

# Anaphylaxis Policies

## (Provinces, Territories and 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 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.)

### 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 [www.bcsta.org/anaphylaxis](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 Health, Seniors and Active Living; Families; and Education and Training. URIS provides support to children with special healthcare needs when they are apart from their parents/guardians and attending school, a licensed child care program, or are receiving respite, i.e. special care. Life-threatening allergies (anaphylaxis) are one of the healthcare 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 and Training 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 [web2.gov.mb.ca/bills](http://web2.gov.mb.ca/bills).

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, the legislation requires them to develop comprehensive and coordinated policies and procedures to meet the needs of children who have diagnosed anaphylaxis. The Charter was proclaimed and came into force on May 1, 2010. For more detail, go to [web2.gov.mb.ca/bills](http://web2.gov.mb.ca/bills).

## New Brunswick

In 1999, the New Brunswick Department of Education and Early Childhood Development issued Policy 704 – 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 healthcare 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 link at [www.gnb.ca](http://www.gnb.ca). The appendices are listed as separate documents and can be downloaded by clicking the links throughout the policy.

## Newfoundland and Labrador

In 2015, the Division of Student Support Services, Department of Education and Early Childhood Development released its Guidelines for Anaphylaxis Management in Schools which can be downloaded from [www.ed.gov.nl.ca/edu](http://www.ed.gov.nl.ca/edu).

## Northwest Territories

A Ministerial Directive on Inclusive Schooling, 2006, directs education boards to have written policies and procedures for the access, storage and administration of medications to students. Additionally, the teacher resource kit, *Programming for Student Success, 2008*, provides links to information on dealing with anaphylaxis in schools. To access the Directive and Support Guide, go to [www.ece.gov.nt.ca/](http://www.ece.gov.nt.ca/).

## Nova Scotia

The Nova Scotia Department of Education & Early Childhood Development Student Services website (<http://studentservices.ednet.ns.ca>) provides information for schools, teachers, students and parents regarding policies, guidelines and support documents related to various aspects of educational programming and supports for students with special needs, including healthcare needs. There is a direct link to the IWK Health Centre to access the PowerPoint presentation *Anaphylaxis: Education for a Life Threatening Allergic Reaction*, developed for Nova Scotia schools. The *Special Education Policy (2008)* outlines the collaborative team process, which includes parents as team members, that schools follow in planning for individual student programming and support needs. A provincial online student information system, which includes emergency health alerts on individual student records, is currently being implemented in all school boards. Templates for Health Care and Emergency Plans are included in this system and the Anaphylaxis Emergency Plan contained in *Anaphylaxis in Schools & Other Settings* can be attached.

## Nunavut

Nunavut has an anaphylaxis response protocol in its Emergency Prevention, Preparedness and Crisis Response Manual developed by the Department of Education in consultation with Health, Community and Government Services and Family Services and approved by the Safe Schools and Anti-Violence Committee which is a joint committee of the Government of Nunavut and the Nunavut Teachers' Association. Additional information is available on the Government of Nunavut website ([www.gov.nu.ca](http://www.gov.nu.ca)).

## Ontario

In May 2005, the Ontario government passed a new law, *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 came into effect on 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. For more information, refer to *Sabrina's Law, 2005* – S.O. 2005, Chapter 7 at [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca).

On January 1, 2012 the Ontario Ministry of Education (EDU) assumed full responsibility for licensed child care in the province. Ontario sets policy and establishes the legislative/regulatory framework

for licensed child care under the *Child Care and Early Years Act, 2014* (CCEYA) which establishes provincial standards which must be met by licensed child care operators to help protect and promote the health, safety and well-being of children. Regulations under the CCEYA require that all licensed child care operators in Ontario have an anaphylaxis policy in place in each child care centre operated by the licensee and each location where home child care (license) is provided to help protect those children at risk of anaphylaxis within a regulated child care setting. For more information regarding the requirements, refer to Ontario Regulation 137/15: [www.ontario.ca/laws/regulation/150137](http://www.ontario.ca/laws/regulation/150137).

## Prince Edward Island

The Minister of Education and Early Childhood Development issued an updated directive in August 2011 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.” The Minister’s Directive is included in the *Information Handbook on Anaphylaxis*, Fourth Edition, August 2011. To download a copy of this handbook, published by the Department of Education and Early Childhood Development and the Department of Health and Wellness, go to: [www.gov.pe.ca](http://www.gov.pe.ca).

## Quebec

In Quebec, health issues in schools and child care centres are managed by the *Ministère de l'Éducation du Loisir et des Sports*, the *Ministère de la Santé et des Services Sociaux* and the *Ministère de la Famille*. School nurses work either in the private school system or within the public system under the *Ministère de la Santé et des Services sociaux* (the health ministry). School nurses manage the anaphylaxis training of personnel as well as the emergency plans of allergic children in schools and *services de garde* (after school care). Other healthcare professionals in these settings, such as dental hygienists, can also respond to emergency situations involving anaphylaxis. Following the publication of anaphylaxis treatment recommendations by Allergy Quebec (formerly Association québécoise des allergies alimentaires) in 1998 and 2005, each school board and child care centre in Quebec develops and updates its own protocols. Most protocols are similar from region to region, and are based and updated on best practice guidelines relating to intervention and treatment as outlined by the pre-hospital emergency services (*Services préhospitaliers d'urgence*).

## Saskatchewan

In Saskatchewan, the Ministry of Education, in partnership with stakeholders including school divisions, schools, families, inter-ministry groups, students and human service agencies, continues the journey towards actualization of a needs-based model of identifying and providing supports for all students. The needs-based model focuses on developing and implementing procedures and practices to support all learners. Provincially students with specific health, medical and personal care needs, such as students living with life-threatening allergies (anaphylaxis), should be involved

in a collaborative individualized planning process that results in the creation of an Inclusion and Intervention Plan (IIP). This plan provides written documentation of the student's specific needs, an outline of the supports required to optimize learning, and specific strategies and plans that will optimize the child's safety, not only at school, but, within the home and community as a whole. In September 2015, the Saskatchewan School Boards Association issued its "Managing Life-Threatening Conditions Policy Advisory" which includes anaphylaxis and is available at [www.saskschoolboards.ca](http://www.saskschoolboards.ca).

## 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 and 2013. Related education policies that cover the topic of food allergies include "School Nutrition" and the "School Sale of Home Prepared Foods to the Public". Yukon Education also implemented an Anaphylaxis Policy in September 2012 to clarify roles and responsibilities in managing anaphylactic emergencies in public schools. Additional information about these policies is available at [www.education.gov.yk.ca](http://www.education.gov.yk.ca).

## 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. 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 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.