Chicago Public Schools’ Army & Food Allergy Policies

“To ensure the health, safety, and welfare of all students and staff.”

Presenters:
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I. Overview - Office of Student Health and Wellness
II. Health & Academic Achievement – Making a Case
III. CPS Student Health Data vs. Everything Else
IV. Developing School Health Policies
V. School Health Policies
   a. Administration of Medication Policy
   b. Food Allergies Management Policy
   c. Asthma Management Policy
VI. Compliance: Monitoring & Training
VII. Future – What’s Next?
The Office of Student Health and Wellness serves as a valued partner to schools, students, parents, and community agencies to increase the quality, access, and effectiveness of health programs and services for students in Chicago Public Schools.

Chief Health Officer, Dr. Stephanie Whyte
Areas of Focus:
Chronic Disease Management
Vision/Hearing
Comprehensive Sexual Health
Nutrition & Obesity Prevention
Physical Activity
Medical Compliance & Immunizations
School Based Health Centers
Health Policy & Research
1. Access to Healthcare Services
   – School Based Health Centers
   – Mobile Healthcare Providers
   – School Based Oral Health Programs
   – Vision Program (Year round Vision Clinic)
   – Sexually Transmitted Infections (STI) Education, Screening & Treatment Project
2. School Health Policy and Procedural Guidance
   – Comprehensive Sexual Health Education Policy & Guidelines
   – Food Allergy Management Policy & Guidelines
   – Asthma Management Policy & Guidelines
   – Diabetes Management Policy & Guidelines
   – Administration of Medication Policy & Guidelines
   – Minimum Health Requirements
3. Professional Development and Technical Assistance
   – Comprehensive Sexual Health
   – Asthma
   – Food Allergies
   – Diabetes & Delegated Care Aide training
   – AED/CPR
   – ADHD
   – OSHA and Blood Borne Pathogens
Asthma & Food Allergy Project

• CDC Asthma Project funded 2008 – 2013
  – Focus on district wide training to establish a foundation
  – Focus on asthma education for school staff, parents, & students in communities of need

• In Jan 2011 adopted the Food Allergy Project
  – In response to policy and guidance
  – Combined training and outreach efforts to maximize resources
  – Provided the necessary leverage to pass Asthma Policy
Problem: Health & Academic Achievement

• Poor health and chronic health conditions translate into lost dollars due to the absences and lack of school participation [1]

• Chronic diseases such as asthma, diabetes, and obesity impact over 25% of the student population in CPS.

Health & Academics: Making a Case

- 51 million school hours are lost each year due to children missing school due to dental problems [2]
- Asthma, diabetes, obesity and other chronic conditions often impact 20% - 30% of children and adolescents in the United States [1]
- Asthma is the leading cause of school absences and accounts for three times more lost school days than any other condition [3]
- Almost 1 in 10 children with asthma missed more than two weeks of school in the past year as a result of their condition [4]
- Students who require more frequent and intricate medical services will often experience a higher incidence of school absences which can translate, over time, to a decrease in educational outcomes.

CPS Data

- 3,500+ cases of Allergies  
  - 1% of student population
- 17,500+ cases of Asthma  
  - 4% of student population
A study conducted between 2003-2005 among children attending 105 Chicago schools reported that an average of 12.9% of children have been diagnosed with asthma. Asthma rates reached as high as 44% in certain neighborhoods.

- **Geographic Variability in Childhood Asthma Prevalence in Chicago**, 2008, Dr. Ruchi Gupta.

A 2008 study that surveyed 16,027 children citywide reported that 1,818 (11.34%) had an asthma diagnosis and 2,268 (14.15%) show symptoms of asthma but are undiagnosed.

- **Controlling Asthma in American Cities Project, Center for Disease Control**, 2008, Dr. Vicky Persky

Data was pulled from “Students with Asthma in Chicago Public Schools: Is It Really 4%”, Lenore Coover, RN, MSN, AE-C
A 2006 study surveyed 11,490 students at 14 schools and reported 12.2% had asthma and an additional 14.5% had probable asthma.


Data was pulled from “Students with Asthma in Chicago Public Schools: Is It Really 4%”, Lenore Coover, RN, MSN, AE-C

Data collected from more than 40,000 children found that food allergy prevalence was 8%, much higher than recently reported.

Challenges

• Health data – accuracy and ability to report
• Documentation – parent/guardian and school accountability
• Electronic Tracking – software, systems, and availability
• Education & Awareness – stigma, urgency, and diagnosis
• Limited Nursing coverage – est. 303 school nurses, assignments, and priorities
Established the Physical Health Team to work collaboratively with Clinical and Related Services

Building off current projects (CDC – Asthma) and maximizing resources

Development of policy language

Development of guidelines and updated forms

Mandating documentation at the school level

Mandating education at the school level

Hiring of a Chief Health Officer

Establishing the Office of Student Health and Wellness
Resources

- Following National/State Mandates
  - Individuals with Disabilities Education Act
  - Section 504 of the Rehabilitation Act of 1973
  - The Food Allergy and Anaphylaxis Management Provisions of the FDA Food Safety Modernization Act
  - Public Act 096-1460 allow students to carry and self administer
  - Care of Students with Diabetes Act

- Adopting national and local guidelines
  - Guidelines for Managing Life-Threatening Food Allergies in Illinois Schools
  - CDC Strategies for Addressing Asthma Within a Coordinated School Health Program
  - US Department of Health and Human Services, Managing Asthma A Guide for Schools
Leverage

• Using existing projects and funding sources
  – CDC Asthma Project
• Disease Prevalence
  – Asthma > Food Allergies + Diabetes
• Partnerships
• Community need
• Momentum
Partnerships

- Meetings held for guidance, recommendations, and reviewing of policy drafts
- Writing of policy
- Writing of curriculum to meet mandates of policy
- Training of CPS staff
- Provided resources and technical assistance
- Leverage funding and resources
- Promotion and outreach
- Educational Campaigns and Implementation planning
Policies

- Administration of Medication
  - Stock Epinephrine Auto Injectors
  - Access to medication (prescription & OTC)

- Food Allergy Management Policy

- Asthma Management Policy
The current policy was amended to:

• Modify the requirements and protocols for over the counter medication to allow student access with parent/guardian consent
• Include staff training regarding ADHD medications
• Authorize the district to publish guidelines to ensure implementation of this policy
• Provide and distribute stock epi-pens to all schools in the district in accordance with state law
  - Stock epi-pens will be used in emergencies
  - Provided by 2012/2013 school year

The new state law allows CPS to, “Authorize a school nurse to administer an epi-pen to any student that the school nurse in good faith professionally believes is having an anaphylactic reaction.”
Asthma Management Policy

There are currently 17,500+ CPS students with documented asthma, representing 4% of students in CPS.

- Asthma is the #1 chronic disease impacting CPS students.
- The Asthma Management Policy, in accordance with Public Act 096-1460, promotes the awareness and management of students with asthma and allows students to carry and self-administer their asthma inhalers during school hours and activities.
Specifically the policy:

- Creates asthma training requirements for all school personnel – every 2 years (live trainings or via webinar)
- Allows students to carry and self-administer their asthma medication with parent permission and copy of prescription
- Identifies the 504 plan requirements for students with asthma
- Requires the district to publish guidelines to ensure proper implementation of this policy

This establishes CPS as one of the first large school districts in the nation to create a stand-alone asthma policy.
Food Allergy Management Policy was approved January 26, 2011 and went into effect immediately with the following mandates:

1. Annual parent request for diagnosis (Student Medical Information Form)
2. IEPs/504 Plans required for all students with documented food allergies
3. Establish a multi-disciplinary team to address school-wide approach to identifying, managing, and reducing risk of student exposure to life threatening allergens
4. Expand annual emergency drill program to include food allergy emergencies
5. School-wide training on food allergies, the use of epi-pens in emergency situation and identification of location of epi-pens.

- CPS Nurses were trained to deliver Food Allergy and epi-pen administration training to all school personnel.
- Training was required to be completed by Dec. 31, 2011
- To date the following have been trained:
  - 550 Chicago Public Schools
  - 50 Charter Schools
  - 21,000 staff district wide
Compliance and Monitoring

• Current – Paper tracking
• Next School Year – Electronic tracking using CPS University
• Online training & Webinars
• Charter School Contracts
• School Health Tracking and Accountability
• Chief Network Officers - Accountability
• Collaboration with Legal and Clinical Departments
What’s Next?

- Asthma and Food Allergy Project sustainability
- Health Educational Campaigns for Back to School
- Health scorecard for each school
- Student data collection
- Community and Network Outreach
- Website and resources
- Increased Professional Development and accessibility
- Online training and tracking
- Guidelines and checklist
- Performance surveys
Thank You

Office of Student Health and Wellness

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