are responsible for the anaphylaxis training of personnel. Following the publication of anaphylaxis treatment recommendations by the Association québécoise des allergies alimentaires (AQAA) and the joint committee in 1998 and 2005, each school board and regional child care association in Quebec has developed and updated its own protocol. Most protocols are similar from region to region and outline the responsibilities of administrators, students, parents, teachers and others, and provide treatment guidelines.

## Yukon

In 2005, the Yukon Department of Education issued its "Administration of Medication to Students" policy to support public school students with severe and life-threatening illnesses and allergies. The policy was revised in 2006. Related education policies that cover the topic of food allergies include "School Nutrition" and the "School Sale of Home Prepared Foods to the Public". Additional information about these policies is available at [www.education.gov.yk.ca/policy/allergies.html](http://www.education.gov.yk.ca/policy/allergies.html).

## Board Policies & School Plans

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Every school board should have a written anaphylaxis policy and written procedures which provide minimum standards, as outlined below, for schools within its region. Board policies should be flexible enough to allow schools and classrooms to adapt to the needs of individual children and differences in the organizational and physical environment of schools. Each school should develop its own written anaphylaxis plan which is specific to its environment and complies with the board policy.

At the school level, consideration must be given to factors such as the age and number of children at risk, location of eating areas, level of supervision, and size of the school. Principals should work with staff, parents of allergic children, and school nurses (where available) to develop a written anaphylaxis plan. The most successful board policies and school anaphylaxis plans cultivate understanding and enlist the support of the entire school community.

School board policies should include, but are not limited to:

- An overview of anaphylaxis – definition, signs and symptoms
- A requirement that every school principal:
  - Ensure that, upon registration, parents, guardians and pupils provide information on life-threatening allergies.
  - Develop an individual plan for each pupil at risk of anaphylaxis which covers risk reduction strategies and an Anaphylaxis Emergency Plan. (The individual plan will be common for most pupils at risk where allergies and age levels are similar.)
  - Maintain a file for each pupil at risk which includes proof of diagnosis, current treatment, an emergency procedure for the pupil, and current contact information. Proof of diagnosis could be any of the following:
    - a) Anaphylaxis Emergency Plan which has been signed by a physician
    - b) Written treatment protocol/instructions prepared and signed by a physician
    - c) Copy of a prescription for an epinephrine auto-injector where available (Note: prescriptions are kept by pharmacists when an order is filled.)

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**Note:** Some school boards may choose to allow a parent or guardian to note “*on file*” if a physician’s signature has already been obtained (e.g. on previous Anaphylaxis Emergency Plan or written instructions about treatment protocol), if there has been no change in the child’s condition or treatment strategy. The document with the physician’s signature should be kept in the pupil’s file for future reference.

- General strategies that reduce the risk of exposure to allergenic substances in classrooms and common school areas:
  - Responsibilities should be defined for: school board, principals, nurses, parents, pupils, school employees, foodservice employees, bus drivers, and volunteers.
  - Some school boards ask bus companies to reinforce a ‘no eating’ rule on the bus during daily travel. With proper education and planning, eating on the bus can be allowed for longer trips.
- Medical forms and medication:
  - Anaphylaxis Emergency Plan (form with photo identification, specific details about pupil’s allergies, and emergency contact information)
  - Requirements for the location of medications to treat anaphylaxis (i.e. epinephrine auto-injectors)
- A requirement that every school principal arrange for regular training (annually at a minimum) for all employees and others who are in contact with pupils at risk of anaphylaxis. “Others” may include service providers such as foodservice staff and bus drivers, who are typically not employees of a board, volunteers and lunchroom supervisors. (One board stipulates in its Request for Proposals that bus companies provide safety training for their drivers, including training in the use of an epinephrine auto-injector in addition to basic first aid.)
- General guidelines for responding in an emergency situation.
- A communication plan for the dissemination of information on life-threatening allergies to parents, pupils and employees.