Anaphylaxis Policies

(Provinces, Territories & School Boards)

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 day 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 (go to Publications) or ordered. (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 will affect 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 becomes effective January 1, 2006. 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 Ontario Legislative Assembly website: http://www.ontla.on.ca/documents/Bills/38_Parliament/Session1/b003rep_e.htm.)

Prince Edward Island

The Minister of Education issued a directive in July 1997 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 anaphylactic shock." To view the Minister's Directive, go to the Government of Prince Edward Island website: http://www.gov.pe.ca/educ/index.php3?number=76608.

To download a copy of the *Information Handbook on Anaphylactic Shock,* Second Edition, July 1997, published by the Department of Education and the Department of Health and Social Services, go to: http://www.gov.pe.ca/photos/original/ed_anaphylactic.pdf.

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." 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.

Quebec

In Quebec, both private and public schools fall under the jurisdiction of the Ministère de l'Éducation. The subsidized day care system (about 1,400 day care centres) falls under another ministry (the Ministère de la Famille, des Aînés et de la Condition féminine) and under a separate day care law (*Loi des CPE*). Health issues in schools and day 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.

In 1998, the Association québécoise des allergies alimentaires (AQAA) published a special newsletter in both French and English which focused on the prevention and management of food allergy and anaphylaxis in schools and day care settings. (The French title is "Les Mets Sages: Prévention des allergies alimentaires à l'école et en service de garde", while the English title is "Les Mets Sages: Preventing food allergies at school and in day care centres".) Information was based on the original 1995 CSACI consensus statement, *Anaphylaxis in Schools and Child Care Settings*. Reviewed by AQAA medical advisors, the newsletter was distributed by the Ministère de l'Éducation and the Ministère de la Santé to all elementary schools and day care associations in Quebec. A copy of the French version of this document can be downloaded from the Ministère de la Santé website at http://www.msss.gouv.qc.ca/documentation/publications.html (click on M). The English version can be ordered from the AQAA. (See Appendix K for contact information.) Subsequently, each school board and regional day care association in Quebec has developed 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.

Board Policies & School Plans

Every school board should have a written anaphylaxis policy and written procedures which provide minimum standards, as outlined below, for schools within its region. (In Ontario, all school boards **must** have an anaphylaxis policy by January 1, 2006 in accordance with Sabrina's Law.) 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.)

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 a previous Anaphylaxis Emergency Plan or written instructions about treatment protocol), and 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.
- 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.