CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO
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**BOARD ADMINISTRATIVE PROCEDURE**

ADMINISTRATIVE PROCEDURE

**704 – Anaphylaxis**

DIRECTIONAL POLICY

**700 – Healthy Schools and Workplaces**

## Title of Administrative Procedure:

Anaphylaxis

## Date Approved:

September 2026

## Projected Review Date:

September 2031

## Directional Policy Alignment:

The Administrative Procedure aligns with the Healthy Schools and Workplaces Directional Policy 700. The Board recognizes that the health and well-being of students and staff are foundational to their success. A healthy environment involves being respectful of one another's social, emotional, spiritual, and physical well-being. All members of the board, school, family, students, health care providers, and community partners have a collective responsibility to support creating healthy learning and work environments to keep students and staff safe.

## Alignment with Multi-Year Strategic Plan:

The Anaphylaxis Administrative Procedure supports the Board's Multi-Year Strategic Plan through its "to Nurture" tenant by creating a safe, supportive and healthy environment for all members of the CDSBEO community. The Board is committed to the safety and well-being of all students, staff and families and will ensure that all members of the CDSBEO community are aware of the directives outlined in this Administrative Procedure.

CDSBEO Strategic Plan

## Purpose

To provide a safe environment for children with life-threatening allergies by working to reduce the risk of exposure to allergens within the school environment and ensure that the appropriate responses to life-threatening allergies are in place.

## Action Required

It is the policy of the Catholic District School Board of Eastern Ontario that all students and staff have a right to safe and healthy learning and work environments. There are individuals who have life-threatening, anaphylactic allergies. Anaphylaxis management is a shared responsibility among individuals with life-threatening, anaphylactic allergies, parents/guardians, and the entire school or workplace community. PPM 161: Supporting Children and Students with Prevalent Medical Conditions in Schools states that any policy developed to support students with life-threatening allergies should have as its goals:

- To support students with prevalent medical conditions to fully access school in a safe, accepting, and healthy learning environment that supports well-being.
- To empower students as confident and capable learners to reach their full potential for self-management of their medical condition(s), according to their Plan of Care.

While it is not possible to create a risk-free environment, students, staff, and parent(s)/guardian(s) can take important steps to minimize potentially fatal allergic reactions. There are key factors to consider in providing a safe, caring, supportive and inclusive environment for individuals living with life-threatening allergies. According to Bill 3, Sabrina's Law, 2005, school boards are expected to:

- Develop awareness in the school/workplace community about the management of allergens.
- Establish avoidance strategies to reduce the risk of exposure to allergens.
- Provide training on addressing life-threatening allergies.
- Develop and communicate a Plan of Care for each individual living with life-threatening allergies.

In the case of an emergency related to anaphylaxis, school staff should refer to the student's individualized Plan of Care, and the following steps should be taken:

1) Stay calm.
2) Give epinephrine auto-injector (EpiPen®) or epinephrine nasal spray (neffy®) at the first sign of a known or suspected anaphylactic reaction.
3) Dial 9-1-1. Students must go to the hospital, even if symptoms are mild or have stopped, as the reaction could worsen or return.
4) Give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.
5) Inform the emergency contact, as outlined in the student's Plan of Care.

Since anaphylaxis can be life-threatening, it must always be considered a medical emergency and treated promptly. If an individual, particularly a child, appears to be having an anaphylactic reaction, but staff is not sure, it is better to err on the side of caution and use epinephrine. The drug will not cause harm if given unnecessarily to normally healthy people, including children, and side effects are generally mild. According to Sabrina's Law, "no action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence." These Administrative Procedures provide direction to students, staff, parents, and the school/workplace community in understanding and fulfilling the Board's responsibilities under Sabrina's Law and PPM 161.

## Responsibilities

**The Board of Trustees is responsible for:**

- Reviewing this Administrative Procedure to ensure its alignment with the Healthy Schools and Workplace Directional Policy.
- Reviewing the "Anaphylaxis" administrative procedure as part of its regular Policy and Procedures review cycle.

**The Chief Executive Officer is responsible for:**

- Ensuring the implementation of and compliance with this Administrative Procedure.
- Providing leadership and designating resources to ensure the implementation of and compliance with this Administrative Procedure.

**Superintendents of Education are responsible for:**

- Overseeing implementation of the Anaphylaxis Administrative Procedure
- Ensuring training resources on prevalent medical conditions are available to all CDSBEO schools on an annual basis, particularly through the CDSBEO Vector Training portal. The scope of training should include the following:
    - Strategies for preventing risk of student exposure to inducers or causative agents.
    - Strategies for supporting including and participation in school.
    - Recognition of symptoms of a medical incident and a medical emergency.
    - Medical incident response and medical emergency response.
    - Documentation procedures.
    - Raising awareness with all CDSBEO staff of Board Administrative Procedures on prevalent medical conditions.
- Subject to relevant privacy legislation, and for the purposes of informing cyclical policy review, developing a process to collect data regularly, including, but not limited to, data

on the number of students with prevalent medical conditions at each school, on the number of occurrences of medical incidents and medical emergencies, as well as on the circumstances surrounding these events.

- Ensuring that school Principals are aware that a Plan of Care is completed and noted in the Aspen database for each student with a life-threatening medical condition, and that a copy of this form must be provided to the student's transportation provider.
- Ensuring that cafeteria and catering contracts are written to include provisions to address anaphylaxis including staff training, reducing the availability of foods with common allergens, implementing strategies for allergen risk management, and labelling ingredients on foods sold. Ingredient information should be available in a manner that is understandable to the consumer.

**Superintendent with responsibility for Transportation is responsible for:**

- Ensuring that transportation contracts include provisions for driver training on allergy avoidance strategies, emergency procedures, and awareness of students at risk on their routes.

**Superintendent with responsibility for Human Resource Services is responsible for:**

- Ensuring that there is appropriate training for responding to life-threatening allergic reactions available for staff and that the training is completed annually.
- Ensuring each school has developed a Plan of Care for each student and staff member with life-threatening allergies.

**Principals and Vice-Principals are responsible for:**

- Communicating, on an annual basis, Board policies on supporting students with prevalent medical conditions to parents, staff, and others in the school community who are in direct contact with students (e.g., food service providers, transportation providers, volunteers).
- Communicating to parents/guardians and appropriate staff the process for parents/guardians to notify the school of their child's medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care for Prevalent Medical Conditions form. This process should be communicated to parents, at a minimum:
- During the time of registrations.
- Each year during the first week of school, by providing an updated Authorization for Administration of Medication Form to be completed and returned.
- When a child is diagnosed and/or returns to school following a diagnosis.
- Co-creating, reviewing, or updating an individual student Plan of Care for each student

diagnosed with Anaphylaxis, based on the recommendation of the student's health care provider.

- Ensuring the Plan of Care is noted in the Aspen database.
- Respecting the confidentiality of students' medical information within the school environment, including practices for accessing, sharing, and documenting information. Schools must comply with applicable privacy legislation and obtain parental consent in the individual Plan of Care prior to sharing student health information with school staff, other students, or service providers. Parents/guardians and school staff should be informed of the measures to protect the confidentiality of students' medical records and information.
- Maintaining a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition.
- Providing relevant information from the student's Plan of Care to school staff, and others who are identified in the Plan of Care, as well as to occasional staff, volunteers, co-operative education placement staff, student teachers, and other service providers, as appropriate, including when there are any revisions made to the plan.
- Providing relevant information from the student's Plan of Care to the student's transportation provider, including updates when the plan is revised.
- Facilitating mandatory training related to life-threatening allergic reactions, via the Board's Learning Management System, at a minimum annually, for all school staff who have direct contact with students with medical conditions. Consideration should be given to the training needs of occasional staff. Training should take place within the students' first thirty days of school/when it becomes known, where possible, to ensure the safety and well-being of the student.
- Implementing school-based procedures to minimize exposure to allergens found in their school community such as, but not limited to:
- Conducting food safety discussions with all students at the beginning of the year and at regular intervals throughout the year while exercising sensitivity to impact on affected students' need for privacy.
- Identifying locations where students are at risk by posting 'Allergy Alert Stop Signs' outside affected classrooms.
- Informing parent(s)/guardian(s) of students with life-threatening allergies in writing and requesting the cooperation of parents and students at the school community in creating an allergy safe environment.
- Advising parent(s)/guardian(s) that the school requires two epinephrine auto-injectors (e.g., EpiPen® or neffy®) one which is to be worn on the student's person at all times, and one which is to be kept at a central location in the school, accessible to staff if needed for that student. Storing the second epinephrine auto-injector provided by the parent(s)/guardian(s) to the school in a safe, central location, readily accessible to all staff, and communicating this location to all staff, to the parents/guardians of students with life-threatening allergies, and to the students with life-threatening allergies

themselves. Locations may vary within the school and between schools, given the varying floor plans, yard parameters, number of staff, number of classrooms, number of students with life-threatening allergies, etc.

- Including a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g., bomb threats, evacuation, fire, "hold and secure", lockdown) or for activities off school property (e.g., field trip, sporting event). This process should also include considerations for occasional staff.
- Completing the monthly tracking sheet regarding medical conditions, incidents, and emergencies in their school.

**Staff are responsible for:**

- Ensuring that they know their responsibilities as outlined in Bill 3, Sabrina's Law, and that they are knowledgeable about this Administrative Procedure as well as the Prevalent Medical Conditions Administrative Procedure.
- Being aware of all students with life-threatening allergies in the school via the Plan of Care provided by the school administration.
- Participating in annual training related to life-threatening allergic reactions, via the Board's Learning Management System.
- Reviewing the contents of the Plan of Care for any student with whom they have direct contact.
- Sharing information on a student's signs and symptoms with other students, if outlined in the Plan of Care.
- Following strategies that reduce the risk of student exposure to causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Plan of Care.
- Supporting a student's daily or routine management and responding to medical incidents and medical emergencies that occur during school, as outlined in the student's Plan of Care.
- Supporting inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student.
- Enabling students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care.
- Leaving appropriate student Plan of Care information for occasional staff replacing them, in a prominent and accessible format.
- Discussing life-threatening allergies and how to avoid these reactions with their classes, in age-appropriate terms, including:
- Encouraging students not to share lunches or trade snacks.

- Choosing allergy-safe foods for classroom/school events.
- Reinforcing with all students the importance of hand washing before and after eating.
- The importance of cleaning surfaces after eating.
- Covering/removing garbage containers to reduce the risk of insect-induced anaphylaxis.
- Washing and disinfecting tables, other areas, equipment, and materials that are used by students with life-threatening allergies, as required.
- Ensuring that the student's second epinephrine auto injector is taken on field trips and excursions for emergency purposes.

**Students are responsible for:**

- Taking responsibility for advocating for their personal safety and well-being consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management, where possible.
- Participating in the development and review of their Plan of Care, as developmentally appropriate.
- Carrying out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g., carrying their epinephrine auto injector on their person, avoiding allergens, knowing how to administer their epinephrine auto injector).
- Communicating with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical condition(s) at school.
- Wearing medical alert identification that they and/or their parent(s)/guardian(s) deem appropriate.
- If possible, informing school staff and/or their peers if a medical incident or a medical emergency occurs.
- Learning to recognize symptoms of an anaphylactic reaction.
- Following the school rules about keeping allergens out of the classroom and all common areas of the school.

**Parent(s)/Guardian(s) are responsible for:**

- Educating their child about their medical condition(s) with support from their child's health care professional, as needed.
- Guiding and encouraging their child to reach their full potential for self-management and self-advocacy.
- Informing the school of their child's medical condition(s) and allergens and keeping the school updated on any changes required in the child's Plan of Care.
- Completing and submitting the Authorization for Administration of Medication form, in

conjunction with the child's health care provider, on an annual basis.

- Supplying their child and the school with two current epinephrine auto injectors (one which is worn on the student's person, and one which is kept in a central, accessible location in the school) in their original, clearly labelled containers, as prescribed by a health care professional and as outlined in the Plan of Care and tracking the expiration dates.
- Completing the Plan of Care in conjunction with the school administration.
- Providing their child with a way to carry at least one epinephrine auto injector on their person at all times (such as a belt with a holster, a body pouch or fanny pack).
- Providing their child with safe foods, including food for special occasions celebrated at school events.
- Responding cooperatively to requests from the school to eliminate allergens from packed lunches and snacks.
- Encouraging their children to respect school prevention plans.
- Supporting the school in creating a safe environment for students with allergies by not sending peanut butter or products with peanuts listed in the ingredients with their children to school. In order to avoid confusion and ensure safety, this also includes peanut butter simulation products (such as Wow Butter).

## Progress Indicators

- The members of CDSBEO school and workplace communities have the information which they need to provide support to those with life-threatening allergies, including minimizing the risk of a life-threatening allergic reaction, and responding effectively if one occurs.
- Service providers for CDSBEO schools also have the information which they need to provide support to those with life-threatening allergies, including minimizing the risk of a life-threatening allergic reaction, and responding effectively if one occurs.
- Students advocate for their own health and well-being to minimize the risk of a life-threatening allergic reaction, when possible.
- Parents cooperate with the school to provide all relevant information on their child's allergies, they consent to share that information appropriately, and they provide two epinephrine auto injectors (e.g.,EpiPen® or neffy®) to the school for their child's safety.

Data indicates that the implementation of these administrative procedures results in a decrease in life-threatening allergic reactions at school or at work.

## Definitions

- **Anaphylaxis**: Anaphylaxis is a serious and possibly life-threatening allergic reaction that

requires immediate recognition and intervention. Symptoms can vary from person to person and may include:

- **Skin:** Hives, swelling (face, lips, and tongue), itching, warmth, redness.
- **Breathing (respiratory):** Coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion, or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.
- **Stomach (gastrointestinal):** Nausea, pain/cramps, vomiting, diarrhea.
- **Heart (cardiovascular):** Paler than normal/blue skin colour, weak pulse, passing out, dizziness or light-headedness, shock.
- **Other:** Anxiety, sense of "doom" (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste It is important to note that any food can cause a reaction. The priority food allergens as identified by Health Canada are peanuts, tree nuts, eggs, shellfish, seafood, milk, wheat, sesame seeds, sulphites, mustard, and soy products. While food is one of the most common causes of anaphylaxis, insect stings, medications, latex, and exercise (alone or sometimes after eating a specific food) can also cause reactions. The recommended treatment for anaphylaxis is epinephrine (e.g., EpiPen® or neffy®)).
- **Health Care Provider:** For the purpose of this Administrative procedure, a medical doctor or nurse practitioner that can administer prescription medication.
- **EpiPen®:** a portable auto-injector that contains epinephrine (adrenaline) and is used for the emergency treatment of severe allergic reactions (anaphylaxis). It is designed to quickly deliver a dose of medication into the thigh to help reverse life-threatening symptoms.
- **Neffy®:** A single-use, needle-free nasal spray that contains epinephrine (adrenaline) and is used for the emergency treatment of severe allergic reactions (anaphylaxis). The medication is administered through the nose and provides a non-injectable alternative to an epinephrine auto-injector.
- **Plan of Care:** Is a form that contains individualized information on a student with a prevalent medical condition. The Plan of Care for a student with a prevalent medical condition should be co-created, reviewed, and/or updated by the parent(s)/guardian(s) in consultation with the principal or the principal's designate, designated staff (as appropriate), and the student (as appropriate), during the first thirty school days of every school year and, as appropriate, during the school year (e.g., when a student has been diagnosed with a prevalent medical condition). Parents have the authority to designate who is provided access to the Plan of Care. With authorization from the parents, the principal or the principal's designate should share the Plan of Care with school staff who are in direct contact with students with prevalent medical conditions and, as appropriate, others who are in direct contact with students with prevalent medical conditions (e.g., food service providers, transportation providers, volunteers). According to PPM 161, school board policies and procedures must include a Plan of Care form, to include:

- Preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to causative agents in classrooms and common school areas.
- Identification of school staff who will have access to the Plan of Care.
- Identification of routine or daily management activities that will be performed by the student, parent(s), or staff volunteer(s), as outlined in school board policy, or by an individual authorized by the parent(s).
- A copy of notes and instructions from the student's health care professional, where applicable.
- Information on daily or routine management accommodation needs of the student (e.g., space, access to food). Where possible, a student should not be excluded from the classroom during daily or routine management activities, unless the student or the parent(s) indicate they prefer exclusion.
- Information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g., field trips, overnight excursions, board-sponsored sporting events).
- Identification of symptoms (emergency and other) and response.
- Emergency contact information for the student.
- Clear information on the school board's emergency policy and procedures.
- Details related to storage and disposal of the students' prescribed medication(s) and medical supplies, such as:
- Parental permission for the student to carry medication and/or medical supplies.
- Location of spare medication and supplies stored in the school, where applicable.
- Information on the safe disposal of medication and medical supplies.
- Requirements for communication between the parent(s) and the principal (or the principal's designate) and/or school staff, as appropriate, including format and frequency.
- Parental consent to share information on signs and symptoms with other students.

## Related Documents

- Appendix A – Plan of Care Checklist
- Appendix B – Plan of Care: Anaphylaxis
- Appendix C – Letter to Parents/Guardians – Notification of Allergies and Creating an Allergy Safe Environment
- Appendix D – Letter to Parents/Guardians – Requesting EpiPens® or neffy®

- Appendix E – Medical Conditions, Incidents & Emergencies – Monthly Form for Principals.

## References

- Ontario Education Services Corporation – Prevalent Medical Conditions: Plans of Care
- Bill 3 – Sabrina's Law
- PPM 161: Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools, 2017
- Education Act – Duties of Principal
- Education Act – Duties of Teachers
- Food Allergy Canada
- Allergy Aware
- Healthy Schools, Ministry of Education
- Patient Support & Helpful Resources | neffy®