



ISSN 1180-5218

**Legislative Assembly
of Ontario**

First Session, 38th Parliament

**Assemblée législative
de l'Ontario**

Première session, 38^e législature

**Official Report
of Debates
(Hansard)**

Wednesday 4 May 2005

**Journal
des débats
(Hansard)**

Mercredi 4 mai 2005

**Standing committee on
general government**

Anaphylactic Students
Protection Act, 2003

**Comité permanent des
affaires gouvernementales**

Loi de 2003 sur la protection
des élèves anaphylactiques

Chair: Linda Jeffrey
Clerk: Tonia Grannum

Présidente : Linda Jeffrey
Greffière : Tonia Grannum

Hansard on the Internet

Hansard and other documents of the Legislative Assembly can be on your personal computer within hours after each sitting. The address is:

<http://www.ontla.on.ca/>

Index inquiries

Reference to a cumulative index of previous issues may be obtained by calling the Hansard Reporting Service indexing staff at 416-325-7410 or 325-3708.

Copies of Hansard

Information regarding purchase of copies of Hansard may be obtained from Publications Ontario, Management Board Secretariat, 50 Grosvenor Street, Toronto, Ontario, M7A 1N8. Phone 416-326-5310, 326-5311 or toll-free 1-800-668-9938.

Le Journal des débats sur Internet

L'adresse pour faire paraître sur votre ordinateur personnel le Journal et d'autres documents de l'Assemblée législative en quelques heures seulement après la séance est :

Renseignements sur l'index

Adressez vos questions portant sur des numéros précédents du Journal des débats au personnel de l'index, qui vous fourniront des références aux pages dans l'index cumulatif, en composant le 416-325-7410 ou le 325-3708.

Exemplaires du Journal

Pour des exemplaires, veuillez prendre contact avec Publications Ontario, Secrétariat du Conseil de gestion, 50 rue Grosvenor, Toronto (Ontario) M7A 1N8. Par téléphone : 416-326-5310, 326-5311, ou sans frais : 1-800-668-9938.

Hansard Reporting and Interpretation Services
Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario



Service du Journal des débats et d'interprétation
Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
GENERAL GOVERNMENT**

**COMITÉ PERMANENT DES
AFFAIRES GOUVERNEMENTALES**

Wednesday 4 May 2005

Mercredi 4 mai 2005

The committee met at 1001 in room 151.

**ANAPHYLACTIC STUDENTS
PROTECTION ACT, 2003**

**LOI DE 2003 SUR LA PROTECTION
DES ÉLÈVES ANAPHYLACTIQUES**

Consideration of Bill 3, An Act to protect anaphylactic students / Projet de loi 3, Loi visant à protéger les élèves anaphylactiques.

SUBCOMMITTEE REPORT

The Chair (Mrs. Linda Jeffrey): Good morning. The standing committee on general government is called to order. We're here today for the purpose of commencing public hearings on Bill 3, An Act to protect anaphylactic students.

The first item of business on our agenda is the report of the subcommittee on committee business. Mr. Levac, would you move the report of the subcommittee and read it into the record.

Mr. Dave Levac (Brant): This is a report to the standing committee on general government as follows:

Your subcommittee met on Thursday, April 28, 2005, to consider the method of proceeding on Bill 3, An Act to protect anaphylactic students, and recommends the following:

(1) That the committee meet in Toronto for the purpose of public hearings on Bill 3 on Wednesday, May 4, 2005, from 10 a.m. to 12 p.m.;

(2) That an advertisement be placed on the OntParl channel and the Legislative Assembly Web site;

(3) That the deadline for those who wish to make an oral presentation on Bill 3 be Monday, May 2, 2005, at 6 p.m.;

(4) That the clerk, in consultation with the Chair, determine the amount of time to be offered witnesses for their presentations in order to accommodate as many requests to appear as possible;

(5) That the deadline for written submissions on Bill 3 be Tuesday, May 3, 2005, at 6 p.m.;

(6) That amendments to Bill 3 should be received by the clerk of the committee by Wednesday, May 4, 2005, at 12 p.m.;

(7) That the committee meet for the purpose of clause-by-clause consideration of Bill 3 on Wednesday, May 4, 2005, at 3:30 p.m.;

(8) That staff from the Ministry of Health and Long-Term Care and the Ministry of Education be present during the clause-by-clause consideration in order to answer questions;

(9) That the research officer provide the committee with a two-page summary on anaphylactic shock and response;

(10) That the clerk of the committee, in consultation with the Chair, be authorized, prior to the passage of the report of the subcommittee, to commence making any preliminary arrangements necessary to facilitate the committee's proceedings.

So reported, Madam Chair.

The Chair: Thank you, Mr. Levac. Any questions or comments on the report of the subcommittee? Seeing none, all those in favour? All those opposed? That's carried.

**CANADIAN SOCIETY OF ALLERGY
AND CLINICAL IMMUNOLOGY**

The Chair: We'll get on to our agenda. The first group that has asked to appear before us is the Canadian Society of Allergy and Clinical Immunology, Susan Wasserman. Good morning. Could you identify yourself and the group that you speak for. When you do begin, you'll have 10 minutes.

Dr. Susan Wasserman: My name is Dr. Susan Wasserman. I'm president of the Canadian Society of Allergy and Clinical Immunology, which is the largest national organization of allergists across the country. I'm also on the faculty at McMaster University as an allergist/clinical immunologist.

I'd like to begin by thanking this committee for the opportunity to speak here this morning, and Dave Levac in particular for drafting this legislation for Bill 3. I'm going to give a short presentation of a few minutes, attending to some of the medical issues on anaphylaxis, and then would be happy to address any questions.

Anaphylaxis is a potentially life-threatening allergic reaction. It involves several body systems, many different systems can present, and it can be life-threatening, affecting both the airway and circulation.

As a conservative estimate, probably 1% to 2% of Canadians are affected, which is about 600,000 people. Recent statistics from the United States actually show prevalence figures of about 3% to 4%, and there's

reasonable expectation that this is likely what it is in Canada now as well.

These are some of the common triggers of anaphylaxis: foods, insect stings and medication. Some of the less common that you may be familiar with are things such as latex rubber exposure, exercise, allergy injections in the doctor's office and then just unknown causes.

It's important to remember that food allergies don't just refer to nuts. In North America, there are probably eight food groups which account for 90% of all food allergic reactions. In children, these are most commonly milk, eggs, peanuts, tree nuts, fish and shellfish. Milk and egg allergies often resolve by school age but other allergies such as peanuts, tree nuts and shellfish are often lifelong.

These are some of the signs and symptoms of anaphylaxis which are extremely important to recognize: It can cause itching of the face, as well as redness and swelling; there can be trouble breathing, swallowing or speaking; it can result in abdominal pain, vomiting and diarrhea. Ultimately, the patient can become pale, have a sense of doom, and eventually lose consciousness because of the effects on the circulation and respiratory system.

Signs and symptoms of anaphylaxis can be deceptively mild at first. They can appear just as a few hives, a little bit of anxiety, nausea, and then quickly progress to produce more severe symptoms and result in death, sometimes within half an hour to an hour.

What have we learned from some of the research out there? What are the key lessons from the fatalities from anaphylaxis? This is from a study that was published a number of years ago, but the messages are recurrent and important.

First of all, epinephrine, which is the treatment of choice for anaphylaxis—available as an EpiPen, familiar to most of you—was not readily available at the time of the reaction. All of these fatalities had a previous history of anaphylaxis. The food-allergic person ate something that they thought was safe. Signs and symptoms were not recognized either by the person who experienced the allergic reaction or by the people around them. Often these children are asthmatic, and it is a common theme throughout that asthmatics have a greater incidence of fatality from anaphylaxis. They're often teens and young adults and many times they're also away from home, though other research shows that there are also fatalities within home exposures as well.

The EpiPen—or adrenalin or epinephrine; all synonymous—is the life-saving medication, the treatment of choice for anaphylaxis. It's the preferred device for patient use because it's automatic, available as an auto-injector and contains one single dose of adrenalin. Most important for this committee and others to remember: There are no contraindications to the use of adrenalin.

What research has shown us about the use of adrenalin, or this automatic EpiPen, is that many people are not familiar with its use or availability. In one study, 63% of Canadian study participants could not demonstrate

proper use. This was a study that was carried out by pharmacists. It looked primarily at parents of allergic children who had been trained previously, in many cases. Many of them could not demonstrate proper use of an EpiPen, yet these were precisely the people who were in charge of these allergic children.

Medical professionals did not fare any better. At a medical conference, only 25% of medical professionals could demonstrate the three steps of the EpiPen injection correctly. Many of them, when questioned further, did not even have a placebo EpiPen trainer available in their clinics or offices to demonstrate the use of an EpiPen. This is not a difficult tool to use, but it does take practice and it does take knowledge.

So what we do about the EpiPen, the treatment of choice for anaphylaxis, which is life-saving in almost cases, if available? We've got to train and retrain all our staff, and it's not just in the use of the EpiPen but in all the risk factors predisposing to an anaphylactic reaction. There has to be education regarding the avoidance of the allergen in question, there has to be education regarding the signs and symptoms of anaphylaxis and, lastly, in the proper use of the EpiPen.

1010

One of the position papers that our society was instrumental in putting out in 1995 was something called Anaphylaxis in Schools and Other Childcare Settings. This position paper followed the death of two students in an Ontario school and camp, and it turned out to be a landmark document. It's had very wide national and international distribution in Canada, the US and across Europe. It's been the gold standard in terms of treatment, both in hospitals and educational settings. We anticipate an updated position paper in the fall of 2005. Our society, in conjunction with other groups, is already hard at work at updating this paper.

What this paper has demonstrated to us in addition is that anaphylaxis planning can make a difference to outcome. With awareness and adoption of policies and procedures in schools over the years, we have actually seen a significant improvement. This is from a study by Jane Salter of 32 food-induced anaphylactic deaths in Ontario between 1986 and 2000: Between 1986 and 1994, there were six deaths in camp or school; between 1994 and 2000, there were no deaths, which we attribute to a wide educational program that began around the time of these initial unfortunate deaths. Things were good until September 2003, with the tragic and unfortunate death of Sabrina Shannon, whose mother you'll be hearing from later this morning.

We believe that Bill 3 will help save lives. A growing number of children are at risk. The incidence of food anaphylaxis shockingly has doubled in children in the past decade, and there's good data in the States to support that this is actually now up to 3% to 4%. Children count on school communities for support. They spend a large part of their day there, and it is important that everybody be aware of this extremely timely and important issue. All school staff must know how to reduce the risk of

anaphylaxis, recognize the signs and symptoms of an allergic reaction and give the EpiPen when indicated.

The Canadian Society of Allergy and Clinical Immunology is extremely committed to assisting with Bill 3 and everything involved in its implementation, both at the community and school levels.

I thank you for your attention and would welcome any questions from this committee.

The Chair: Thank you for your presentation. You've left about a half a minute for each party, beginning with Mr. Yakabuski.

Mr. John Yakabuski (Renfrew–Nipissing–Pembroke): Thank you very much for joining us this morning, Dr. Wasserman. It's good to have you here. Obviously, we don't have time for questions, but I certainly want to take this opportunity to thank Mr. Levac as well for bringing forward this bill. We've worked closely with him since it was introduced and we believe, on our side of the House, that it will be supported by everyone. We believe it is necessary and will save lives. So thank you very much for your presentation today.

Mr. Gilles Bisson (Timmins–James Bay): I've got two specific questions, if you could answer them quickly. It's a good bill, going in the right direction. I just worry about two things. One is the resources needed in schools as far as dollars to make sure they have the money to do the training and provide the support that's needed to make this happen. Should that be dealt with in some way within the bill?

I guess the other thing is, as I understand the bill—and maybe Mr. Levac has to answer this—if the school doesn't do what's called for in the bill, there doesn't seem to be anything here to force them to do it. There's no remedy or no penalty. I'm just wondering, from your perspective, should there be a penalty in the event that the school doesn't follow the act?

Dr. Wasserman: Two very good questions, which I'll try and address. There is no question that the bill is important and addresses many issues at the school level, but without the proper implementation, we will be back to the same position that we're now in, which is good progress but not enough.

We are already well advanced in having created a good anaphylaxis program that can be implemented in an easy fashion. This is Web-based and can be taken into the schools by physicians, public health nurses and others. Our society is committed to doing the legwork to get people into the schools to do the teaching, but it will take resources. I can't give you an exact dollar amount, but without being able to have the proper resources to bring it into the schools, it will not be implemented the way it ought to be and the way we foresee it. Should there be a dollar amount? Definitely. There's going to have to be some support of this bill to actually bring it into the schools, and we will work hard to do that in a timely and effective manner.

At the beginning, it will likely take physician input until everybody is on board, to make sure that the training is done properly. After that, there's no reason why

lay people, committed support people, parents and others could not do this teaching within the schools. I see this as an expense that would not be escalating but, if anything, diminishing over time once it's on board.

Should there be a penalty? I expect that once this is brought to the schools, there's reasonable expectation that people will carry it through. I would hate to think that after all this, we'd be in a school situation where there's been an accidental ingestion and people are still standing around wondering what to do, and not bearing any penalty for what is really a preventable tragedy. So yes, I would think that once this gets implemented, there has to be something that enforces it on a school level.

Mr. Levac: Thank you so much for your presentation and your support. Just a quick comment on the last salvo: The principal has the duty of care. In terms of expectations, it wasn't felt that a punitive position should be taken in the bill itself. It still leaves room for civil actions if there was negligence found. There have been lawsuits going on forever in school boards for people slipping on a piece of ice and breaking their leg. So in this case, the hope on this bill is education, education, education.

I'll leave it at that. Thank you again for the support we've received in trying to get this bill passed, and I thank my colleagues.

The Chair: Thank you, Dr. Wasserman. That was a very interesting presentation.

Dr. Wasserman: Thanks very much. I would support what Dave Levac said: education, education, education.

ANAPHYLAXIS CANADA

The Chair: Our next delegation is Anaphylaxis Canada, Laurie Harada.

Mr. Bisson: Oh, you guys share the laptop?

Ms. Laurie Harada: Yes. We're hoping this laptop works.

The Chair: When you get going, could you identify yourself for Hansard and the organization that you speak for. When you do begin, you have 10 minutes.

Ms. Harada: First of all, thank you very much for letting us be here. My name is Laurie Harada and I'm the executive director of Anaphylaxis Canada, which is a non-profit group dedicated to helping people with life-threatening allergies. I'm also the mother of a 10-year-old who has multiple food allergies. I'm not going to say too much about him, because he's here to talk for himself.

Last November, Anaphylaxis Canada submitted our comments on the bill, which we thought was excellent. We're very grateful to Mr. Levac for having the foresight and vision to create such a bill, and it's very important and meaningful for us. Overall, it's a great bill. We had added comments about enhancing it, and we know that not all of them will get into the bill itself, but we would ask respectfully that you consider them for the regulations.

There's a good, bad and ugly side of anaphylaxis. The ugly side is that it can cause fatalities, and it has. You're

going to hear from Sabrina Shannon's mum, Sara, about this tragedy. It's one of a parent's worst nightmares, possibly, that your child goes to school healthy and one day doesn't come back because they've suffered a reaction.

The bad side is that right now there's no cure. The only way to avoid having an allergic reaction is to avoid whatever you're allergic to. In the case of food, this is very difficult. It's not always easy to be on guard, and accidents happen, even though best measures are in place. As Dr. Wasserman mentioned, food allergies are on the rise, so this is not a problem that is going to go away real soon. As she also talked about, epinephrine is the life-saving medication. Unfortunately, a lot of people don't know how to use it.

The good side—and this is where I'd like to focus today, because this is what Bill 3 is all about: education and prevention—is that it can be managed. Fatalities are rare. But children need the support of their communities. This is where they're spending most of their waking hours. In 2003, Anaphylaxis Canada surveyed all 72 Ontario school boards and asked them about their policies. One of the questions we asked was, "Do you have an anaphylaxis policy in place?" Out of the 72 boards, 63 responded, and 59 said, "Yes, we do, and by the way, we're willing to share as well," which was great news to us. Kudos to these boards who have things in place. Hats off to all these schools that are doing a great job. That's wonderful. We'd like to see more of it.

Our concerns are that at the school level these policies have not drilled down consistently into effective plans. That is where they need to be. If they are not drilled down into good policies at the school level, then it's no good having a board policy, and this is what Bill 3 means to us.

More than 40,000 kids are at risk for anaphylaxis. We looked at the Ministry of Education Web site and at the Quick Facts from 2001, which suggest that there are 2.1 million kids in the Ontario school system and just under 5,000 schools. With the generally accepted statistic of 1% to 2% being at risk, what that means is that in an average school you're going to have between four to seven kids. In a high school you're going to have much more, because the high school environment is bigger, so you're going to have nine to 17 kids. Clearly, something has to be in place.

1020

In terms of our comments on the bill itself, one of the things we realized was that it was silent on the role of the board. We feel that the board, first and foremost, has jurisdiction over all of its schools and it sets the directives. They need to be responsible. The boards need to work with their different employee groups to ensure that there is a good policy in place that addresses all matters, and this policy needs to be in writing. The responsibilities have to be clearly defined.

The next level would be to set directives for the schools, mandating them to have a plan and to ensure that there is follow-through at each and every school to make

sure that they're doing what they should be doing. There should also be support for training, resources, whatever these schools need. All schools must have a plan, and that plan has to be written. The principal in that school should be responsible for what happens in their own environment.

In terms of establishing the management plan, again, it's got to be in writing. We have had cases where parents have said that their school principal changed three or four times in seven years, and with each change in administration, because there was no written plan, the policy changed. It must be very difficult for that whole community to manage when the roles keep changing every year to year and a half.

The principal must ensure compliance. We've had issues where non-compliance issues have not been addressed, putting kids at risk repeatedly.

The best way to get information about these kids at risk is at time of registration, whether it's at JK or when you get a transfer student—that's the best.

It's important to work with the parents, the guardians, or if the pupil is 18 or older, to make sure there's a good plan that's suitable for that person.

There should be a standard plan that would fit the vast majority of these kids, but there might some tweaking required in special cases.

There need to be timelines. You can't wait forever. The plan should be put in place within 30 days. We think that's reasonable.

The information about these kids should be accessible to all staff.

In terms of the contents, again, one of the things we felt the bill was silent on is that anaphylaxis management in schools is a shared responsibility. We don't expect the schools and the school community to just be there for the kids; the kids have to do things for themselves, such as carrying EpiPens, and the families—parents like myself—have to do our part to make sure you have the right medical information. It's not just the schools' involvement that we're asking for.

There need to be strategies to minimize the risk on the school site, meaning the building and physical surroundings, such as a playground. It should also extend to supervised off-site activities, because a lot of these kids go away for competitions, sports events and field trips, and that's just as important.

Medication for anaphylaxis—I think this was covered in the bill—should not be locked up. You need ready access. Dr. Wasserman talked about the rapidity of a reaction. So it's important that the emphasis should be on early response when there is a reaction.

One of the issues we're facing is with teens in high schools, because they don't always assess risk well and they don't always carry their EpiPens. We're not saying that schools should be carrying them for them; it's just that in the worst-case scenario, where there's a reaction and there's backup available, it's very helpful. In the high school environment, these offices are often closed at 4:30, but you still have kids working on different activities that are in the school, so that should be considered.

I'd like to reinforce what Dr. Wasserman said: All staff have to be trained. When these kids are out on the playground, they may not be under the supervision of their homeroom teacher or their base teacher. When they're on school trips or going to different classes, it's very important for all staff to recognize who is at risk.

Again, just to hit on some of the points that Dr. Wasserman talked about, epinephrine is the first-line medication. There have been cases where there have been good plans but still parents have gotten calls, where their child is in the throes of a reaction, saying, "What do we do?" and the parents saying, "Give the pen. Get them to the hospital." That should have been followed through already.

We're here to help. We work very closely with the Canadian allergists. Anaphylaxis Canada is part and parcel of a project team working on the guidelines that Dr. Wasserman talked about. We are not the medical experts; we're the content experts, because we live with this stuff 24/7. We've got kids at risk, so we can understand how to help translate the medical-speak into patient-speak or the right language for educators.

Thank you again for bringing the bill this far. It's a very positive day for all of us. We're hoping it will go through, and go through quickly.

The Chair: Normally we go to Mr. Bisson, but I'll go to the government side. Mr. Levac, you have almost a minute.

Mr. Levac: Thanks very much for the presentation. I guess the question I would ask is, in its present form, is the bill a good stepping stone to those improvements? I think I heard you say that you'd like to see some of these things in regulation. Would that be acceptable?

Ms. Harada: Perfectly, as long as the regulation means that there is some accountability still, because that's really what this bill is all about.

Mr. Levac: I picked up on your comment about boards, and I think we might be able to accommodate that. I would just like to comment that OSSTF, OECTA, ETFO, all of our stakeholders on the teacher side have been supportive of what we're trying to accomplish, as well as the principals' associations, the boards, the trustee associations. They're giving us feedback about how we can accomplish many of the things you've talked about.

Ms. Harada: That's wonderful. If there's ever an opportunity for an open round table with the key stakeholders, I think that's the best way to go forward as well, once you get to, "What do these resources look like?" It's got to be good for everybody.

Mr. Levac: Ministry officials are here, and they're hearing this. I think that offer probably would be followed up with gratitude, so I appreciate that.

Mr. Yakubuski: Thank you for coming here this morning, Ms. Harada. My question was pretty much the same as Mr. Levac's: Can the bill, as written, address through regulation your concerns about access and those kinds of things? You've already answered that.

I can certainly concur that I've received a lot of communication with regards to this bill, but no negative com-

munication from anyone on the professional side of it. So while there may be some changes that need to be made and some work to be done, I think they're all supportive of it.

I think you touched on, very importantly, that you don't expect this to happen without the participation of the affected child and the families of those children. It's got to be a collaborative approach, so that we can ensure that those kinds of things are being covered and we're doing everything possible and every component is doing everything possible to ensure that lives are saved.

Ms. Harada: We appreciate that. Thank you.

The Chair: Thank you, Ms. Harada.

SARA SHANNON

The Chair: Our next delegation is Sara Shannon. Welcome. Before you speak, could you identify yourself and that you're speaking as an individual, not for an organization. You'll have 10 minutes.

Ms. Sara Shannon: My name is Sara Shannon. I'm the mother of Sabrina Shannon. I want to say thank you for having me here today.

I am here to tell you about Sabrina's story and why Bill 3 is so important. My Sabrina was diagnosed with life-threatening food allergies to dairy, soya and peanuts. At 10, she produced the national radio documentary *A Nutty Tale* for CBC. We have it here today. We're not sure if we can get it connected, but I highly recommend that you listen to it and see it. Her voice is very powerful. It has been used as a learning tool at CBC for anaphylaxis.

At 13, she was a young actress, writer and artist; a very intelligent, wonderful child of mine starting at a new school. Prior to that, she went to an elementary school and she ate her lunches at home. She was also funny, opinionated and caring. You'll see that in her documentary when you watch it on CBC.

1030

Sabrina died September 30 from a food-induced reaction. If it can happen to Sabrina, it can happen to anyone. It was a beautiful day when I dropped Sabrina off for school. The sun was shining. It was a blue, crisp, beautiful September day. I said goodbye to her. I said I loved her.

This was the second lunch she had purchased at school, ever. The first time she had lunch was the Friday before, and she had checked with the ingredients, and again she checked with the ingredients to make sure there was no dairy, soy or peanuts. Sabrina did her part. When I dropped her off and saw her run off to school, I still remember that day. I never knew I'd never see her come home again, never see her again as the healthy, happy child she was, with lots of potential. I promised Sabrina, while she was dying, on her deathbed, I'd do everything possible to prevent this tragedy from happening again to another family, or another child.

Since that fateful day, the coroner has called for sweeping changes. Bill 3 reflects the coroner's key

recommendations. Sabrina's story and Bill 3 have generated worldwide interest. Sabrina's documentary was rated with the BBC A World in your Ear as one of the best documentaries from the year 2003. CNN is coming to do a story on Sabrina on May 23, 24 and 25.

So I have heard from people from all over the world. Many are looking to our province for leadership. Safety cannot be optional. All schools need minimum safety standards. Bill 3 is an important step, appropriate action for a serious life-threatening condition. Bill 3 is proactive. Anaphylaxis is increasing. Bill 3 provides a framework, a systematic approach to provide minimum safety standards to all schools—not just one school; all schools. Maybe Bishop Smith today has made changes, but what about the school in Wawa or in small communities? We want to keep all schools safe, all kids in all the schools in Ontario safe.

Bill 3 addresses a high-risk group, which is the teens. Sabrina had just turned 13 and started a new high school: very high-risk. May I also say that Bill 3 is reasonable. It's easy to implement, and it's cost-effective.

I ask you to join with me in keeping my promise to Sabrina to protect other children. Please pass Bill 3 without delay. May I also mention why we are here today talking about Bill 3. Today, in the schools, there are kids at this moment who are at risk, who could possibly die because of anaphylaxis and not the right policies or Bill 3 is not in place. Hopefully, it will be passed so we can keep these kids safe.

I also want to state, if you notice in the picture of Sabrina, she had beautiful red hair, and she had beautiful hands, and beautiful blue eyes and a big heart.

The Chair: Thank you, Mrs. Shannon. You've left about a minute and a half for everybody to ask questions. Mr. Levac.

Mr. Levac: Thank you, Madam Chair. Thank you. You've said enough, thank you.

Ms. Shannon: OK, thank you.

The Chair: Mr. Yakabuski.

Mr. Yakabuski: Thank you very much for seeing us today, Sara. You and I have had the opportunity to communicate on a number of occasions. Sabrina was, as you are, a resident of my riding. The first time we talked, I was captivated by your story and Sabrina's story. I think the passage of this bill, while her life was far too short and tragic in its end, what she has done—and I was so impressed with her Web site and of the things that Sabrina had been involved in. But if we can pass this bill, it will serve to protect so many other students. Her death will not have been in vain.

Ms. Shannon: Thank you very much, Mr. Yakabuski. If you look at her drawing that I left with you, it says, "Help someone in need." Of course, that's Sabrina's message to people. Thank you very much for your support.

Mr. Bisson: I think you said it all, but I just have a question. You made the point that it has to apply to all kids. I think we're all in agreement.

To legislative counsel: Mr. Levac and I represent communities that happen to be on federal land, reserves for First Nations. Would this apply to the schools in First Nations? I'd like to know that and, if not, we should put an amendment in. I'm sure it's just a question of an oversight and that Mr. Levac would support that.

The Chair: Mr. Bisson, we don't have legislative counsel here until this afternoon. Can we reserve that question—

Mr. Bisson: I was asking the researcher.

The Chair: We can ask the researcher, but the legislative counsel won't be here until this afternoon.

Mr. Bisson: I just want to make sure it covers all schools. I think you raise a good point. It may cover reserves. I'm not sure if it does or it doesn't.

We should clarify that and, if not, we should propose an amendment.

The Chair: Thank you very much for appearing today. We really appreciate your presentation.

Ms. Shannon: Thank you very much for having me.

JULIAN D'SOUZA

The Chair: Our next delegation is Julian D'Souza. Welcome. If you could identify yourself and say your name loudly into the microphone for Hansard. When you begin, you'll have 10 minutes.

Mr. Julian D'Souza: Good morning. My name is Julian D'Souza, and I'm allergic to peanuts, tree nuts, shellfish, soy and legumes. I am 10 years old and am in grade 5 at Blessed Sacrament Catholic School in Toronto. I am here today to tell you why Bill 3 is so important.

I have a first-hand glance of a good policy in action. I'm very lucky because my school has a good policy in place to help keep children like me safe. There is a great understanding amongst my classmates and an excellent understanding with my teachers. My school decided to ask families not to bring in snacks with peanuts and nuts.

Even though the school says "No nuts," you can never truly rid the school of nuts. You would need a nut force field to stop the nuts from entering the school. In my school, students like me are expected to have an EpiPen with them. An EpiPen is an adrenalin needle. Because I'm allergic to many foods, I'm not allowed to share. Actually, I can give food to friends who do not have allergies but cannot take in return.

If there is anything I might be allergic to, someone will come up to me and say that there is a food that I should avoid. Usually, it's something with a "May contain nuts or peanuts" warning. Sometimes kids read the labels themselves and sometimes they ask me to read them. I say, "If you want, you can eat it here. Just do me a favour and wash your hands and mouth, or you can take it home and eat it." If my teacher thinks something might be a danger for me, they will ask the student to have their snack at home.

In the office, there is a neatly organized and updated bulletin board with posters of all the anaphylactic children. On curriculum night there is a five-minute pres-

entation on allergies, and the policy is sent home with all students at the beginning of each year. Teachers are trained twice a year on how to administer the EpiPen and recognize signs and symptoms of an allergic reaction. At the start of the year, I educate my class. Parents of allergic children speak directly to teachers, and ongoing reminders of “no nuts” are put in school newsletters when a bake sale comes around.

What are general guidelines for a good policy? All schools will not have the same policy as mine. Things might be different because of the allergies, whether or not there is a cafeteria, or the age of the children. To have a good policy, there should be a general understanding of the seriousness of anaphylaxis. It is important for other kids and teachers to understand how serious anaphylaxis can be. All teachers should know how to react in case of an allergic reaction. This means knowing how to use the EpiPen. This is important because they teach different classes and they take turns being on duty for lunch and recess.

Bill 3 is important because it will help ensure the safety of anaphylactic children. It will help by training the teachers and educating the children so that, in case of an allergic reaction, the teachers will know what to do and the children will know how to get help.

I hope you pass Bill 3. Thank you for your time.

The Chair: Thank you, Julian. You spoke well. You’re probably the most succinct delegation I’ve had today. You’ve left lots of time for questions. And I like your idea of the nut force field. That’s a good one.

Our first speaker is Mr. Yakabuski.

Mr. Yakabuski: Thank you very much for joining us, Julian. I think you and children like you are certainly worth protecting. So thank you for joining us today.

I have to be honest with you. I remember when our children started school. Our youngest is 13, and on the first day of school he was given instructions that he couldn’t bring certain things to school for lunches and/or snacks because of the fact that there was an anaphylactic child in his class. I have to be honest with you: Our first reaction, my wife and I, was, “What’s this all about? Why should our son not be able to take what he wants to school for lunch?” We had a chat with the teacher and also with the parents of the child, and we very quickly gained a good understanding of just how dangerous and acute the reactions could be. So it seemed to us then to be quite a small sacrifice to make under the circumstances.

1040

Certainly education is necessary. I think when people understand just how serious it is—when I was growing up, we didn’t see this. I never remember going to school in my time where a person had acute allergic reactions to certain types of food. So it is new for a lot of people, but it certainly gives us all the opportunity to take a step back and see the world through other people’s eyes and understand the dangers they live with. I appreciate your coming here today.

Mr. Bisson: I think you said it all. I’ve learned not to ask questions of somebody who’s more succinct than me. That way you don’t get into trouble.

Mr. Brad Duguid (Scarborough Centre): Julian, we just want to thank you for coming here today. You may well be the youngest deputant; certainly the youngest I’ve seen in my year and a half here. I want to tell you that all three political parties are looking forward to your getting a little older, and we’ll all probably be recruiting you so that the next time you come here, you might be on this side of the table or that side of the table, depending on where you want to go.

I want to thank you for the leadership you’re showing. Sending a message from one young person to another young person can sometimes be more effective than adults sending a message to young people. So the work you’re doing is extremely important. Keep it up. We’re very, very proud of you.

The Chair: Thank you, Julian. You did a great job.

Mr. D’Souza: Thank you.

The Chair: Mr. Orazietti, did you want to ask a question?

Mr. David Orazietti (Sault Ste. Marie): Thank you, Madam Chair. Thank you for being here today, Julian, and thank you for your presentation. Having spent 10 years as a teacher in the classroom, certainly it’s been an issue that in recent years has had its awareness significantly elevated, and I want to commend Mr. Levac for his leadership on this bill. I think it’s going to be a tremendous benefit in protecting students across Ontario.

I do have one clarification to add with respect to Mr. Bisson’s comment with regard to federal reserves. That jurisdiction is not something we can amend the bill to apply to. I’ll just leave with you the suggestion that when this bill passes, we make recommendations to our federal counterparts and strongly suggest that they implement similar legislation that would apply to First Nations residents and give them the same protection we’re offering to students in Ontario who do not live on First Nations reserves.

It would be difficult to do that, and I understand we cannot make that amendment. It certainly is a good suggestion, and if you want to follow up with that, it would be good.

The Chair: Any further questions? Thank you, Julian.

NIAGARA ANAPHYLAXIS SUPPORT AND KNOWLEDGE

The Chair: Our next delegation is Niagara Anaphylaxis Support and Knowledge.

Ms. Cindy Paskey: Good morning, I’m Cindy Paskey, and I’m the president of NASK, which is Niagara Anaphylaxis Support and Knowledge.

On behalf of the allergic community, I would like to say thank you for allowing me the opportunity to speak today. Also, thank you, Ontario, for taking a national and international leadership role in helping to create safer environments for children and youth at risk for the most severe allergic reactions: allergic reactions that can kill while they are at school.

I speak not only for my family but also for countless parents, grandparents, aunts, uncles, brothers, sisters and friends of children and youth who can suffer anaphylaxis, and I'm respectfully requesting the immediate passage of MPP Dave Levac's private member's bill, Bill 3. I also ask the Ontario government to ensure that this legislation is effectively conveyed to school boards, school administrators, teachers, staff, parents and students.

You've heard that resources are readily available. Anaphylaxis Canada, working with allergy specialists and other stakeholders, has developed medically sound and user-friendly materials.

Why is Bill 3 necessary? We've heard that anaphylaxis is increasing; it's not going away. The 40,000 students in Ontario that Laurie Harada mentioned translate into one student out of every 50.

When an allergic reaction occurs, there are no rules. Its progression and severity are unpredictable. Prompt emergency action—give the EpiPen, call 911—is necessary. Literally, seconds can save a life. There is no margin for error.

If you have witnessed an allergic reaction, you know its terror. When our son reacted to half a cashew at five years old, I intuitively knew something was dreadfully wrong. By the time his father got him to the hospital, he was unrecognizable: a ghastly mountain of unsightly welts. He was stripped naked but could not lie still because his itching was intensely painful. He cried and his breathing was rapid. He did not want me in the room, so I paced the emergency department hallways, praying, "Please Lord, not today. I'm not ready for my five-year-old son to die." Thankfully, he received the prompt emergency attention required. It took some time, but his allergic symptoms reversed and he was released hours later.

That experience changed our approach to daily life. Preventive safety became our family's number one rule, since the only way to stay safe is strict avoidance of your allergen. While safety considerations permeate everything we do, they don't restrict our activities. With the proper planning, our son travels, plays sports, attends camps and participates in church activities and school trips. He is a healthy, robust young teen with an unmistakable zest for life. His safety includes always being prepared for the unexpected, that being a reaction.

Research shows that people do not knowingly eat food to which they're allergic; rather, they believe the food is safe. When children are young, their safety in all matters is a shared responsibility. The adults around them must be watchful, helping children engage in safe activities and being prepared to respond to emergencies.

At the youngest age possible, parents begin teaching allergic children how to stay safe. It's such a huge responsibility for such little people, and it is ever-present, encompassing every single moment of every day.

As our children grow, parents guide them to become increasingly more responsible for their own safety. We are always mindful that there is no margin for error. Until you have lived it, you cannot know the dread that phy-

sically grips your heart as you send your young, trusting child off to school, knowing that contact with even the smallest amount of the wrong food or perhaps an insect sting could kill.

While in school, students' safety is influenced by the people around them. In the event of a reaction, a person can lose their wherewithal and not be able to self-administer the medication themselves. Therefore, the people around them must know what to do: Give the EpiPen, call 911. There is no margin for error. Seconds count.

As students enter their teens, they're moving towards independence. Teens want to fit in, not be different. Their brains are still developing, and genetically they're programmed to take risks. Hormones are raging. Imagine having to inquire about what your partner has eaten before you share that first tentative kiss. Many new challenges lie ahead.

Statistically, we know that teens are at high risk for allergic reactions. So even while they're in high school, students need adults and peers to be mindful and respectful of the dangers. Bill 3 and anaphylaxis management plans will facilitate this.

It is wonderful that, in Ontario, many school boards have an anaphylaxis policy. At the school level, however, practices vary. Parents depend on the understanding and co-operation of the principal, classroom teachers, school staff and others in the school community. In some parts of Ontario, but not all, public health provides EpiPen instruction. Often parents must teach the rest. From experience, I can vouch that this requires time, accurate information, the ability to communicate clearly and effectively and, most importantly, emotional fortitude even in the most understanding and helpful environment. As parents, we enter the discussion in the most vulnerable position possible: concerned about the possibility of the worst-case scenario, an in-school reaction.

1050

Every year, I teach my son's classmates about allergies that can kill. In junior years, we read the book *No Nuts for Me*, followed by class discussion and answering many questions. In grade 5, classmates were invited, not required, to practise using an EpiPen trainer. In grade 6, my son gave an in-class demonstration with a real, expired EpiPen on a clear plastic bottle. This year, we watched the video *Friends Helping Friends: Make It Your Goal*, and in grades 7 and 8, a health class was held in the gym for all senior students. Again, EpiPen training was offered.

Our son enters grade 9 next year. I have already met with his high school principal and vice-principal to consider practical measures that will help keep him safe, measures such as teacher and staff training, ensuring the main office has an EpiPen and establishing a buddy system. I'm perfectly OK with the high school principal checking to make sure he's carrying his EpiPens with him and that he's wearing his MedicAlert. Our goal—it's the same goal as that of every parent—is for our children to enjoy a full, happy, healthy and satisfying youth in environments that are safe and inclusive.

Bill 3 is logical. It will provide a framework that helps facilitate meaningful discussion between parents and schools. This will greatly reduce the annual duplication of effort by parents and administrators throughout the province of Ontario. Its purpose, as I understand it, is to provide consistent standards among Ontario's schools, to address and consolidate existing legal requirements, to give educators and school staff clear direction about action to be taken in emergency situations and to define roles.

Anaphylaxis management plans will provide awareness, avoidance and action:

—awareness, so that we know the students at risk and what their allergens are, so that people are trained and so that we know how to respond in an emergency;

—avoidance through risk reduction. There are many simple measures that can be put in place, things such as hand-washing, no sharing of utensils or food, allergic students carrying EpiPens, enforcing the rule “no EpiPen, no food”—we live by that rule—removal of insect nests, backup EpiPens in school offices and even practising emergency drills similar to fire drills; and

—action: written plans to ensure a course of action is established and followed in an emergency.

Bill 3, quite simply, is forward thinking. It will serve to reduce liability through proper planning, training and due diligence. It will save lives through education and prevention. My hope and purpose today is to ask for the immediate passage of Bill 3 into law so that anaphylaxis management plans will be in place at all Ontario's schools.

On behalf of the entire allergy community, thank you to MPP Dave Levac—as he exits—for your tireless work in advocating on our behalf. I'm sorry he's not here to hear me. I've said it to him many times, and I always will: He is one of my heroes. Thank you also to the entire Ontario Legislative Assembly. Bill 3 has transcended party politics. This matter remains non-partisan, as it should. It's truly a demonstration that the safety and well-being of Ontario's children is your priority.

The Chair: Thank you, Ms. Paskey. You've exhausted your time here. There won't be an opportunity for questions. We appreciate you being here today.

TORONTO ANAPHYLAXIS EDUCATION GROUP

The Chair: Our next delegation is the Toronto Anaphylaxis Education Group. Welcome, Mr. Brown. If you could identify yourself and the group that you speak for prior to speaking. When you do begin, you'll have 10 minutes.

Mr. Tad Brown: Thank you all for the opportunity to appear before you today and to participate in this consultation process. My name's Tad Brown. I live here in Toronto. I'm a lawyer; I work across the street at the University of Toronto, but I'm here today as the parent of two young children with severe, life-threatening allergies to nuts and peanuts, and also as chair of an organization

called the Toronto Anaphylaxis Education Group, which represents families across the greater Toronto area who also have children with severe allergies.

First off, I also want to reiterate everyone else's thanks, in particular to Dave Levac, and to everyone for the leadership and vision in terms of taking Bill 3 to where it is. In my brief time—there have been a number of excellent presentations that preceded me—I don't want to reiterate what's been said already. You heard about the background on it, the medical and some personal stories. What I'd like to focus on today in my brief time is just to let you know the challenges of individual parents in the schools in terms of trying to put these kinds of effective practices in place, which is why Bill 3 is so important for us.

First, let me just speak as a parent. I have two children: a girl, Brigit, who is six, and a son, Garrett, who is four. We learned that they had severe allergies when they were both under the age of one, so we've been living with this for some time. As you've heard from others today, our daily activity is ensuring, as all parents do, that the children's lives are as safe and as free from harm as possible. That requires us to put in management emergency plans, as you heard in Bill 3, everywhere they go, making sure that people in whose care and control they are, are aware of their allergies, how to recognize them, how to administer an EpiPen and what their emergency plan will be.

We've actually been able to manage that fairly well as they grew up and were toddlers. That was with family and friends, when they go to play dates and birthday parties. Both of my children have been in daycare centres, in preschools and have gone to day camps. All of those facilities had extensive training of their staff and had written policies in place dealing with how to deal with allergies.

Our big wake-up call came when our eldest daughter entered the public school system two years ago, into kindergarten. We entered into a school here in north Toronto. We came to realize that there was no policy in the school, that most teachers had no awareness of how to recognize anaphylactic reactions, most teachers had no training in how to administer an EpiPen and there was no clear plan on how to deal with anaphylactic reaction.

The result for us is that nowhere that our children go are they more at risk than in their public school, and nowhere do they spend more time outside of our home than in their public school. Obviously, education is a necessity and we need to educate our children. However, in no other circumstance would we ever allow our children out of our control for three to six hours in a day and into the care of adults who are not properly equipped to deal with an anaphylactic situation and, in fact, an environment where they are surrounded by potential allergens.

So, as you've heard from others, where we were left—we did our investigation. We were fortunate the Toronto District School Board actually does have a policy on allergies and how to deal with these situations. As we

learned, though, that doesn't actually translate into tangible policies at the school level. We went to meet with the original principal who was there. He saw no reason to implement a policy within our school and refused to put anything down in terms of written guidelines or even communications on a school-wide basis on the issue. This was in spite of the fact that within our school, to our knowledge, there were 13 children who had anaphylactic allergies to nuts alone, two in my daughter's class.

We were fortunate that we had a very supportive kindergarten teacher and we were able to make her class safe by dealing with the teacher alone, through extensive education on our part of the teacher and of the parents, who were very supportive in terms of making that little bubble a safe place for them. But even there, you can't always protect them and expect all the contingencies. Only one example was one day my wife came in and happened to be volunteering that day. That was the day a supply teacher was there. She came into the classroom—it was Halloween time—and the supply teacher was making up a witch's brew of Halloween treats full of allergens that were potentially deadly to our child. If my wife hadn't been there that day—it was just a lucky fluke that she walked in.

The flipside is that we have a new principal this year. Once again, we start from scratch, educate on the process. We're very fortunate that our new principal is extremely supportive and understanding, is working with us and has asked for our support in terms of writing policies, has sent out communications, has allowed my wife to come in regularly to give EpiPen training to all the teachers in the school and has looked to us for leadership. Although we are well educated on this, we are not professionals. We do our best to try and put these practices in place.

I think the crux of my story is that the safety of thousands of kids in Ontario shouldn't depend on the advocacy skills of individual parents and their personal and unprofessional knowledge of how best to put a plan in place, nor should it depend on the particular receptivity and personal views of an individual principal, which has been our case. And our personal situation is not unique; in fact, it is the norm.

1100

As I said, I'm chair of an organization called the Toronto Anaphylaxis Education Group, which represents families across Toronto. We bring in experts on the issues. The goal is to educate families about how best to deal with these issues. We have allergists and doctors and the like who come in. However, the number one issue of importance for families is safety in our schools. What we spend a lot of our time on is educating other parents on how to effectively advocate within their school to set up proper policies. This is not the best way to ensure safety on it.

Again, Bill 3 accomplishes all our goals, not only from the parents' perspective but from the teachers' perspective as well. As you have witnessed today, it is a very emotional issue, and it is very hard to come in

calmly and rationally and advocate for your child's safety and potential life on an individual basis. Bill 3 will accomplish all of these goals and will do what's most important, which is to keep our children safe.

In closing, I just want to thank all of you, and Dave Levac in particular, for your vision and leadership on this. Please pass Bill 3. I'm happy to welcome any questions on it. Thank you for your time.

The Chair: Thank you. You've left just over three minutes for each party, beginning with Mr. Bisson.

Mr. Bisson: Just a general comment more than a question. The bill is certainly something that we, as New Democrats, support and want to see quick passage of.

One of the things that I think we need to keep in mind is that, after the bill is passed we, as parents and extended family, still have a responsibility. Sometimes thinking that there is now a plan in place in the schools is going to lower our guard. You spoke to that, and I think that's something that maybe once the bill is passed we need to keep reminding people of through the public education process, to make sure that people don't just rely on the plans in the schools as a way to deal with the issue. I think you spoke to that.

Just generally to Mr. Oraziotti in regard to his comments that the legislation can't extend to the reserves on federal land, I guess my general comment is that at some point in this province we're going to have to get a hold of this issue, because far too often First Nations are left far behind on what is no-brainer legislation like this where we can protect kids who happen to be living on reserves. I know this is not the fault of the government; it's something that we need to negotiate with the federal government so that when we do pass laws in the province of Ontario there are some mechanisms to make sure that people who live on reserves can benefit from these laws.

I'll just give you a very quick example. Last week I went to Kashechewan with Minister Monte Kwinter. Eight years on boil-water advisories in Kashechewan: That's what those kids and families have to live with. In any other community it wouldn't happen. I just get frustrated when I see, yet again, First Nations fall behind because of the federal government, quite frankly, not thinking about how to deal with this issue. So maybe it's something we can work on together.

Mr. Brown: If I could just respond on the first point: Absolutely, I think that all parents acknowledge that this is a shared responsibility. I think that you will find no more dedicated group of individuals who are going to be continuing to advocate and help to work with their school boards and teachers and principals in terms of developing effective plans on it. The goal here is that we can assist and help develop it but that we don't have to lead and actually implement policies on a school-by-school basis.

Mr. Kim Craiton (Niagara Falls): Thank you, Tad, for appearing here and making your presentation. Just a couple of comments. I was listening to you and you said that sometimes—I'm not sure if I'm using the right phrase—but "emotional, a little irrational." I tell you, when it comes to the safety of kids, there's nothing wrong with that.

Also, it's hard for me to fathom—I think it really hit me when you said, “Imagine sending your kids off to school and being worried all day.” I certainly learned a lot over this process, but it's hard for me to imagine that every day you get up, you send your kids off to school, and for those six hours that's constantly on your mind: What's going to happen?

I just wanted to share with you that it is exciting for me as a new member to sit in a room like this on occasion and have your colleagues from all three parties feeling that way. I think what it does show is that the Legislature truly cares. We have different political views, but when it comes to issues like this, there is always a feeling of support.

As this bill gets through—and it will get passed; I'm confident of it—we'll be using people like yourself as the resources to help deliver the program in the school. There's no better resource to assist the teachers when it comes time to help deliver it. You're the ones whom we're going to be using for it, because you live and breathe it every single day. I just simply want to say thank you very much for that.

Mr. Brown: Thank you for your comments and support.

Mr. Yakabuski: Thank you very much, Tad, for your very emotional and powerful presentation. Clearly, you are a strong advocate, not only for your children but for anybody's children who suffer from anaphylaxis.

As parents, we all worry about our children when they leave the house, because we don't control the world. But parents of anaphylactic children, of course, have one more very significant and serious thing to worry about that the rest of us don't. We certainly appreciate that, and I think you've been doing tremendous work to spread that message, as has your organization. I certainly got the message.

I understood from you that your work will not stop, regardless of what policies are in place, because policies are only as good as the implementation. I'm sure you and your group will be there front and centre, making sure that these policies are working and that they're being followed. Everything has to be monitored, because no system is perfect, and we have to ensure that everything is going as it should.

We certainly support what you're doing. We appreciate the work that you people have done to highlight these issues. Without people like yourself, Sara Shannon and Sabrina, we may not be doing these things today, because we may not understand them well enough. We appreciate that.

The Chair: Thank you, Mr. Brown.

Our next delegation is Anaphylaxis Management and Crisis Intervention—Patey Enterprises. Are they here? They have yet to be confirmed. Would Angela Patey be here? OK, we'll move on to our next delegation.

DEBBIE MONROE-FESSLER

The Chair: Is Debbie Monroe-Fessler here? Come forward, please. Good morning, and welcome. After

you've identified yourself for Hansard, you'll have 10 minutes.

Ms. Debbie Monroe-Fessler: I would just like to say that the opportunity to be here today—

The Chair: Could you identify yourself? Could you say your name?

Ms. Monroe-Fessler: Oh, I'm sorry.

The Chair: That's OK. When you begin, I'll start timing you.

Ms. Monroe-Fessler: My name is Debbie Monroe-Fessler. I'm coming here from Niagara Falls with some other people. I am here today to, I guess, enlighten everyone to work together. I'm so grateful that I've had the opportunity to hear everyone else speak. Part of what I was going to say has been said. I don't want to repeat anything. Luckily for me, I can have this opportunity. I've been living with it, in my family, for over 10 years. I have a child who is anaphylactic.

I'm here really, though, to talk about how we can move forward, how we can all work together. It's exactly like Larry and some of the other parents say: It's the children.

One of the things that hasn't been discussed is the children who are friends, siblings, teammates, players or the other kids who are in the schools. Right now, they really are our curve to the future. I'll talk about that in a little bit.

I think what's in front of us right now is an opportunity that we can all take together. We can all work together, work the resources that we do have. In the past, things have happened, and we can't change those. But through prevention, education and communication—I think the communication is just as important as the education, because people need to know things and how to implement them.

Because my family has been living with anaphylaxis, one of my roles is really to listen to other people. We have groups of parents, and I've spent a lot of time really listening to what they had to say and then working along with them. Part of all that, again, is the communication.

One of the things we've always talked about is that knowledge saves lives. If we don't have the knowledge, we can't save lives. Part of that knowledge could be very small things in the school settings: kids washing their hands, young children washing their hands, the other kids knowing that the kids have a medical alert.

One of the things that has come up that we haven't spoken about is the well-being of the children who are anaphylactic and all the people who are around them. Because you know what? They like to learn, they like to laugh and they want to play.

1110

Kids are our future. The fact that these kids who are anaphylactic can feel comfortable in their settings—they will share with other kids. They will have the chance to learn as much as them. One day, they will be out.

I want to mention my son, who is actually 11. I have another son who is six. They both wanted to be here today, and they would have been here, but it's kind of a

long drive for them. Actually, my 11-year-old, much like Laurie's son, did speak in front of the region, which was 31 people. His message, along with my six-year-old, who actually spoke at city council in Niagara Falls—and I promised him I would tell them that—was that, in Bill 3, what's really most important is for people to know where the EpiPen is, how to use the EpiPen and when to use the EpiPen. All these other things are important, but those are the three things that are really part of our key to put everything all together.

I guess the next thing is that all parents, when we have our children, we know that part of our lives is working together. Nothing is ever easy. When you have a child and, say, perhaps something is going to be a challenge in your life, it could be lots of other things that are out there, because we're not just always focusing on anaphylaxis.

The difference between some of the challenges that we have with our children is that, right now, we have an opportunity to make a difference for the anaphylactic children, because there are community groups and partners who would like to help and come on board. From the Niagara region, we have more phone calls from people coming in, wanting to know what to do and how they can help. Our members can get out and speak to everybody. So that says a lot right there.

I do want to quickly mention, of course, that Kim is from Niagara himself, and all of you here, the colleagues, have made our day, because, yes, we do live with it every day when they're gone. Part of the community environment for the kids who are anaphylactic—being part of the bill, knowing when to use the EpiPen, perhaps having emergency drills a couple of times a year. Those children who learn about anaphylaxis are learning how to deal quickly with situations that they may have to respond to. The fact that they're learning about anaphylaxis does help them with emergency calls for a lot of other things that may happen in the school setting.

We're kind of looking a little bit outside the box with identifying a lot of other kids, that kids will feel fine. From talking with other parents and my own experience, kids who are teaching kids are teaching others. It sort of has a rippling effect, because these kids, like I said earlier, want to learn, laugh, play, be part of—my son is involved in hockey. He is involved in other sports. He plays the guitar. But you know what? All that took time for him to be independent.

A lot of parents of anaphylactic kids—and you can speak with them—have changed their career roles. We've had to change our career roles. My son has more than peanuts; he has eggs, milk, all dairy products, and we're always forever checking recipes. I know this isn't part of the bill, but it's part of our lifestyle. So if one part of our lifestyle is six hours that the kids are going to be at school, or five or eight or whatever, if that part plays a role, a lot of us can be more productive in our community, maybe to volunteer for other groups or have some career skills that we'd like to implement. So one day, when we leave them to go or even when they have

to come home on the bus and something happens, the end of the day is just as important as the beginning of the day, because they're going back on the bus. We'd like to know that when they come home, they're saying, "Yeah, I had a great day," because the rest of our evening, our lives, are things that we want to be part of in our community.

Passing the bill or working on ways to get the bill through—we could create an environment to have a lot more things happen in our area.

Information in our school setting: Like I said—I did repeat it—it does have a rippling effect. I think you will find, after today, there are a lot of parents and community support organizations that would be glad to share their ideas so we can have a sunrise of looking to the future in a positive way.

I guess what I really have to say is thank you again, and we can make a difference if we educate, if we communicate, if we share ideas. This is a positive approach. Right now, there are so many different allergens that you spoke about. We can't say that we cannot have this specific allergen in the school. Our kids do not want to live in a bubble. They are very independent in so many different ways. I think we can all learn from each other. I'm proud to be Canadian; I'm glad to live in Ontario. Maybe something interesting is going to happen. Thank you.

The Chair: Thank you. You've left about 30 seconds for each party, beginning with Mr. Craitor.

Mr. Craitor: Just quickly, it's my opportunity to officially say in Hansard that I remember like it was yesterday when David stood up in the House—I'm a new MPP—and he read in private member's Bill 3. That was probably one of the first bills read in. I remember sitting and listening to him, because David is right in front of me and you can't miss him; he's six foot six, I think. To be honest with you, I really did not know what the bill meant. That's the truth.

You're here and Cindy from NASK is here. You have constantly, and rightfully so, been into my office on a regular basis. You've had the children in, you've orchestrated events at my office. You've educated me to understand how significant this is. You've educated our community. You were at city council and you had events that were covered by the newspaper. Many people in my community, I will tell you, while I was out visiting at coffee shops, at hockey games, would come up and talk to me about it. They didn't even know it existed. So you've accomplished an awful lot and so have all the people across Ontario who are involved with these organizations.

Finally, I think it's very significant. I don't know if it's normal practice, but for the year and three months I've been here it's the first time I have seen a bill that's in committee being held in the morning for public hearings, and then in the afternoon, it's going to clause-by-clause. I think that tells you how significant this bill is. That's the first time I've seen that happen all in one day.

So just quickly, thank you and Cindy and NASK for all the help you've given me to educate me and our

community. And to everyone around the room and to all the members, I'm totally confident this is going to go forward. I've used more than 30 seconds, so thank you for your indulgence.

The Chair: Yes, you did.

Mr. Yakabuski: And in the interests of time, because Kim used up mine, as well, thank you very much for your presentation. We very much appreciate it. If you can educate Kim, you can educate anybody.

Ms. Andrea Horwath (Hamilton East): I don't have any questions. I was watching the earlier proceedings in my office. I give a lot of respect to the parents and the advocates who came out to support Dave in this bill. I think it's well-needed. My son goes to school with a number of children who have this particular issue and I just think we can work together to make this happen and it'll be for the betterment of our schools and our children.

The Chair: Thank you for being here.

I'm going to call one more time, is Angela Patey here? No, OK.

ROLAND SEEHAGEL

The Chair: Our last delegation this morning is Michele Lafantaisie. I've got another name. I gather she can't be here. We have Roland Seehagel.

Mr. Roland Seehagel: Thank you. It's an honour to be here. My name is Roland Seehagel. I am more or less filling in for Michele, who could not be here today. I have before me not my script but hers, which I will not attempt to read. We attempted reading it in the car and at 10 minutes we quit and were about halfway through. I only received it on Monday and had no opportunity to review it further with Cindy, being in Ottawa the last few days.

The Chair: Mr. Seehagel, we're a little ahead of schedule, so if you go over by a minute or two—I'll give you a warning when you're getting close, but please do the delegation as you see fit.

Mr. Seehagel: Thank you for the warning. I do promise you that I will be more succinct than our friend Julian. I will not attempt to compress this 20-minute document into 10. I am here to merely summarize what I've heard to date, and also what I have been involved with for approximately the last two years.

1120

I am an employee of Brock University in St. Catharines—26 years. I am proud to be there. Also, as a volunteer, I act as Cindy Paskey's assistant. I was present in the visitors' gallery on December 4, 2003, when the bill received second reading and unanimous support.

I am very honoured, as I said at the beginning, to be here today. If I could attempt to compress everything over the last two years, what I've heard today, the experiences of so many people, not of my own—I'm a single guy. I don't have any allergies. No one in our family has allergies. One of the most often asked questions I've had to answer is, "Why are you involved? Why

do you care?" In four words I'd like to sum it up: Because life is precious. Thank you.

The Chair: Maybe you can answer some questions. You were almost as succinct as Julian, but not quite.

Mr. Seehagel: Thank you.

The Chair: You've left about two and a half minutes for each party to ask you questions or make comments on your delegation, if you wish to answer. My first questioner will be Mr. Yakabuski.

Mr. Yakabuski: You already answered the question: Because life is precious. But I want to commend you for your involvement, not being directly connected to someone who suffers from anaphylaxis as a parent and/or a relative, an uncle-type thing, like that, because clearly the strongest advocates are going to be those who are affected directly. As someone who has taken an interest in a very significant and serious issue, I commend you for that.

Mr. Seehagel: Thank you.

Ms. Horwath: It's interesting that you referred to Julian's speech. Julian actually has the same name as my son, Julian. At first, when he came home, when he was in kindergarten as a matter of fact, with a note from the school saying there is a peanut allergy and we couldn't provide any snacks or foods or anything with any traces of nuts in it—I have one child, so that was my initial introduction to anaphylaxis. I really didn't know very much about it. As he went through school, of course the same peer group of children went with him, and the entire school is peanut-free. I've realized through hearing what these families are saying, and understanding your position in terms of being an advocate on this issue, that it's not a matter of one type of allergy or another. I think that's what this bill is meaning to do, to say it's not about peanuts or it's not about shellfish; it's about this situation that by definition can be addressed if we're all taking responsibility for it.

I want to thank you, as someone who isn't necessarily personally involved with an individual or a family, but recognizes it's the community's responsibility. I think that Mr. Levac, in bringing this bill forward, was trying to indicate that as well: that together our school boards, our teachers, our children and our communities can make sure our children are safe. So I want to say thank you for coming forward.

Mr. Seehagel: Thank you for your kind comments. To that I might add that it's a great honour to be here today, as I sense that we are being listened to, that it's not going over people's heads or through their ears.

Mr. Craiton: Roland, I met you on the way in, but I didn't realize your significance until you mentioned Brock University. Let me just say that I know you had sent a letter to me and I'm sure to some of the other members, and it was on Brock University letterhead.

Mr. Seehagel: Yes.

Mr. Craiton: I'm going to put it into the record. I know they sent me a letter from Brock and said—whatever they said, it wasn't appropriate. I was not happy with that. I will also tell you, and David can speak for

himself, but I know he wrote something back to say that you're passionate and that maybe it wasn't the right thing to use their letterhead, so be it. I'll also tell you that I think I called two or three times to try to reach you, just to thank you for doing that. I now have the opportunity to say it in person. I read your letter and it was very passionate. When I first read it, I thought you had a child. That was my first reaction. That's how passionate the letter was. I didn't realize you didn't have anyone in your family who was—

Mr. Seehagel: They're all my children.

Mr. Craitor: Yes, a nice way to say it. I'll close with that. Thank you.

The Chair: Mr. Levac, you get to do cleanup.

Mr. Levac: Thank you very much, Madam Chair. Thank you for your patience with some of these deputants. I appreciate that very much, and I know they do.

To the committee members, to the staff, thank you so much for the behind-the-scenes work.

To the members of the opposition in both parties, thank you for your kind words and your support. I know some of you have specifically taken this task on and I appreciate that deeply.

Thank you, Roland. I appreciate your passion as well.

To each of the deputants, thank you for the time you've spent on seeing some light at the end of the tunnel.

I just want everybody to know, and make sure it's clear, that this bill is in its fourth edition. This isn't the first time it's been introduced. I introduced the bill in 2001. They say that in private members' business you have to be persistent. This is an example of that.

There are two things I'd like to point out about the reason I'm very optimistic that this is going to see the light of day: (1) we unanimous consent on both first and second reading; (2) all the deputants have spoken in favour of the bill in one form or another. They've offered us solutions and suggestions for improvement in typing it up.

The ministry has been very helpful and I appreciate that deeply. I also would be remiss if I didn't say thank you to my own staff, who have been working very hard behind the scenes on making sure we hear the voice of the people.

This is about kids. This is about kids' safety. This is about life and death. It is absolutely a joy to see this place work, inside the House and outside of the House, on these rare occasions. It's happened a few times in my career so far, and it's probably the most rewarding part. When we can all work together to make law—sometimes we, the people sitting at these desks, forget that—and it affects people's health, it affects their lives, it's a good thing. So I deeply apologize for my earlier loss of composure. But when Ms. Shannon presented, I put my own kid—that's what you do—in that position and you realize how sacred this is.

Thank you so much.

The Chair: Mr. Seehagel, we appreciate your being here.

I'd like to thank all the witnesses, the members of the committee and ministry staff for their participation in the hearings.

I'd like to remind all members that amendments to Bill 3 should be filed with the clerk at 12 noon today, which gives you 35 minutes.

This committee stands recessed until 3:30 this afternoon in committee room 151 for the purpose of clause-by-clause consideration of Bill 3.

The committee recessed from 1128 to 1601.

The Chair: I call this meeting to order. We meet this afternoon for the purpose of clause-by-clause consideration of Bill 3. We'll now commence clause-by-clause consideration of the bill.

Are there any questions or comments on section 1 of the bill?

Mr. Levac: I move that section 1 of the bill be struck out and the following substituted:

“Definitions

“1(1) In this act,

“‘anaphylaxis’ means a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock, and ‘anaphylactic’ has a corresponding meaning; (‘anaphylaxie’)

“‘board’ means a district school board or a school authority; (‘conseil’, ‘conseil scolaire’)

“‘consent’ means consent given by an individual with the capacity to provide consent to treatment for the purposes of the Health Care Consent Act, 1996;

“‘employee’ means an employee of a board who regularly works at the school, in the case of a school operated by the board.

“Expressions related to education

“(2) Expressions in this act related to education have the same meaning as in the Education Act, unless the context requires otherwise.”

The Chair: Any discussion? All those in favour?

Mr. Peter Kormos (Niagara Centre): Carried.

The Chair: All those opposed?

Mr. Kormos: Carried.

The Chair: Mr. Kormos, please, let me go through this step by step; OK?

Mr. Kormos: Shall the section carry? Shall the amendment carry? Carried.

The Chair: Mr. Kormos, would you like to chair the meeting?

Mr. Kormos: If you want me to.

The Chair: No, not really, but I would prefer that you let me do the meeting, please.

Shall section 1, as amended, carry? All those in favour? All those opposed? That's carried.

Section 2, Mr. Levac.

Mr. Levac: I move that subsection 2(1) of the bill be struck out and the following substituted:

“Establishment of policy

“2(1) Every board shall establish and maintain an anaphylactic policy in accordance with this section.”

The Chair: Any comments or discussion? All those in favour? All those opposed? That's carried.

Page 3, Mr. Levac.

Mr. Levac: I move that subsection 2(2) of the bill be struck out and the following substituted:

“Contents of anaphylactic policy

“(2) The anaphylactic policy shall include the following:

“1. Strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas.

“2. A communication plan for the dissemination of information on life-threatening allergies to parents, pupils and employees.

“3. Regular training on dealing with life-threatening allergies for all employees and others who are in direct contact with pupils on a regular basis.

“4. A requirement that every school principal develop an individual plan for each pupil who has an anaphylactic allergy.

“5. A requirement that every school principal ensure that, upon registration, parents, guardians and pupils shall be asked to supply information on life-threatening allergies.

“6. A requirement that every school principal maintain a file for each anaphylactic pupil of current treatment and other information, including a copy of any prescriptions and instructions from the pupil’s physician or nurse and a current emergency contact list.”

So moved.

The Chair: Any comments or questions? All those in favour? All those opposed? That’s carried.

Mr. Levac: Next page, Madam Chair.

I move that section 2 of the bill be amended by adding the following subsection:

“Contents of individual plan

“(3) An individual plan for a pupil with an anaphylactic allergy shall be consistent with the board’s policy and shall include:

“1. Details informing employees and others who are in direct contact with the pupil on a regular basis of the type of allergy, monitoring and avoidance strategies and appropriate treatment.

“2. A readily accessible emergency procedure for the pupil, including emergency contact information.

“3. Storage for epinephrine auto-injectors, where necessary.”

So moved.

The Chair: Any comments or questions? All those in favour? All those opposed? That’s carried.

Shall section 2, as amended, carry? All those in favour?

Mr. Kormos: Debate?

The Chair: Would you like to debate that, Mr. Kormos?

Mr. Kormos: No, thank you.

Mr. Jerry J. Ouellette (Oshawa): I would like to. Just a question, more directly to Mr. Levac. There are a number of areas in here that you’ve mentioned and brought forward that we’re supportive of. The financing for those areas: How will the finances play out to train those individuals and those things? Is it from the school

board, from education, or how is it to play, and is there a commitment for financing in the bill?

Mr. Levac: As you know, a private member’s bill can’t make a commitment to finances, but I have been assured that ministry staff are presently working with those who have offered from an outside agency to prepare and provide some assistance in doing so. Where costs can be reduced, they’re going to be done so by that particular process. So we’re hoping that a minimal amount of cost will be involved in this particular process.

Mr. Kormos: Having said that—and Mr. Levac knows I’m a fan of this bill—a private member’s bill cannot impose a tax, but inevitably with private members’ bills, there are costs associated with it that are perfectly acceptable and in no way make the bill out of order. If the bill creates responsibilities on the part of the government, the government has to meet those responsibilities.

Mr. Levac: In response to that, I accept that, and would suggest to you that in my conversation with ministry officials, they’ve made it known to me that they are going to work diligently to avoid those costs and, if not, they would work toward finding the solution on how to provide that training.

The Chair: Any further discussion? Shall section 2, as amended, carry? All those in favour? All those opposed? That’s carried.

Section 3: Mr. Levac, page 5.

Mr. Levac: I move that subsection 3(1) of the bill be struck out and the following substituted:

“Administration of medication

“3(1) Employees may be preauthorized to administer medication or supervise a pupil while he or she takes medication in response to an anaphylactic reaction, if the school has up-to-date treatment information and the consent of the parent, guardian or pupil, as applicable.

“Obligation to keep school informed

“(1.1) It is the obligation of the pupil’s parent or guardian and the pupil to ensure that the information in the pupil’s file is kept up to date with the medication that the pupil is taking.”

The Chair: Comments or questions? Seeing none, shall this amendment carry? All those opposed? That’s carried.

Page 6, Mr. Levac.

Mr. Levac: I move that subsection 3(2) of the bill be struck out and the following substituted:

“Emergency administration of medication

“(2) If an employee has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee may administer an epinephrine auto-injector or other medication prescribed to the pupil for the treatment of an anaphylactic reaction, even if there is no preauthorization to do so under subsection (1).”

The Chair: Comments or questions? Seeing none, shall the motion carry? All those in favour? All those opposed? That’s carried.

Page 7, Mr. Levac.

Mr. Levac: I move that subsection 3(3) of the bill be struck out and the following substituted:

“Immunity

“(3) 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.

“Common law preserved

“(4) This section does not affect or in any way interfere with the duties any person may have under common law.”

The Chair: Comments or questions? Seeing none, shall the amendment carry? All those in favour? All those opposed? That’s carried.

Any other comments or questions on section 3 of the bill? Seeing none, shall section 3, as amended, carry? All those in favour? All those opposed? That’s carried.

Mr. Levac, section 4.

1610

Mr. Levac: I move that section 4 of the bill be struck out and the following substituted:

“Commencement

“4. This act comes into force on January 1, 2006.”

The Chair: Comments or questions? Seeing none, shall the amendment carry? All those in favour? Opposed? That’s carried.

Shall section 4, as amended, carry? All those in favour? All those opposed? That’s carried.

Section 5.

Mr. Levac: I move that section 5 of the bill be struck out and the following substituted:

“Short title

“5. The short title of this act is Sabrina’s Law, 2005.”

The Chair: Comments or discussion?

Mr. Kormos: Perhaps Mr. Levac could elaborate on this.

Mr. Levac: Yes, Mr. Kormos. Two things took place in a short period of time. First, in meeting Mrs. Shannon, I requested permission to honour her daughter by calling it Sabrina’s Law and received permission from her. I indicated to other members that I was going to do this and received a green light to do so.

Second, there were three different options presented to me for us to make sure that anaphylaxis could be found easily in an Internet search, or how to find something about protecting anaphylactic students, and Sabrina’s Law might be a difficult match. So my understanding is that because the long title of the bill contains “anaphylactic,” it might be easier to find. There are precedents set to do these types of notations in law. This would be for the purposes of honouring Sabrina.

Mr. Kormos: I want to speak to this very briefly. Mr. Levac has told me about his very intimate and sad request to use Sabrina’s name as a title for the bill, but he has also spoken to me many times about the incredible inspiration he has received from this tragic loss of a young life. I’ve been with him watching him pursue this legislation for a long, long time now. So Sabrina, no doubt, kept Dave Levac on track, kept him persevering, kept him committed and kept him tenacious about this

bill being passed. I’m pleased to support this particular amendment and to congratulate Dave Levac, but also thank Sabrina’s mother for the permission she has granted to have her daughter’s memory acknowledged in, I put to you, a very formidable and permanent way.

The Chair: Any further discussion? Seeing none, shall the motion carry? All those in favour? All those opposed? That’s carried.

Shall section 5, as amended, carry? All those in favour? All those opposed? That’s carried.

We’re at the title portion. Mr. Levac, did you want to speak to that?

Mr. Levac: Yes, Madam Chair. I’d like to move this amendment and make a short comment.

I move that the long title of the bill be struck out and the following substituted:

“An Act to protect anaphylactic pupils.”

There was some legalese to match it with the Education Act, and “pupils” was substituted for the word “students.”

The Chair: Any comments or discussion?

Mr. Levac: I’m not done yet.

Mr. Kormos: I was just going to ask, why “pupils” versus “students”?

Mr. Levac: My understanding is that it’s to match the Education Act.

Mr. Kormos: So you give this one to the bureaucrats.

Mr. Levac: Yes.

The Chair: Mr. Levac, do you have anything more to add?

Mr. Levac: I think we should take the vote. I think that’s what we’ll do.

The Chair: It sounded like there was a debate going on.

Mr. Levac: Oh, no. We’re finished.

The Chair: Any further discussion on the long title? Seeing none, all those in favour? All those opposed? It’s carried.

Shall the long title of the bill, as amended, carry? All those in favour? That’s carried.

Shall Bill 3, as amended, carry?

Mr. Kormos: Madam Chair, this is the only point at which I will comment on this. I’m anxious to get this bill passed through this committee before anybody anywhere changes their mind.

I want to commend Mr. Levac for bringing this bill forward. Others may not have been as unfamiliar with this phenomenon as I was, but I was only vaguely familiar with it until Dave Levac brought this bill to the House. Mind you, I had families down in Niagara quickly address me and make sure I was increasingly familiar with it and the details of how it impacted on them and their kids’ day-to-day lives.

I once again want to commend Mr. Levac for his perseverance. It’s been a long road. I’m sure it’s been discouraging at times. I also want to thank the people from across the province, and especially those down where I come from, for staying on top of me and making sure I was not only supportive of the bill—and I am, with

great pleasure—but that all of us did everything we could to make sure this bill was given appropriate birth. And here we are, just at the cusp of this baby breathing its first breath.

I'm proud to support it. I'm grateful to the families with anaphylactic kids down where I come from who have been so valuable to me in terms of making me informed. Once again, I congratulate Dave Levac as a government caucus member with a bit of private members' public business, hopefully—I anticipate and am sure—making a great deal of difference to a whole lot of kids and their families.

Mr. Yakabuski: I too want to congratulate Dave Levac. It's been a pleasure and a privilege for me to work with him on this particular subject. I think I speak for our caucus when I say we've been very supportive of this particular bill.

I want to say to Sara that it's been quite an experience to work with you as well and to learn from you. In the final analysis, Sabrina, though gone, will live on through others and the effects this bill will have, not only by the short title, but on the lives of many students as we go forward.

Mr. Levac: I'd like to thank, obviously, Mr. Yakabuski and Mr. Kormos for this committee support, but also for their individual support and their efforts to keep this moving along. Looking in this room at this time, I'd think Mr. Kormos would be the dean of us, helping me the odd time with a few little procedural things to make sure we kept attention to this.

I want to make a comment that's based on when I introduced the bill back in 2001. It's based on my personal experience as a principal, where I had to deal with five separate incidents of anaphylactic shock, four of them students and one of them an educational assistant of mine who ended up in the hospital in critical condition. I became quite aware of the importance of putting all of the three pillars together to ensure that we could do whatever we possibly could to prevent that.

The second inspiration I received was from Mrs. Dwyer, whose students attended St. Peter's school in Brantford, and who unfortunately had a very difficult time convincing some people that her children's lives were at stake. One of the incidents I had to face as a principal was a parent who told me that their child only ate peanut butter sandwiches. The child decided to test one of my students who had an anaphylactic response to peanuts. I suspended the student for 20 days, and the parent fought me. I got support from my superintendent. I said that it was like waving a gun in front of somebody, and I didn't accept the behaviour after we had tried to negotiate how to deal with this.

As a legislator, I saw an opportunity to correct and right a wrong. The basis of my drive—as Mr. Kormos pointed out, sometimes frustrating but most of the time

rewarding—is education. It's got nothing to do with trying to find the nuances of what word means what on a piece of paper. We need to educate people, and what Mrs. Shannon has done, what NASK does, what Anaphylaxis Canada does, what the allergy organizations and many good principals and good school boards do is provide education for this very, very serious problem that is getting worse.

I can only say to you how proud I am to sit before you and say that when we act together and take on this serious problem, we'll do better. I deeply appreciate all the support that's been given.

Cindy Paskey, Mrs. Shannon, Mrs. Shannon's sister, Anaphylaxis Canada, Laurie, and my new buddy who wants to run for Parliament one day and take my job—I told him to wait until I retire—I would like to comment that we did receive wholehearted support from all the teachers' groups, the boards and the trustees' associations with some of the amendments requested.

I want to suggest that my staff have been tireless in this. I also would suggest to you that the Ministry of Education staff have been wonderful. I've got commitments from them that they will continue to help us with education and with making sure that every single school has an appropriate response to anaphylaxis. I want to thank all of you.

The Chair: Any further speakers?

Mr. Kormos: Recorded vote.

The Chair: We were in the middle of Bill 3, as amended. So is it a recorded vote on that issue? OK.

Ayes

Dhillon, Kormos, Levac, Matthews, Oraziotti, Ouellette, Yakabuski.

The Chair: That's unanimous.

Shall I report the bill, as amended, to the House?

Mr. Kormos: Recorded vote.

Ayes

Dhillon, Kormos, Levac, Matthews, Oraziotti, Ouellette, Yakabuski.

The Chair: This concludes this committee's consideration of Bill 3. I'd like to thank all colleagues on the committee for their work on the bill. The committee also thanks the committee and ministry staff and members of the public who have contributed to the committee's work.

This committee now stands adjourned until 3:30 on Monday, May 9.

The committee adjourned at 1621.

CONTENTS

Wednesday 4 May 2005

Anaphylactic Students Protection Act, 2005, Bill 3, Mr. Levac / Loi de 2003 sur la protection des élèves anaphylactiques, projet de loi 3, M. Levac	G-1017
Canadian Society of Allergy and Clinical Immunology.....	G-1017
Dr. Susan Wasserman	
Anaphylaxis Canada	G-1019
Ms. Laurie Harada	
Ms. Sara Shannon	G-1021
Mr. Julian D'Souza	G-1022
Niagara Anaphylaxis Support and Knowledge	G-1023
Ms. Cindy Paskey	
Toronto Anaphylaxis Education Group.....	G-1025
Mr. Tad Brown	
Ms. Debbie Monroe-Fessler	G-1027
Mr. Roland Seehagel	G-1029

STANDING COMMITTEE ON GENERAL GOVERNMENT

Chair / Présidente

Mrs. Linda Jeffrey (Brampton Centre / Brampton-Centre L)

Vice-Chair / Vice-Président

Mr. Vic Dhillon (Brampton West–Mississauga / Brampton-Ouest–Mississauga L)

Ms. Marilyn Churley (Toronto–Danforth ND)

Mr. Vic Dhillon (Brampton West–Mississauga / Brampton-Ouest–Mississauga L)

Mr. Brad Duguid (Scarborough Centre / Scarborough-Centre L)

Mrs. Linda Jeffrey (Brampton Centre / Brampton-Centre L)

Mr. Jean-Marc Lalonde (Glengarry–Prescott–Russell L)

Ms. Deborah Matthews (London North Centre / London-Centre-Nord L)

Mr. Jerry J. Ouellette (Oshawa PC)

Mr. Lou Rinaldi (Northumberland L)

Mr. John Yakabuski (Renfrew–Nipissing–Pembroke PC)

Substitutions / Membres remplaçants

Mr. Gilles Bisson (Timmins–James Bay / Timmins–Baie James ND)

Mr. Kim Craitor (Niagara Falls L)

Ms. Andrea Horwath (Hamilton East / Hamilton-Est ND)

Mr. Pat Hoy (Chatham–Kent Essex L)

Mr. Peter Kormos (Niagara Centre / Niagara-Centre ND)

Mr. Dave Levac (Brant L)

Mr. David Oraziotti (Sault Ste. Marie L)

Clerk / Greffière

Ms. Tonia Grannum

Staff / Personnel

Mr. David McIver, research officer, Research and Information Services

Mr. Albert Nigro, legislative counsel