

SUPPORTING

Ontario Children and Students with Medical Conditions

QUICK FACTS



Supporting children and students at risk for anaphylaxis in Ontario

Promoting child and student well-being is one of the four key goals in “Achieving Excellence: A Renewed Vision for Education in Ontario.” Ensuring the health and safety of children and students with medical conditions requires partnership among families, members of the school community and community partners, including health care professionals.

Anaphylaxis overview

Anaphylaxis (pronounced anna-fill-axis) is a serious and possibly life-threatening allergic reaction that requires immediate recognition and intervention. Symptoms can vary from person to person and may include:

- **Skin:** hives, swelling (face, lips and tongue), itching, warmth, redness
- **Breathing (respiratory):** coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Stomach (gastrointestinal):** nausea, pain/cramps, vomiting, diarrhea
- **Heart (cardiovascular):** paler than normal/blue skin colour, weak pulse, passing out, dizziness or light-headedness, shock
- **Other:** anxiety, sense of “doom” (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

Food allergy and anaphylaxis facts

- More than 1 million Ontarians are affected by a food allergy.
- There are about 138,000 students in Ontario with food allergies.
- There is no cure for food allergy, so avoidance is still the main way to prevent an allergic reaction.
- Food is one of the most common causes of anaphylaxis, but insect stings, medications, latex and exercise (alone or sometimes after eating a specific food) can also cause reactions.
- The recommended treatment for anaphylaxis is epinephrine (e.g., EpiPen®).



Living with allergies and the risk for anaphylaxis

Families with children who are at risk for anaphylaxis have to plan ahead and take precautionary measures. They can take preventive steps such as:

- being careful when reading food labels;
- avoiding cross-contamination when preparing food; and
- asking questions before eating or drinking foods.

Children who are allergic to stinging insects should avoid areas near nests, particularly during warmer months. It is important that students at risk for anaphylaxis carry epinephrine (e.g., EpiPen®) when age appropriate and/or have it available at their school to be administered in case of a severe reaction. Students at risk for anaphylaxis can participate in all regular school activities. Teachers, staff and administration should be aware of students' medical conditions in case of emergency.

Creating an inclusive environment at school

All children at risk for anaphylaxis — no matter how independent they are — need the support of trusted, caring adults at school and elsewhere.

[Sabrina's Law](#) requires all district school boards and school authorities in Ontario to have an anaphylaxis policy in place to support students with potentially life-threatening allergies.

Anaphylaxis can cause a great deal of anxiety for students, families, teachers and other school staff. When speaking to children about anaphylaxis, it is important that they know you are comfortable talking about the issue, or they may keep questions or concerns private.

Ongoing communication between the school, the student and the family is essential, beginning when a student is diagnosed and starts school. Maintaining an open exchange of information is also important throughout the school year, especially if there are changes to the child's medical condition.

Families should work with the school to create an individualized Plan of Care for their child. The plan will include support strategies or ways to accommodate the student (e.g., regular hand washing for all children) so that they can participate to their full potential in school activities.

The Ministry of Education expects all district school boards and school authorities in Ontario to develop and maintain policies to support students with asthma, anaphylaxis, diabetes and epilepsy in schools.

Emergencies

In the case of an emergency related to anaphylaxis, school staff should refer to the child's individualized Plan of Care. In all emergency situations:

1. Stay calm.
2. Give epinephrine auto-injector (e.g., EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
3. Dial 9-1-1.
4. Give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.

5. Go to the nearest hospital right away (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could get worse or come back.
6. Inform the emergency contact, as outlined in the student's Plan of Care.

Since anaphylaxis can be life-threatening, it must always be considered a medical emergency and treated promptly. If a child appears to be having an anaphylactic reaction, but you are not sure, it is better to err on the side of caution and use epinephrine. The drug will not cause harm if given unnecessarily to normally healthy children, and side effects are generally mild.

If a child has asthma and is also at risk for anaphylaxis, and it is unclear which emergency the child is experiencing:

1. first give epinephrine (e.g., EpiPen®) and dial 9-1-1 for an ambulance,
2. then give the reliever inhaler (usually a blue inhaler).

Where to find more information

Food Allergy Canada:

<http://foodallergycanada.ca/resources/print-materials/>

Allergy Aware:

www.allergyaware.ca (Free online courses about food allergy and anaphylaxis for school, child care and community settings)

Sabrina's Law:

<https://www.ontario.ca/laws/statute/05s07>

Healthy Schools, Ministry of Education:

<http://www.edu.gov.on.ca/eng/healthyschools/medicalconditions.html>

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