FOOD ALLERGY MANAGEMENT IN LARGE URBAN DISTRICTS
Leslie Fowler has no conflicts of interest or financial relationships to disclose.
LEARNING OBJECTIVES

» Explain how CPS implemented a comprehensive Food Allergy Management Policy in a large, urban school district with 600+ schools

» Describe how students with food allergy are identified and how necessary accommodations are provided

» Discuss policy implementation best practices, challenges, and lessons learned
CPS OFFICE OF STUDENT HEALTH & WELLNESS

Office of Student Health and Wellness

- Student Health
  - Direct Services (Dental, SBHCs, Mobile Providers)
  - Chronic Health Policies
  - Sexual Health (STI Project, SHS Referrals, LGBTQ, and Sex Ed)

- Health and Physical Education
  - PE Policy Implementation
  - Comprehensive and Coordinated Health Education

- Student Wellness
  - LearnWELL
  - Food and Fitness Partners
  - School Food
  - School Gardens
  - Healthy Food Access

- Vision and Hearing
  - Screenings
  - Exams
  - Referrals
FOOD ALLERGY BACKGROUND

» One of every 13 children in the US has a food allergy, or 2 students per classroom\(^1\)

» More than 15% of children with food allergies have had a reaction in school, and 20-25% of epinephrine administrations in schools involve previously unknown allergies\(^2,3,4\)

» Schools must have undesignated emergency epinephrine available in the event of an anaphylactic emergency\(^5\)

EMERGENCY EPINEPHRINE POLICY BACKGROUND

» 2011 – Illinois Emergency Epinephrine Act
  » Schools/districts in IL can stock emergency epinephrine
  » ONLY School Nurses can administer during first time suspected allergic reactions

» 2012 – CPS Administration of Medication Policy
  » Complemented state law

» 2014 – Updated Illinois Emergency Epinephrine Act
  » “Trained personnel” can administer for first time suspected reactions
  » Additional requirements for training and reporting
PHYSICIAN STANDING ORDER

Standing Order for Administration of District-Issued Epinephrine Auto-injector for Potentially Life-Threatening Allergic Reactions (Anaphylaxis) in Individuals Pursuant to Public Act 97-0361

Issued to: Chicago Public Schools – District 299
Name of School District
42 West Madison Street
School Address
Chicago, IL 60602

Epinephrine Auto-injector

Standing Order: District issued epinephrine auto-injectors can be administered in the following scenarios as directed by the Illinois Attorney General’s Office.

1. Administration of an epinephrine auto-injector to a student, with an unknown allergy, having a first-time anaphylactic reaction.
   a. “When a student does not have an epinephrine auto-injector or a prescription for an epinephrine auto-injector on file, [Section 22-30(0) of the Illinois School Code provides that] the school nurse may utilize the school district or on-campus school supply of epinephrine auto-injectors to respond to anaphylactic reactions, under a standing protocol from a physician licensed to practice medicine in the school’s branches and the requirements of this Section.” 105 ILCS 5/22-30(0).
   b. A school nurse may administer epinephrine auto-injector, as provided for in the standing protocol, to any student that he or she believes is having an anaphylactic reaction.” 105 ILCS 5/22-30(0).

2. Any Licensed Nurse working within the Illinois school system (school nurse) may administer epinephrine via an insulin syringe a trained epinephrine auto-injector to a student who is at the school nurse’s professional judgment experiences a potentially life-threatening allergic reaction. The school nurse must be licensed to practice under the Nurse Practice Act, 225 ILCS 65/50-1 et seq.
   c. Trained personnel “may administer an undesignated epinephrine auto-injector to any person whom the school’s personnel in good faith believes to be having an anaphylactic reaction (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities. 105 ILCS 5/22-30(0).” Trained personnel means any school employee or volunteer personnel authorized in Sections 10-27-34, 16-27-34, and 16-22-3-46 of the Illinois Code who has completed training under subsection 105 ILCS 5/22-30(0) of this Section.
   d. Trained personnel means a school personnel authorized by the school district to administer epinephrine auto-injectors to a student who, in the school personnel’s professional judgment experiences a potentially life-threatening allergic reaction.

3. Administration of an epinephrine auto-injector to a student with a known allergy.
   a. Section 22-30(0) of the Illinois School Code permits “any personnel authorized under a student’s Individual Health Care Action Plan, Illinois School Health Plan, or School Health Plan and Treatment Authorization Form, or as pursuant to Section 304 of the federal Rehabilitation Act of 1973 to administer an epinephrine auto-injector to the student having an anaphylactic reaction, that he or she meets the student’s prescription on file.” 105 ILCS 5/22-30(0).

Assessment and Implementation and Physician Order:
1. The school nurse or trained personnel will assess the student’s symptom and history. If, in the reasonable opinion of the school nurse, a potential life-threatening allergic reaction is likely, the school nurse will obtain the undesignated epinephrine auto-injector.
2. If the student has a pre-existing condition and the district-issued epinephrine auto-injector is in the same as the student’s prescribed medication, the medication may be provided for the student to self-administer or those listed as trained to administer in the student’s pre-crisis plan can assist in the administration.

Epinephrine Auto-Injection will be injected intramuscularly into the nature-lateral aspect of the thigh (through clothing if necessary) according to the manufacturer’s recommendation.

Dosage: 0.3 mg EpiPen if greater than 66 pounds
0.15 mg EpiPen Junior if under 66 pounds

Frequency: If symptoms persist, a second dose may be given 5-20 minutes after the first dose.

Note: Epinephrine auto-injectors are available in 0.3 mg dose (EpiPen 1:1000) and 0.15 mg dose (EpiPen Junior 1:10000). Using two 0.15 mg dose to obtain 0.3 mg dose is permissible.

In every single case of administration of an epinephrine auto-injector, emergency services will be contacted immediately by calling 911. Both district-issued epinephrine auto-injector must accompany student to the hospital and/or be presented to EMT once they arrive.

Effective Date:

Physician Signature:

Physician Name (printed):

Physician Contact Number:

Physician License Number:
CURRENT STATE LEGISLATION FOR EMERGENCY EPINEPHRINE ADMINISTRATION

Situations for Permissible Administration of District-Issued Epinephrine

1. Student/staff with a known allergy whose own epinephrine is unavailable can self-administer medication.

2. Trained school staff can administer medication to a student/staff with a known allergy whose own epinephrine is unavailable.

3. Trained school staff can administer medication to a student/staff with NO known allergy if severe allergic reaction is suspected.
DISTRIBUTION & LOGISTICS

» District-issued epinephrine was first distributed to schools at the beginning of SY13
  » Mass, district-wide distribution is now done on a 15-month cycle

» Elementary schools (K-8) receive 4 epinephrine auto-injectors each – 2 adult doses, and 2 junior doses

» Middle schools and high schools receive 2 epinephrine auto-injectors each – 2 adult doses

» Distribution coordinated through Network Offices and provided to Principals, APs, or designees
STAFF TRAINING

» All CPS staff required to receive food allergy management training every two years

» Each school must have one staff member AED/CPR certified; OSHW recommendation is at least two

» Hands-on EpiPen training incorporated into AED/CPR certification training

» OSHW coordinates training opportunities and tracks compliance
ROLE OF SCHOOL STAFF IN FOOD ALLERGY MANAGEMENT

» Classroom Teachers, talk to your Principal and School Nurse to identify the students with diagnosed food allergy in your classes

» For students with a Food Allergy Emergency Action Plan and/or 504 Plan, make sure you understand the accommodations and/or protocols of the plan(s)

» Keep a copy of the Food Allergy Emergency Action Plan and/or 504 Plan in a secure but accessible location (for both your own reference AND for substitute teachers)

» Talk to parents/guardians to understand any specific needs of those students

» Participate in food allergy management education every two years
ROLE OF SCHOOL STAFF IN FOOD ALLERGY MANAGEMENT (CONT.)

» If proper documentation is provided, students with allergies MUST be allowed to carry and self-administer their epinephrine auto-injectors

» NEVER keep epinephrine auto-injectors out of students’ reach

» DO NOT disregard or minimize student statements regarding allergic reactions

» If a student complains of an allergic reaction or demonstrates any symptoms, follow the steps in his/her action plan (if available), or enact emergency protocols – DO NOT DO NOTHING

» If epinephrine is administered or is considered being administered, CALL 911 IMMEDIATELY

» CALL 911 FIRST, CALL PARENTS SECOND
Incident Reporting

- Schools must report incidents to OSHW within 24 hours
  - Reporting triggers replacement process
  - OSHW must report to State Board of Education within 72 hours

- Various reporting methods over first three years caused confusion for school administrators and nurses

- May 2015 – integrated “EpiPen Data Collection Form” into existing CPS incident reporting system, Verify
DATA COLLECTED VIA “EPIPEN DATA COLLECTION FORM”

» Date/time of incident
» School identifying information
» Student/staff/volunteer identifying information & demographics
» Allergy/reaction history & Food Allergy Action Plan/504 Plan
» Inciting trigger & symptoms
» Location of symptom development & EpiPen administration
» Person administering EpiPen & training completed
» Dosage
» EMS activation & hospital information
» Incident outcome
IDENTIFYING STUDENTS WITH FOOD ALLERGIES
IDENTIFYING STUDENTS WITH FOOD ALLERGY

» Students with food allergy must be identified annually via the Student Medical Information form

» CPS School Nurses oversee the distribution and collection of follow-up paperwork, but they may also engage Classroom Teachers

» Food allergy that is subsequently diagnosed by a healthcare provider gets entered into the IMPACT SIM database

» Case Managers/504 Coordinators then coordinate meetings to set up appropriate action plans for the students
  » Classroom Teachers should participate in these meetings whenever possible
CHECKLIST OF REQUIRED FORMS

» Student Medical Information form

» Consent to Exchange Information and Medical Records

» Physician Report on Child with Food Allergy

» Parent/Guardian Request for Administration/Self-Administration of Medication

» Physician Request for Administration/Self-Administration of Medication

» Physician Statement for Food Substitution

» Food Allergy Emergency Action Plan (not mandatory but STRONGLY recommended)
SPECIALIZED MENUS FOR STUDENTS WITH FOOD ALLERGIES

» In order to receive a specialized menu, parents must hand in a completed Physician’s Statement for Food Substitution form and have a 504 Plan/IEP for their food allergic child(ren)

» School Dining Staff will work with Aramark and Nutrition Support Services to make necessary accommodations

» For safety reasons, students whose forms are not properly filled out will NOT be granted menu substitutions
PLANS FOR FOOD ALLERGY MANAGEMENT AND EMERGENCY RESPONSE

» Students with diagnosed allergies must be offered an Food Allergy Emergency Action Plan and a 504 Plan

» A Food Allergy Emergency Action Plan outlines the steps to be taken in the event of an allergic reaction based on the specific student’s needs

» The 504 Plan details any accommodations that need to be made by the school for a specific student to ensure optimal daily food allergy management

» Students don’t need a 504 Plan to have a Food Allergy Emergency Action Plan

» If a student already has an IEP on file, special accommodations for food allergy may be rolled into the IEP

» Parents/guardians may decline to complete such plans, but the conversation must be initiated by the school
CHALLENGES

» Communication
  » Miscommunication/lack of communication between Principals & Nurses
  » District-wide communication strategies may be ineffective

» Limited Resources
  » Schools with multiple buildings
  » Schools misplacing allotted stock
  » Staff capacity

» Reporting & Data Collection
  » Inconsistent data collection tools & variables collected
  » Capacity to follow up & provide additional support
BEST PRACTICES

» Distribution – Principals vs. School Nurses

» Reporting – EpiPen Data Collection Form integration into Verify

» Training – incorporating hands-on EpiPen training into existing AED/CPR certification courses

» Partnership – internal collaboration with Office of Diverse Learner Supports + Services

» Communication – consistent, repetitive messaging through district-wide channels and targeted communication strategy
PREVENTING ALLERGIC REACTIONS – CPS BEST PRACTICES

» No home-baked good for any school events

» Principals must be extremely careful when ordering from restaurants
  
  » Consider ordering celebratory meals through the School Dining Center instead

» Schools are strongly discouraged from labeling themselves as allergen-free (peanut-free, nut-free, etc.)

  » Schools labeled as allergen-free provide a false sense of security as the label cannot be enforced

  » An allergen-free label opens the school up to increased liability should an allergic emergency occur

  » Consider creating allergen-free zones, tables, and classrooms

» Engage in celebrations and events without food as the focus/reward
FUTURE DIRECTIONS

» Resources – Initiative is funded by the CPS Board of Education and through participation in the Mylan *EpiPen4Schools*® program

» School Accountability – Food Allergy Management Guidelines being updated to include language for increased school accountability (misplaced EpiPens, lack of prompt reporting, etc.)
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THANK YOU!