



Alberta School Boards Association Anaphylaxis Policy Document

Background

*Bill 201: Protection of Students with Life-Threatening Allergies Act*¹ (2019) addresses the need for students with life-threatening allergies to feel safe and supported at school. It acknowledges that “while parents and students remain responsible for providing schools with information regarding life-threatening allergies and supplying the required medication for use at school if needed, the safety of students with life-threatening allergies is vitally important and it is necessary to provide policies, procedures and emergency medication to protect these students.”

This act aligns with the provisions in the *Education/School Act* for students’ entitlement to “welcoming, caring, respectful and safe learning environments” and, with proclamation of the *Education Act*, the recognition of “the importance of an inclusive education system that provides each student with the relevant learning opportunities and supports necessary to achieve success.”

Anaphylaxis, defined in Bill 201 (2019) is “a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock”, and is an ongoing public health concern. Many school boards in Alberta already have existing policies and procedures in place for allergen avoidance, identification of individuals, emergency responses, training, and communication.

Across Canada, there are a number of anaphylaxis policies. British Columbia has the *Anaphylaxis Protection Order* (2007); Manitoba has a series of amendments and legislation which requires mandatory safety plans for children and students; New Brunswick passed the *Policy 704, Health Support Services Policy*; and, in 2006, Northwest Territories issued a ministerial directive as to the requirement for school boards to develop and maintain policies for administering medication to students. Ontario was the first to legislate that school boards develop and maintain policies on anaphylaxis by passing *An Act to Protect Anaphylaxis Pupils* (2005), also known as *Sabrina’s Law*.²

Once Bill 201 comes into force on January 1, 2020, every school board in Alberta will be required to establish and maintain an anaphylaxis policy. The following are recommended and required policy and procedure elements for school boards, based on Bill 201; previous work done by the

¹ Bill 201, Hansard discussion links and readings can be viewed here:

Bill 201: Protection of Students with Life-threatening Allergies Act (2019) 30th Legislature, 1st Session.
https://www.assembly.ab.ca/net/index.aspx?p=bills_status&selectbill=201&legl=30&session=1

² For more information on policies and legislation across Canada see: Canadian Society of Allergy and Clinical Immunology (2016) *Anaphylaxis in Schools and Other Settings*, 3rd ed. <https://csaci.ca/patient-school-resources/>

Alberta School Boards Association (ASBA); and, recommendations from leading allergy/asthma organizations.

School boards may need to review current policies and administrative regulations to ensure that they align with this legislation. ASBA consultants are available to assist with this work.

Suggested Policy Statement

An overall policy statement defines a school board's position on a particular issue. The consensus of expert opinion is that the goal of an anaphylaxis policy is to create an allergy-safe or allergy-aware environment rather than an allergy "free" environment; further, that the management of students who are at risk of life-threatening allergies is a shared responsibility among the individual; parents; the school system; and, health care providers.

Policy Elements

About anaphylaxis (Recommended)

This section of the policy/procedure should briefly define anaphylaxis and provide a short overview of potential triggers, signs and symptoms, and the urgent need to respond appropriately.

Identifying individuals at risk (Required)

Each board must ensure that parents/legal guardians and students are asked to supply information on life-threatening allergies, if any, upon enrollment. Each school operated by the board must maintain a file for each student who has an anaphylactic allergy. This file must include current treatments; copies of prescriptions; instructions from health professionals; and, a list of emergency contacts. The Canadian Society of Allergy and Clinical Immunology recommends using a consent form for administration of epinephrine auto-injectors³, however the manner of consent from parents or students may be prescribed by a regulation. It is the responsibility of parents and students to ensure that student records regarding allergens are kept up to date. In addition, policy guidelines need to address the issue of the undiagnosed individual. Bill 201, section 7 provides that if an anaphylactic reaction is suspected, an employee may administer epinephrine or other prescribed medicine to the student even if there is no preauthorized consent.

- Bill 201 states that the anaphylaxis policy shall include: "a requirement that the board ensures that (ii) upon enrollment, parents and students are asked to supply information on life-threatening allergies, if any, and (iii) each school operated by the board maintains a file for every student who has an anaphylactic allergy including any current treatments, copies of any prescriptions, any instructions from health professionals and a current emergency contact list."

Communication Plan (Required)

Effective and planned communication strategies that target the different participants in a school community will help to reduce fear and uncertainty while building capacity to respond to individuals with severe allergies.

³ Canadian Society of Allergy and Clinical Immunology (2016), pg. 20.

- Bill 201, section 2(2)(b) states that the anaphylaxis policy shall include: “a communication plan for the dissemination of information on life-threatening allergies to parents, students and employees.”

Allergen avoidance strategies (Required)

Allergen avoidance strategies are fundamental to preventing an allergic reaction. Specific allergen avoidance strategies need to be based on the developmental age of the student and the particular allergen. An avoidance strategy should not imply a guarantee (e.g. peanut free) or that there is zero risk. Rather, allergen avoidance strategies should strive to create an “allergy-safe” rather than an “allergen-free” environment.

- Bill 201, section 2(2)(a) states that the anaphylaxis policy shall include: “strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and school common areas.”

An emergency response plan (Required)

The creation of an accurate and up-to-date emergency response plan for each individual at risk of life-threatening allergies is the cornerstone of a school’s severe allergy management plan. The school emergency response protocol will have similar requirements. A personalized plan must be developed for each individual diagnosed as being at risk of life-threatening allergies, in conjunction with the child’s parent(s)/guardian(s) and the physician. To address the issues of consent and medical efficacy, this plan should be signed by the child’s parent(s) and the physician, and kept on file in a location readily accessible to employees and others who on a regular basis are in direct contact with the student.

- Bill 201, section 2(2)(d) states that the anaphylaxis policy shall include: “a requirement that the board ensures that (i) a risk reduction plan that meets the requirements set out in section 3 is in place in each school.”
- Under section 3 a risk reduction plan for a school shall include: “(c) a readily accessible emergency procedure for each student, including emergency contact information...”
- Bill 201 has a provision (s. 7) on the emergency administration of medication which states that even if there is not preauthorization to administer epinephrine an employee may administer the medication if they have reason to believe that the student is experiencing an anaphylactic reaction.
- Bill 201, section 8(1) also provides protection from liability for a person acting in good faith in response to an anaphylactic reaction, unless they were grossly negligent.
- Bill 201, section 5 requires that all school sites maintain at minimum one (1) epinephrine auto-injector, in accordance with the regulations. This may mean an additional cost to regular school medical supplies if this is not yet in place.

Training strategy (Required)

The need for regular and comprehensive training is an important component of a school’s anaphylaxis plan. Training all employees is important in recognizing the symptoms of an anaphylactic reaction and in the proper administration of the epinephrine auto-injector.

- Bill 201 section 2(2)(c) states that the anaphylaxis policy shall include: “mandatory regular training on dealing with life-threatening allergies for all employees.”

A listing of roles and responsibilities (Recommended)

The safety of students at risk of life-threatening allergies depends on the cooperation of the entire school community including students, parents and school personnel. Each must understand and fulfill their role in a school’s anaphylaxis management plan.

Considerations

Each school board must determine how they will be affected by Bill 201 within their own local context; however, the following are general implications of which they should be mindful of during policy development or review:

- **Policy review:** School boards with existing policies and procedures will need to ensure alignment with the requirements outlined in Bill 201.
- **Stock epinephrine auto-injectors:** Each school site will be required by law to have a minimum of one (1) epinephrine auto-injector at each school site. The Canadian Society of Allergy and Clinical Immunology recommends that more than one epinephrine auto-injector be available in the event that a second one is needed in an emergency situation.⁴ This may mean increased school supplies budgets if this is not already a practice.
- **Protection from liability:** This section ensures protection from liability for persons acting in good faith in response to an anaphylactic reaction in accordance to the *Act*. This clarifies the liability of teachers, teaching assistants, and other regular school board employees when intervening in a medical emergency concerning anaphylactic reactions if they act in accordance to the established policies.
- **Mandatory regular training:** Bill 201 does not explicitly address what standard of training should be provided to all employees.⁵ School boards will need to establish what level and type of training would be reasonable and appropriate for all employees. It is recommended that standardized training be administered annually to ensure equitable knowledge for all employees.⁶ School boards may need to track training of employees to provide evidence of due diligence and “good faith” (s. 8(1)).
- **Preauthorized administration of medication:** A consent form is a recommendation provided by the Canadian Society of Allergy and Clinical Immunology.⁷ While it is not

⁴ Canadian Society of Allergy and Clinical Immunology (2016), pg. 3.

⁵ The June 17, 2019 Hansard discussion includes a statement made by Ms. Armstrong-Homeniuk regarding training for school employees: “Schools must have regular training for their employees. Food Allergy Canada has a free 30-minute online course for educators and for the general public. I think this would be sufficient as far as the bill is concerned.”

Alberta Hansard, June 17, 2019, (Ms. Armstrong-Homeniuk) pg. 825.

http://www.assembly.ab.ca/ISYS/LADDAR_files/docs/hansards/han/legislature_30/session_1/20190617_1330_01_han.pdf#page=15

⁶ Canadian Society of Allergy and Clinical Immunology (2016), pg. 19.

⁷ Canadian Society of Allergy and Clinical Immunology (2016), pg. 20.

legislated to obtain and maintain a consent form, it remains to be seen in what manner consent will be regulated to be obtained as per section 6(1) of Bill 201. The template or format may change depending on the regulation, therefore pre-existing procedures and templates may need to be updated should a regulation come into force.

ASBA has a number of Education Consultants who can support boards in policy development and review. Contact us for more information at <https://www.asba.ab.ca/about/consulting/>.

Online Resources

These resources are for information only. It is the responsibility of each school board or school site to review and determine whether these resources fit their needs.

- Allergy/Asthma Information Association <https://asthma.ca/allergies/about-allergies/>
Website provides information on allergies associated with asthma including triggers and symptoms, preventative measures, and treatment.
- Allergy Aware <https://www.allergyaware.ca/>
Website provides access to three free online courses: Anaphylaxis in Schools; Anaphylaxis in the Community; Anaphylaxis in Child Care Settings.
- Canadian Society of Allergy and Clinical Immunology (2016) *Anaphylaxis in Schools and Other Settings*, 3rd ed. <https://csaci.ca/patient-school-resources/>
Publication includes recommendations on identifying reactions, avoidance strategies, emergency plans, training and communications. There are a number of example forms and policies available for school boards. (Available English and French)
- EpiPen <https://www.epipen.ca/home>
Website provides instructions via posters, info sheets, and videos on how to use EpiPen. EpiPen has also developed a number of resources such as their bilingual training kit and their EpiPen 101 program.
- Food Allergy Canada <https://foodallergycanada.ca/>
Website provides a list of common allergies and symptoms, allergy-friendly recipes, as well as general information on allergies. It has a number of resources including policy examples, webinars, and Allergy Aware online training.

Sources

Alberta Hansard, June 17, 2019 (Ms. Armstrong-Homeniuk).

http://www.assembly.ab.ca/ISYS/LADDAR_files/docs/hansards/han/legislature_30/session_1/20190617_1330_01_han.pdf#page=15

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