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SABRINA'S LAW

The Health and Emergency Medical Services Committee recommends the adoption of the recommendation contained in the following report, March 9, 2006, from the Commissioner of Community Services, Housing and Health Services:

1. RECOMMENDATION

It is recommended that:

1. The Chair of the Health and Emergency Medical Services Committee write a letter to the Minister of Health and Long-Term Care urging the provincial government to expand the scope of Sabrina's Law to include private schools and to monitor the need for anaphylaxis education and resources in sites not affected by Sabrina's Law, such as child care centres, and take action as appropriate.

2. PURPOSE

The purpose of this report is to provide members of Council with information about new legislation protecting students with life-threatening allergies and to outline supportive services and resources provided by York Region Health Services (YRHS).

3. BACKGROUND

Bill 3: An Act to protect anaphylactic pupils, also known as Sabrina's Law, came into effect in Ontario on January 1, 2006. This provincial legislation is the first of its kind in Canada and is intended to protect students with potentially fatal allergies to foods and other allergens. It is named for 13 year old Sabrina Shannon, a teenager with an anaphylactic allergy who died in September 2003 after eating french fries in her Pembroke, Ontario school cafeteria. The french fries are thought to have been contaminated with a dairy product to which she was allergic.

As described by Anaphylaxis Canada, anaphylaxis is a sudden, severe, potentially life-threatening allergic reaction. Anaphylaxis occurs when the immune system becomes unusually sensitive and overreacts to common substances such as foods, insect stings or medications. Foods that commonly produce severe allergic reactions include peanuts, shellfish, fish, tree nuts (such as almonds, cashews, walnuts) and eggs. Other foods such as milk and milk products, soy, wheat and sesame seeds can also cause anaphylaxis, as can certain medications. Exercise-induced anaphylaxis is rare, but can occur especially if certain foods or medications are ingested prior to physical activity.

An anaphylactic reaction can manifest itself through many symptoms, including the following:

- A metallic taste or tingling in the mouth
- Flushing
- Itching or redness of the skin
- Increased heart rate
- Feelings of fear or panic
- Dizziness or light headedness
- Swelling of the tongue and throat
- Vomiting
- Diarrhea

An anaphylactic reaction is treated by an injection of the drug epinephrine. Epinephrine is administrated via an auto-injector device such as EpiPen® or Twinject™.

4. ANALYSIS AND OPTIONS

Sabrina's Law requires every publicly-funded school board to establish and maintain a policy aimed at prevention of anaphylaxis in schools.

4.1 Sabrina's Law

Pursuant to Sabrina's Law, a school board policy must address training for school staff on a regular basis so they can recognize the signs and symptoms of anaphylaxis and correctly use an epinephrine auto-injector or other prescribed medication. The policy must also address the creation of an individual plan for each pupil with an anaphylactic allergy, which must include information on the nature of the pupil's allergy, monitoring and avoidance strategies, and an emergency procedure for the pupil. A unique and important component of Sabrina's Law concerns liability. No damages will be instituted with respect to any act done in good faith in response to an anaphylactic reaction. This means that even if a student is not diagnosed as being anaphylactic, yet shows anaphylactic symptoms, a school employee may administer an epinephrine auto-injector. This procedure may occur even if there is no preauthorization from the parent or guardian. The benefit of administering epinephrine in situations of doubt outweighs the side effects, which are generally mild (heart palpitations, dizziness, headache).

4.2 Prevalence of Anaphylaxis

Anaphylaxis Canada estimates that one to two percent of all individuals may develop a life-threatening allergy over the course of their lifetime. Risk factors for severe anaphylaxis include asthma, a prior severe reaction, and allergy to specific food allergens such as peanuts, tree nuts, and seafood (The Food Allergy and Anaphylaxis Network, 2006). A study published in the *Journal of Allergy and Clinical Immunology* (2001) showed that adolescents are more likely to have fatal anaphylactic reactions than younger

children. Anaphylaxis Canada suggests that this is because adolescents are more independent and more likely to take chances.

In York Region, the number of emergency medical services responses for anaphylaxis has increased over the last two years. In 2004, York Region Emergency Medical Services responded to 45 anaphylaxis incidents, including two at schools. In 2005, there were 72 responses, with three documented at schools.

As Table 1 demonstrates, the emergency room visit rate for youth experiencing anaphylactic shock due to adverse food reactions is higher than that for adults. In York Region, the number of youth aged 0 to 18 years of age who presented to the hospital emergency department in 2003–2004 with anaphylactic reactions to food was calculated at 12.4 per 100,000 of that age group.

Table 1
Emergency Room Visit Rate, 2003–2004 Combined

	Anaphylactic Shock Due to Adverse Food Reaction		**Anaphylactic Shock, Unspecified**	
	York Region	**Ontario**	**York Region**	**Ontario**
Residents 0–18 years of age	12.4 per 100,000	12.6 per 100,000	2.9 per 100,000	4.0 per 100,000
Residents 19 years of age and over	4.5 per 100,000	6.1 per 100,000	2.6 per 100,000	5.0 per 100,000

Source: National Ambulatory Care Reporting System Data 2003-2004, Provincial Health Planning Database (PHPDB) Extracted: February 9. 2006, Knowledge Management and Reporting Branch, Ontario MOHLTC

4.3 YRHS Anaphylaxis Support

Health departments across Ontario differ in the amount of support offered to schools and school boards. Peel Health Services offers telephone consultation to schools on creating safe environments for anaphylactic students and has a number of educational videos for loan. Durham Health Department also offers a number of resources for loan to schools. Simcoe Muskoka District Health Unit and the City of Toronto Health Department do not offer support to schools. These health departments refer schools and the public to the services of Anaphylaxis Canada or the Allergy Asthma Information Association, who will provide teaching sessions and EpiPen® training based on speaker availability.

YRHS supports schools and school boards in York Region through various programs and services. While anaphylaxis support is not a mandatory program expectation, the need for support and resources was identified by schools and school boards in York Region in 2000. Therefore, YRHS, in consultation with the York Catholic District School Board the York Region District School Board, developed an anaphylaxis resource kit. The kit is a self-taught resource consisting of the following:

- A PowerPoint information session on the signs, symptoms and treatment of anaphylaxis
- An educational DVD, "Taking Control - Life Threatening Allergies and You"
- An EpiPen® training device
- An anaphylactic checklist to guide schools to achieve the expectations under each school board's respective policy for managing anaphylaxis

The York Catholic District School Board made these kits available to elementary and secondary schools in 2002, while the York Region District School Board made them available in 2003. With the coming into force of Sabrina's Law, these kits will help school boards fulfil the requirement of providing regular anaphylaxis training to school staff. Currently, an electronic copy of the anaphylaxis kit is available through each board as well as on the YRHS website. New schools can also purchase the kit from YRHS on a cost-recovery basis. In addition, various newsletters have been sent to teachers and schools as education pieces and inserts for parent newsletters.

A public health nurse has been allocated as part of her assignment to review respective school board anaphylaxis policies and work with school board committees to develop strategies to effectively deal with anaphylaxis. Information sessions reviewing the self-taught anaphylaxis resource have been presented to over 600 principals, vice-principals and supply teachers, and further sessions are available on request throughout 2006. Public Health Nurses from the School Services Team are available during normal business hours to provide telephone consultation and advice to schools on safe school anaphylaxis plans and procedures. In addition, an information spot was taped for Rogers Cable describing the signs, symptoms and treatment of anaphylaxis. In response to an identified need, YRHS staff have also sent letters to all private schools in York Region describing the support available through YRHS, along with a copy of Bill 3.

4.4 Relationship to Vision 2026

Anaphylaxis prevention supports the goal of Responding to the Needs of our Residents by enabling individuals and institutions to protect and provide emergency treatment for anaphylactic students.

5. FINANCIAL IMPLICATIONS

The level of anaphylaxis support presently provided to school boards in York Region by one Public Health Nurse assigned to work with school boards on the subject of anaphylaxis is less than 10 hours per month, which amounts to an in-kind contribution of less than $5,000. Other support provided to schools, such as telephone consultation and letters to private schools, is covered under the existing YRHS budget.

Anaphylaxis resource kits are available to schools that do not already have one on a cost-recovery basis ($150 + GST each).

6. LOCAL MUNICIPAL IMPACT

Sabrina's Law and YRHS anaphylaxis support resources are intended to minimize municipal impact from emergency situations, "close calls" and/or loss of life in the 369 elementary and secondary schools distributed throughout the nine municipalities.

7. CONCLUSION

Loss of life from anaphylaxis is largely avoidable by taking the appropriate precautions and having an effective emergency plan in place. Sabrina's Law addresses these issues in publicly funded school settings. Other sites where children are under the care of individuals other than their parents, such as child care centres and private schools, are not required by law to have an anaphylaxis prevention strategy in place; however, information about anaphylaxis is available to child care providers through the YRHS "Come Grow With Us" health education and resource manual, and to private schools through telephone consultation. According to Anaphylaxis Canada, children affected by anaphylaxis may be at a greater risk for having a reaction while under the care of people other than their parents. Therefore, it is recommended that the Chair of the Health and Emergency Medical Services Committee write a letter to the Minister of Health and Long-Term Care urging the provincial government to expand the scope of Sabrina's Law to include private schools, and to monitor the need for anaphylaxis education and resources in sites not affected by Sabrina's Law, such as child care centres, and take action as appropriate.

YRHS will continue to provide resources, information sessions and telephone consultation to schools and school boards. Opportunities to provide additional public education will be addressed as they occur.

The Senior Management Group has reviewed this report.