

EMERGENCY EPINEPHRINE ACT

PA 97-0361

Physician's Toolkit



*Protecting students
From life-threatening
allergic reactions*

Letter to the Physician

Emergency Epinephrine Act

Standing Order

Prescription for Epinephrine Auto-Injectors

IEMSC Anaphylaxis/Allergic Reaction Protocols

Food Allergy Education Resources

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Illinois Chapter



LISA MADIGAN
ILLINOIS ATTORNEY GENERAL



Illinois
State Board
of Education

ILLINOIS DEPARTMENT OF
FINANCIAL & PROFESSIONAL
REGULATION

 Ann & Robert H. Lurie
Children's Hospital of Chicago™

 ILLINOIS ACADEMY OF
FAMILY PHYSICIANS



Illinois Department of
PUBLIC HEALTH



August 13, 2012

Dear Physician,

We are writing to ask for your help. On August 15, 2011, the Emergency Epinephrine Act, P.A. 97-0361 (the Act) became law in Illinois, permitting schools to stock a supply of epinephrine auto-injectors, authorizing physicians to provide school districts and nonpublic schools with a prescription to obtain the emergency epinephrine auto-injectors from local pharmacists, and giving school nurses the power to administer the epinephrine to any student whom the nurse believes is having an anaphylactic reaction.

The primary thing stopping school nurses from administering life-saving emergency epinephrine to students is the inability of schools to secure a standing order and prescription for the undesignated epinephrine auto-injectors from a physician. **For the health and safety of Illinois children, we strongly encourage you to fulfill any requests by a school for a standing order and prescription for emergency undesignated epinephrine auto-injectors.** Everything you need is in this packet.

The Illinois Legislature passed this Act in an effort to save the lives of children who, while at school, suffer from anaphylaxis – a severe allergic reaction that can result in death. The leading cause of anaphylaxis in children is food allergies. According to a recent study in *Pediatrics*, one in 13 children suffers from some type of food allergy, and the number is on the rise.¹ For nearly 40% of those children, the allergies are severe and can even be life-threatening.² Food allergies account for over 300,000 hospital visits by children every year,³ and 25% of first time anaphylactic reactions among children occur in school.⁴ These statistics underscore the need to provide access to emergency epinephrine auto-injectors in schools.

We have developed and compiled the enclosed information and forms to assist you in responding to requests from school districts and nonpublic schools. The information included contains an explanation of the Emergency Epinephrine Act, a standardized standing order and prescription form and additional resources that may be provided to school nurses as you deem appropriate.

Thank you in advance for your support. If you have any questions regarding the Emergency Epinephrine Act, P.A. 97-0361, please contact Jessica O’Leary at the Illinois Attorney General’s Office at 312-814-1003 or joleary@atg.state.il.us or Craig Conover, MD at the Illinois Department of Public Health at 312-814-4846 or craig.conover@Illinois.gov.

Sincerely,

Handwritten signature of Lisa Madigan in black ink.

Lisa Madigan
Attorney General

Handwritten signature of LaMar Hasbrouck in black ink.

LaMar Hasbrouck, MD, MPH
Director
Illinois Department of Public Health

¹Gupta et al, “The Prevalence, Severity and Distribution of Food Allergy in the United States,” *Pediatrics*, June 20, 2011.

²*Id.*

³*Anaphylaxis*, “The Food Allergy & Anaphylaxis Network,” retrieved at <http://www.foodallergy.org/section/a>.

⁴Sicherer et al, “Clinical Report - Management of Food Allergy in the School Setting,” *Pediatrics*, December 1, 2010.

Emergency Epinephrine Act

Public Act 97-0361

■ THE LAW

The Emergency Epinephrine Act (the Act), found within the Illinois School Code, 105 ILCS 5/1-1 et seq., specifically authorizes physicians licensed in Illinois to "...prescribe epinephrine auto-injectors in the name of a school district or nonpublic school to be maintained for use when necessary." 105 ILCS 5/22 30(f).

Once the school district or nonpublic school has a prescription, it may take that prescription to be filled at any pharmacy. School districts and nonpublic schools must maintain this supply of epinephrine auto-injectors in a secured, locked location. 105 ILCS 5/22 30(f).

The Act permits this **emergency supply** of epinephrine auto-injectors to be used in a school under three circumstances:

- 1. Administration of an epinephrine auto-injector to a student, with an unknown allergy, having a first-time anaphylactic reaction**
 - "When a student does not have an epinephrine auto-injector or a prescription for an epinephrine auto-injector on file, [Section 22-30(f) of the Illinois School Code provides that] the school nurse may utilize the school district or nonpublic school supply of epinephrine auto-injectors to respond to anaphylactic reaction, under a standing protocol from a physician licensed to practice medicine in all its branches and the requirements of this Section." 105 ILCS 5/22 30(f).
 - A school nurse may administer an epinephrine auto-injector, as provided for in the standing protocol, to any student that he or she "...in good faith professionally believes is having an anaphylactic reaction." 105 ILCS 5/22-30(b-10)(iii).
- 2. Self-administration of an epinephrine auto-injector by a student with a known allergy who has forgotten his or her auto-injector or it is otherwise unavailable**
 - Section 22-30(f) of the Illinois School Code authorizes school districts and nonpublic schools to provide a student with an epinephrine auto-injector for self-administration, provided the supplied auto-injector meets the student's personal prescription on file with the school. 105 ILCS 5/22 30(f).
- 3. Administration of an epinephrine auto-injector to a student with a known allergy**
 - Section 22-30(f) of the Illinois School Code permits "...any personnel authorized under a student's Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, or plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 to administer an epinephrine auto-injector to the student [having an anaphylactic reaction], that meets the [student's] prescription on file." 105 ILCS 5/22 30(f).

■ LIABILITY PROTECTION

The Act provides specific liability protections regardless of whether a student has a prescription for epinephrine on file with the school.

If a parent or guardian provides his or her child's school with a prescription for epinephrine:

The school district or nonpublic school must inform the parents or guardians of the pupil, in writing, that the school district or nonpublic school and its employees and agents, **including a physician providing standing protocol or prescription for school epinephrine auto-injectors**, are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication or use of an epinephrine auto-injector regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician's assistant, or advanced practice registered nurse. 105 ILCS 22-30(c) [Emphasis added.]

The parent or guardian must sign a statement acknowledging this release of liability.

If a student does not have a prescription for epinephrine on file with the school and the:

...school nurse administers an epinephrine auto injector to a student whom the school nurse in good faith professionally believes is having an anaphylactic reaction, notwithstanding the lack of notice to the parents or guardians of the pupil or the absence of the parents or guardians signed statement acknowledging no liability, except for willful and wanton conduct, the school district or nonpublic school and its employees and agents, **including a physician providing standing protocol or prescription for school epinephrine auto injectors**, are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the use of an epinephrine auto injector regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician's assistant, or advanced practice registered nurse. 105 ILCS 22-30(c) [Emphasis added.]

In addition, physicians should check with their professional liability insurer for coverage information specific to their personal policy.

■ NOTE TO PUBLIC HEALTH PHYSICIANS

The Public Health Standing Orders Act, 410 ILCS 125/1 *et seq.*, does not prevent or limit public health physicians from writing a prescription and standing order for a school district or nonpublic school. Authority to issue the prescription and order arises strictly under the Emergency Epinephrine Act.

**Standing Order for the Administration of
School Supplied (Undesignated) Epinephrine
Auto-Injectors for Potentially Life-Threatening
Allergic Reactions (Anaphylaxis) in Individuals
Pursuant to Public Act 97-0361**

ISSUED TO:

NAME OF SCHOOL DISTRICT (PUBLIC) OR NAME OF SCHOOL (NONPUBLIC)

STREET ADDRESS

CITY, ZIP CODE

STANDING ORDER:

Any Registered Nurse working within the Illinois school system (school nurse) may administer epinephrine via an undesignated epinephrine auto-injector to a student who in the school nurse's professional judgment is experiencing 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.*

ASSESSMENT:

The possibility of an allergic anaphylactic reaction will be considered when individuals present with any of the following symptoms, or any combination thereof: The sudden onset of shortness of breath, wheezing, repetitive cough, difficulty swallowing, obstructive swelling of the tongue or throat, hoarse voice, confusion, pallor, cyanosis, syncope, skin symptoms such as diffuse or patchy itching and/or wheals, or intestinal symptoms such as cramping abdominal pain and/or vomiting, or any combinations of possible allergic symptoms arising from other parts of the body, in the absence of what a health professional would consider to be a probable alternative cause.

IMPLEMENTATION AND PHYSICIAN ORDER:

The school nurse will assess the student's symptoms and history. If, in the reasonable opinion of the school nurse, a potentially life-threatening allergic reaction is likely, the school nurse will obtain the undesignated epinephrine auto-injector.

The school nurse will ask or estimate the student's body weight and administer 0.15mg epinephrine via auto-injector for body weight less than 55 lbs (25kg) or 0.3mg epinephrine via auto-injector for body weight greater than 55 lbs (25kg). The epinephrine auto-injector will be injected intramuscularly in the lateral thigh; the time of injection will be noted and the anatomical site of the injection shall be marked with a permanent marker to alert emergency services personnel of its location.

In every case, emergency services will be contacted as soon as possible using available 911 or other municipal service. The student's emergency contacts will be called.

The school nurse will monitor the student for changes in his or her symptoms and will attempt to make the person as comfortable as possible.

If the student's symptoms are not substantially relieved in 3-5 minutes, or if they recur, the school nurse may administer a second dose of epinephrine.

The school nurse will advise the emergency services personnel of the symptoms that required the use of epinephrine, the dose of epinephrine, the anatomical site of the injection, the time administered, and any change in the symptoms or condition of the student. The used epinephrine auto-injector will be given to the emergency services personnel.

The school nurse or other school personnel will accompany the student in the ambulance if required by school policy and as permitted by the local Emergency Medical Services System protocol.

QUALITY ASSURANCE:

The school nurse will complete a written report detailing the name of the student, all of his/her observations, physical assessments, interventions (together with the results of such interventions), the number and dosage of epinephrine administrations, the anatomical injection sites, and times for each. The completed written report shall be signed by the school nurse and submitted to the physician signing this order and the student's primary care physician, if known, within 48 hours.

EXPIRATION AND DISPOSAL OF UNUSED AUTO-INJECTORS:

The school nurse shall check the expiration date located on the undesignated epinephrine auto-injectors monthly and obtain a new prescription for a replacement auto-injector prior to that expiration date.

The school nurse shall dispose of an expired unused epinephrine auto-injector in a manner consistent with current school medication policies or return to the issuing pharmacy for disposal. An inventory log shall be kept by the school nurse indicating the date of receipt of an undesignated epinephrine auto-injector and the date of administration or disposal of the auto-injector.

EFFECTIVE DATE: _____

RENEWAL DATE

(One year from effective date): _____

PHYSICIAN SIGNATURE: _____

PHYSICIAN NAME *(Printed)*: _____

PHYSICIAN CONTACT NUMBER: _____

PHYSICIAN LICENSE NUMBER: _____

Prescription for Undesignated Epinephrine Auto-Injectors for School Use Pursuant to Public Act 97-0361

■ PHYSICIAN:

NAME

STREET ADDRESS

CITY, ZIP CODE

PHONE NUMBER

DEA NUMBER

■ ISSUED TO:

NAME OF SCHOOL DISTRICT (PUBLIC) OR NAME OF SCHOOL (NONPUBLIC)

STREET ADDRESS

CITY, ZIP CODE

QUANTITY

0.15mg Epinephrine Auto-Injector(s)

QUANTITY

0.3mg Epinephrine Auto-Injector(s)

■ INSTRUCTIONS:

To be administered, as needed, to a student exhibiting symptoms of anaphylaxis in accordance with the “Standing Order for the Administration of School Supplied (Undesignated) Epinephrine Auto-Injectors for Potentially Life-Threatening Allergic Reactions (Anaphylaxis) in Individuals Pursuant to Public Act 97-0361.”

Must be administered by a school nurse unless an Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, or plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 for the student is on file with the school.

DATE ISSUED

PHYSICIAN SIGNATURE

Anaphylaxis/Allergic Reaction

SYSTEMATIC ASSESSMENT

Begin the 5 components of assessment (see reverse), performing interventions AS YOU GO

KEY ASSESSMENT POINTS FOR ANAPHYLAXIS

- **Respiratory assessment**
- Focused assessment of skin findings
- History of systemic allergic reaction
- History of food allergy
- Events preceding reaction, such as a bite/sting

TRIAGE CATEGORY/APPROPRIATE INTERVENTIONS

Determine triage category and activate EMS AS SOON AS the need becomes apparent!

EMERGENT	URGENT	NONURGENT
<ul style="list-style-type: none"> ▪ S/S of cardiopulmonary compromise (see reverse) ▪ Airway compromise ▪ Change in mental status, LOC ▪ Cyanosis at mouth and lips ▪ S/S of severe respiratory distress (wheezing, dyspnea) ▪ Signs of shock/hypotension ▪ History of anaphylaxis ▪ Edema of face, lips, eyes, tongue ▪ Generalized hives involving large area ▪ Diaphoresis ▪ C/o tightness in throat or chest ▪ C/o apprehension, weakness <p style="text-align: center;">INTERVENTIONS</p> <ul style="list-style-type: none"> ▪ Support ABCs ▪ Activate EMS ▪ Administer prescribed Epi-Pen/Epi-Pen Jr if available ▪ Repeat Epi-Pen/Epi-Pen Jr in 10 min if no response ▪ Initiate CPR if necessary ▪ For severe respiratory distress, administer prescribed bronchodilator ▪ Consult IHP/ECP ▪ Directly/continuously observe student ▪ Contact parent/guardian ▪ Notify school administrator ▪ Follow up 	<ul style="list-style-type: none"> ▪ S/S of mild systemic reaction; eg, localized hives, abdominal cramps, nausea, vomiting ▪ Edema of extremities ▪ Persistent coughing ▪ Tingling, itching of face, ears, nose ▪ History of allergy <p style="text-align: center;">INTERVENTIONS</p> <ul style="list-style-type: none"> ▪ Determine need for EMS ▪ Consult IHP/ECP ▪ Observe student closely ▪ Administer prescribed Epi-Pen/Epi-Pen Jr if available and activate EMS ▪ Contact parent/guardian to transport student to medical care or home ▪ Follow up 	<ul style="list-style-type: none"> ▪ Local reaction only ▪ Responsive to medications ▪ Nasal congestion ▪ Persistent sneezing <p style="text-align: center;">INTERVENTIONS</p> <ul style="list-style-type: none"> ▪ Consult IHP/ECP ▪ Apply cold pack to site ▪ Observe student ▪ Contact parent/guardian ▪ Return student to class or send home as indicated ▪ Follow up

The Illinois Emergency Medical Services for Children School Nurse Committee has exercised extreme caution that all information presented is accurate and in accordance with professional standards in effect at the time of publication. The information does not serve as a substitute for the professional advice of a physician/advanced practice nurse; does not dictate an exclusive course of treatment; and should not be construed as excluding other acceptable methods of treatment. It is recommended that care must be based on the student's clinical presentation and on authorized policies.



Tools for Assessing Students

SYSTEMATIC ASSESSMENT

NOTE: Perform interventions AS YOU GO. Determine triage/activate EMS at EARLIEST INDICATION of need.

Scene safety assessment

- Call for assistance as indicated

Across-the-room assessment

Use Pediatric Assessment Triangle (PAT)

- Appearance ▪ Breathing ▪ Circulation

Initial assessment

- Standard precautions ▪ C-spine stabilization
- Airway ▪ Breathing ▪ Circulation ▪ Disability^a ▪ Exposure

History/pain assessment

- SAMPLE history ▪ PQRST/other pain assessment

Focused physical examination

- Vital signs, temperature, weight, blood glucose
- Inspect ▪ auscultate ▪ palpate

Triage

- Emergent ▪ Urgent ▪ Nonurgent

^aDisability Assessment

- Assess responsiveness (AVPU):
 - A Alert
 - V Responds to Verbal stimulus
 - P Responds to Painful stimulus
 - U Unresponsive
- Assess pupils
- Assess for transient paresthesia

PEDIATRIC VITAL SIGNS BY AGE

Age	RR	HR	BP
Neonate (0-30 days)	30-60	100-180	50-90
Infant (1-12 mo)	24-50	100-160	60-100
Toddler (1-3 yr)	24-40	90-150	80-105
Preschooler (3-5 yr)	20-30	80-140	95-105
School-aged (5-12 yr)	18-30	65-120	95-120
Adolescent (12 yr /up)	12-20	60-100	100-128

RR indicates respiratory rate; HR, heart rate; BP, systolic blood pressure (mm Hg)

INDICATORS OF CARDIOPULMONARY COMPROMISE IN CHILDREN

- Tachycardia
- Weak, thready, or absent peripheral pulses
- Decreasing consciousness
- Tachypnea/respiratory difficulty
- Central cyanosis and coolness
- Hypotension (late sign)
- Bradycardia (ominous sign)
- No palpable BP (ominous sign)

PEDIATRIC GLASGOW COMA SCALE

1 Yr or Older		Younger than 1 Yr		Score
Eye opening	Spontaneous	Spontaneous		4
	To verbal command	To shout		3
	To pain	To pain		2
	No response	No response		1
Best motor response	Obeys commands	Spontaneous		6
	Localizes pain	Localizes pain		5
	Flexion-withdrawal	Flexion-withdrawal		4
	Flexion-abnormal (decorticate rigidity)	Flexion-abnormal (decorticate rigidity)		3
	Extension (decerebrate rigidity)	Extension (decerebrate rigidity)		2
	No response	No response		1
Older Than 5 Yr		2-5 Yr	Younger than 2 Yr	
Best verbal response	Oriented	Appropriate words/phrases	Smiles/coos appropriately	5
	Disoriented/confused	Inappropriate words	Cries, inconsolable	4
	Inappropriate words	Persistent cries/screams	Persistent inappropriate cries/screams	3
	Incomprehensible sounds	Grunts	Grunts, agitated, restless	2
	No response	No response	No response	1
Total Score				



Food Allergy Education Resources

ONLINE PROGRAMS

Food Allergy Initiative and Food Allergy & Anaphylaxis Network

www.allergyready.com

Educators can register for a free account containing learning modules on how to care for students with allergies. The website also provides additional information for parents and families.

ONLINE RESOURCES

Food Allergy & Anaphylaxis Network (FAAN)

www.foodallergy.org/section/e-learning-center

Various links contain in-depth information for school, health and food service professionals along with tips for managing allergies directed at parents and adults.

www.foodallergy.org/section/helpful-information

The “Presentations” section contains educational videos directed at elementary and secondary school children, adults and grandparents.

www.faankids.org/

www.faanteen.org/

These FAAN web pages are dedicated to teaching kids and teens how to live with allergies.

National School Boards Association

www.nsba.org/Board-Leadership/SchoolHealth/Food-Allergy-Schools/Food-Allergy-Videos

Educational video clips are aimed at providing parents, adults and educators with valuable information about children with allergies.

Illinois State Board of Education

www.isbe.net/nutrition/htmls/food_allergy_guidelines.htm

Includes a PDF version and a modifiable Word version of “Guidelines for Managing Life-Threatening Food Allergies in Illinois Schools” for school boards to use in developing their own food allergy policies.

National Association of School Nurses

www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis

Comprehensive guidance and resources for food allergy and anaphylaxis management in the school setting developed by Centers for Disease Control, National Association of School Nurses, Food Allergy & Anaphylaxis Network and the National School Boards Association.

IN-SERVICE OPTIONS

**Ann and Robert H. Lurie Children’s Hospital of Chicago
Food Allergy Community Education Program**

www.luriechildrens.org/FACE

www.luriechildrens.org/en-us/care-services/conditions-treatments/allergy-immunology/Pages/our-care/food-allergy-community-education.aspx

Evidence-based food allergy education presented by a health care professional that covers all of the learning objectives included in the Illinois State Guidelines for the Management of Life Threatening Food Allergies. These presentations are funded by the Food Allergy Initiative and the Ann and Robert H. Lurie Children's Hospital of Chicago Division of Allergy and Immunology and are limited to the greater Chicagoland area."

EPINEPHRINE AUTO-INJECTOR MANUFACTURERS

Written product information, instructions, and training videos on auto-injector administration.

CorePharma LLC (AdrenaClick) www.adrenaclick.com

CorePharma LLC (Twinject) www.twinject.com

Dey Pharma LP (EpiPen and EpiPen, Jr.) www.epipen.com

Pfizer Inc./Greenstone LLC (Generic) www.greenstonellc.com/product-list.aspx

SEARCH FOR LOCAL SUPPORT GROUPS

Food Allergy & Anaphylaxis Network

www.foodallergy.org/section/support-groups

Food Allergy Initiative

www.faiusa.org/page.aspx?pid=497

EDUCATIONAL PRODUCTS FOR IN-CLASS USE

Food Allergy & Anaphylaxis Network

www.foodallergy.org/section/back-to-school-tool-kit

This link contains featured FAAN products such as coloring books and lesson kits listed at various prices for elementary and secondary school children.

OTHER RESOURCES

Illinois Food Allergy Education Association

www.illinoisfaea.org

Provides educational materials for schools, juvenile courts, airlines, parents, recreational camps, caregivers, restaurants, health departments and other relevant groups.

This document is provided solely for informational purposes and should not be considered a complete listing of available resources. This document shall not serve as an endorsement of any particular organization, website or product. This information and links contained in this document are accurate as of July 23, 2012, and are subject to change.