

# Chicago Public Schools Policy Manual

Title: CHRONIC CONDITIONS MANAGEMENT POLICY

Section: 704.12

Board Report: 20-0624-PO4

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## Policy:

### THE CHIEF EXECUTIVE OFFICER RECOMMENDS:

The Chicago Board of Education ("Board") rescind Board Reports 12-0125-PO4 (Diabetes Management Policy), 12-0125-PO3 (Asthma Management Policy), and 11-0126-PO2 (Food Allergy Management Policy), and adopt a new, comprehensive Chronic Conditions Management Policy.

**PURPOSE:** The purpose of this new policy is to comply and incorporate extensive changes required by medical and scientific developments, updates to the Illinois School Code and the Illinois Nurse Practice Act. The policy additionally promotes the health and well-being of students with chronic conditions (asthma, diabetes, allergies and/or seizures) through guidelines, protocols, and procedures required during school and school-related activities. This policy also outlines training requirements for all school personnel.

This policy seeks to mitigate the impact of various health inequities on CPS students, staff, and families by ensuring safe and supportive environments for anyone experiencing chronic conditions. However, the Board recognizes that this policy does not address the root causes of said inequities (i.e. social determinants of health), which may disproportionately impact our greatest needs groups.

### POLICY TEXT:

#### I. DEFINITIONS

**Allergy:** An inappropriate immune response that is reproduced upon exposure to a substance. References to food allergies herein shall also include food intolerances that may affect a student's ability to participate in school or school activities.

**Anaphylaxis (Life-threatening Allergic Reaction):** An acute allergic reaction to an antigen (including but not limited to a bee sting, food, environmental substances) to which the body has become hypersensitive that results in respiratory/cardiac distress or arrest unless emergency intervention is immediate.

**Asthma:** A chronic health condition of the lungs that causes cough, wheezing, shortness of breath or other breathing difficulties by obstructing airflow.

**Authorization:** When the District transfers its authority (power or right to give orders, make decisions and enforce compliance) to perform a specific task or intervention in a specific situation to an individual. Examples of authorization include but are not limited to a principal authorizing a school clerk to enter immunization data or the role of a Delegated Care Aide.

**Chronic Health Condition:** Physical or mental conditions that require greater than six months of monitoring and/or management to control symptoms and to shape the course of the disease. Students with chronic conditions may qualify for an IEP or 504 Plan.

**Delegation:** When a Registered Nurse transfers to a specific individual the authority to perform a specific nursing task or intervention in a specific situation according to details outlined by the Illinois Nurse Practice Act.

**Diabetes (DM):** Includes diabetes mellitus, (type 1, type 2 and gestational): a group of diseases that affect how the body makes, releases, or uses sugar (glucose).

**Diabetes Delegated Care Aide (DmDCA):** A volunteer, full time, non-nurse CPS staff member who completes annual specialized training to assist students with diabetes management.

**Epilepsy:** Chronic neurological disorder characterized by recurrent (2 or more) unprovoked seizures. Often called seizure disorder.

**Emergency Action Plan (EAP):** Is a written document that facilitates and organizes the actions schools take during emergencies. This can be student-specific or provide general guidance during emergencies.

**Individualized Educational Plan (IEP):** A unique, formal, written document that specifies the program of support, services, and instruction for a student who has an identified disability covered by the Individuals with Disabilities Education Act (IDEA).

**Medical Provider:** A Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA).

**Medication:** Any active ingredient intended to provide pharmacological activity or other direct effects on the prevention, treatment, mitigation, or cure of disease or to affect the structure or any function of the human body. In this policy, medication includes all manufactured, compounded, natural, herbal or synthetic drugs and remedies, prescribed or over the counter (OTC) substances; vitamins, minerals, nutritional/dietary supplements, energy boosters; and any other medical treatments-- allopathic, homeopathic, alternative; or any treatments or substances pharmacological, immunological or metabolic. This also includes all formats (aerosols, pills, liquids, creams, oils or ointments) and routes of delivery: oral, rectal, topical, inhaled, intranasal, injected or via pump-- external or implanted.

**Emergency Medication:** Substance used to avert an urgent or life-threatening health event. The use of an emergency medication must trigger an immediate 911 call.

**Regulated Medications:** Drugs and other substances that are considered controlled substances under the Controlled Substances Act.

**Nurse:** A staff member or contractor who holds a nursing license with the Illinois Department of Finance and Professional Regulation and is held to the guidelines of the Illinois Nursing Practice Act.

**School Nurse (CSN-PEL):** A Registered Nurse who has completed course work for a certified school nurse (CSN) and holds the corresponding Illinois Professional Educator License (PEL) under the Illinois State Board of Education.

**Health Service Nurse (HSN):** A Registered Nurse.

**Licensed Practical Nurse (LPN):** A licensed practical nurse who works under the delegation of a registered nurse.

**Parent/Guardian:** A person with legal authority to care for and protect the personal needs and interests of a minor. For the purposes of this policy, the rights of the parent/guardian are transferred to an emancipated minor or students 18 and older.

**School Hours:** The official, published times during which a school is in operation.

**School Personnel:** All staff including teachers, dining staff, safety and security, engineers, school dining staff, coaches, transportation staff, related service providers, paraprofessionals, and, substitutes, other school staff who serve, supervise, manage, monitor, administer, or work

with students during CPS-sponsored activities (e.g. classes, recess, extra-curricular activities, field trips, sports, before and after school programs).

**School Principal:** The primary authority over the teachers, staff, curriculum and professional development with a focus on student learning, safety, and health.

**Seizure:** A brief, excessive discharge of electrical activity in the brain that can alter movement, sensation, behavior, and/or awareness.

**Seizure Delegated Care Aide (SzDCA):** A full time, non-nurse CPS staff member who completes annual specialized training to assist students with a seizure disorder.

**504 Plan (504):** A formal written document developed by a school to provide students with disabilities the accommodations they need to access their learning environment. Implementation of this document is intended to prevent discrimination and to protect the rights of students with disabilities in school as defined by Section 504 of the Rehabilitation Act.

## II. SCOPE

This policy applies to all students in all schools regardless of whether the school has any current students identified with asthma, diabetes, allergies or seizure disorder.

## III. 504 PLAN/IEP

Nursing Role: Nurses are assigned to schools by the district to provide assessment and planning of health care for students so they may access learning. A registered nurse works in collaboration with the Principal to address the health needs of students with acute or chronic conditions for school attendance. Nursing service provision is determined by Assessment (interview, observation, and record review), Planning, Implementation, and Evaluation which is encompassed in the 504/IEP for each student where care is deemed necessary to attend and participate in learning.

Plan Updates: 504/IEPs are updated annually. In the event the parent/guardian furnishes new written medical orders by a medical provider that include changes to the medical management of the student's asthma, allergy, or diabetes the 504/IEP will be updated to address the new information.

Plan Dissemination: Those portions of the student's 504/IEP relevant to asthma, allergy, diabetes management and/or seizures, including but not limited to the Healthcare Plan, Emergency Action Plan and emergency medications, must be disseminated (by Principal or Principal Designee) to all school personnel who supervise the student during the school day and at school-sponsored activities, or are responsible for the provision of food to the student or supervision of the student during provision of school meals and snacks. This plan must be distributed at the beginning of each school year, upon school entry, or for newly diagnosed students, and whenever the 504/IEP is revised.

Non-Cooperation: Non-cooperation is defined as when the parent/guardian of a student with a known or suspected condition is not in agreement with and/or does not assist the school with an evaluation or implementation of an appropriate 504/IEP, does not provide the documentation required to offer a 504/IEP, or refuses to supply the school with medications and supplies required to manage the student's condition in school. Families can contact the Office of Student Health and Wellness (OSHW) Hotline (773-553-KIDS) for assistance with public benefits or to connect with a medical provider.

If the parent/guardian of a student with a known or suspected asthma, allergy, diabetes or seizures is not in agreement with and/or does not assist the school with an evaluation or implementation of an appropriate 504 Plan or provide the documentation required to offer a 504

Plan, the school must implement a simple Emergency Action Plan (EAP) stating to call 911 immediately upon recognition of symptoms. The school must send a written notification to the parent/guardian of the student's EAP and contact the parent/guardian if the EAP is activated.

#### **IV. ASTHMA MANAGEMENT**

- A. Request for Asthma Information: In order to plan effectively for asthma management at school, parents/guardians must notify the school promptly upon a student's diagnosis. At least annually at the beginning of each school year or upon diagnosis during the school year, parents/guardians must notify schools of their student's asthma diagnosis and management plan. The Chief Health Officer or designee must make medical information forms available to schools for this purpose.
- B. Parent/Guardian Role: When a parent/guardian reports that their student has been diagnosed with asthma, the school must request and the parent/guardian must provide the following:
- a. Physician's Report on Child with Asthma form or Asthma Action Plan, completed and signed by the student's medical provider;
  - b. A description of the student's asthma history, including triggers and warning signs;
  - c. Written consent to administer or self-administer medications during the school day, as applicable in accordance with the Board's Administration of Medication Policy;
  - d. Any medications necessary to prevent or treat an asthma-related emergency per the Board's Administration of Medication Policy or any replacement medication after use or expiration that matches the original medical provider's orders;
  - e. Current emergency contact information and prompt notice of any updates.

The school may also request that the parent/guardian provide the following:

- f. Written consent to share diagnosis and other information with school personnel;
  - g. Written authorization to exchange detailed medical information on the student's condition with the student's medical provider;
  - h. A description of the student's emotional response to the condition and the need for intervention from the student's medical provider;
  - i. Recommendations on developmentally-appropriate ways to include the student in planning or care and implementing their 504 Plan or Individualized Education Plan (IEP) from the student's medical provider.
- C. 504/IEP Plan Establishment: Every student with medical provider-documented asthma must be offered a 504 Plan to address the prevention of asthma symptoms and daily management of asthma while in school and at school events. In the event the student has an IEP, the IEP must address the prevention of asthmatic reactions and daily management. The registered nurse must review submitted documents to create an Asthma Individualized Healthcare Plan, after an assessment interview/observation and record review is completed to determine care for student health during the school day. For students requiring asthma medication outside of school hours, the registered nurse in consultation with the parent must determine if accommodations are necessary which require a 504 to manage the child's asthma or prevent reactions during school hours. If a parent/guardian disagrees with their student's 504 or IEP, the school must provide the parent/guardian their Procedural Safeguards, which outlines their rights.

D. Administration and Self-Administration of Asthma Medications

- a. The administration of asthma-related medications and devices to deliver them (e.g. inhalers, nebulizers) at school are subject to the authorization and documentation requirements set out in the Board's Administration of Medication Policy.
- b. Administration by a nurse: Students may receive asthma medication during school hours either when administered by the nurse or delegated by the registered nurse.
- c. Self-Administration: The Administration of Medication Policy requires the written consent of the parent/guardian for a student to carry and self-administer their asthma medications during the school day. In the event that the student's medical provider determines that it is inappropriate for any reason for the student to self-administer their asthma medication, the parent/guardian must provide those medical provider orders along with the updated prescribing information to the school.

V. **DIABETES MANAGEMENT**

A. Request for Diabetes Information: In order to plan effectively for diabetes management at school, parents/guardians must notify the school promptly upon a student's diabetes diagnosis. At least annually at the beginning of each school year or upon diagnosis during the school year, parents/guardians must notify schools of their student's diabetes diagnosis and management plan. The Chief Health Officer or designee must make medical information forms available to schools for this purpose.

B. Parent/Guardian Role: When a parent/guardian reports to a school that their child has been diagnosed with diabetes, the school must request and the parent/guardian must provide the following:

- a. Physician's Report on Child with Diabetes form or Physician's Diabetes Care Plan completed and signed by the student's medical provider;
- b. A description of the student's signs and symptoms of hyperglycemia and hypoglycemia;
- c. Written consent to administer or self-administer medications during the school day, as applicable in accordance with the Board's Administration of Medication Policy;
- d. Any medications necessary to manage diabetes per the Board's Administration of Medication Policy and any replacement medication after use or expiration that matches the original medical provider's orders;
- e. Diabetes emergency kit with prescribed glucagon, glucose tablets, water, etc.;
- f. Current emergency contact information and prompt notice of any updates.

The school may also request that the parent/guardian provide the following:

- g. Written consent to share diagnosis and other information with school personnel;
- h. Written authorization to exchange detailed medical information on the student's condition with the student's medical provider;
- i. A description of the student's emotional response to the condition and the need for intervention from the student's medical provider;
- j. Recommendations on developmentally-appropriate ways to include the student in planning or care and implementing their 504 Plan or Individualized Education Plan (IEP) from the student's medical provider.

C. 504/IEP Plan Establishment: Every student with medical provider-documented diabetes must be offered a 504 Plan to address the prevention of hyperglycemic/hypoglycemic (high or low sugar) events and daily management of diabetes while in school and at school events. In the

event the student has an IEP, the IEP must address the prevention of hyperglycemia/hypoglycemia and daily management. The registered nurse must review submitted documents to create a Diabetes Individualized Healthcare Plan, after an assessment interview/observation and record review is completed to determine care for student health during the school day. If a parent/guardian disagrees with their student's 504 or IEP, the school must provide the parent/guardian their Procedural Safeguards, which outlines their rights.

The 504/IEP must include the following:

- a. Consent for diabetes delegated care aide (DmDCA) (role outlined in section V.E below).
- b. Diabetes Individualized Healthcare Plan which consists of:
  - i. Procedures regarding when and how a school DmDCA must consult with the school nurse, or health care provider to confirm that an insulin dosage is appropriate,
  - ii. A blood glucose monitoring regimen and a uniform record of glucometer readings and insulin administered during the school day,
  - iii. Specification about where medication, including emergency medication, is kept at school and how it is to be used during the school day, while traveling to and from school, during school activities or events, while on field trips, and during emergencies.“
- c. “Physician’s Diabetes Care Plan,” including the “Emergency Diabetes Action Plan,” must be attached to the 504/IEP.

**D. Administration and Self-Administration of Diabetes-Related Medication**

The administration of diabetes-related medications and devices to deliver them at school are subject to the authorization and documentation requirements set out in the Board’s Administration of Medication Policy.

- a. **ADMINISTRATION BY NURSE OR DIABETES DELEGATED CARE AIDE (DMDCA):** Students may receive diabetes medication during school hours or during school sponsored activities either when administered by the nurse or delegated by the registered nurse, or by the DmDCA.
- b. **SELF-MANAGEMENT:** A student who is authorized by their 504/IEP to self-manage their diabetes care must be permitted, when specified by their medical provider, to do the following:
  - i. Check blood glucose when and wherever needed;
  - ii. Administer insulin;
  - iii. Treat high or low blood sugar levels and otherwise attend to the care and management of their diabetes by carrying on their person at all times the supplies and equipment necessary to do so.
- c. **LIABILITY:** Parent/Guardian must submit the required authorization using the forms established by the Chief Health Officer or designee and will be used to develop the student’s 504/IEP. In this authorization form, the parent/guardian of the student must sign a statement that:
  - i. acknowledges that the District and its employees and agents are to incur no liability or professional discipline, except for willful and wanton conduct (actual or deliberate intention to cause harm or which, if not intentional, shows an utter indifference for the safety of others), as a result of any injury arising from the administration medication regardless of whether the

authorization was given by the student's parent/guardian or by the student's medical provider and;

- ii. indemnifies and holds harmless the District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the authorization outlined in this policy regardless of whether the authorization was given by the student's parent/guardian or by the student's medical provider.

A student who self-manages their diabetes as outlined in their 504 /IEP is not waived from the requirements of this policy including the requirement of a DmDCA.

#### E. Diabetes Delegated Care Aide

This section only applies to schools with enrolled students who have been diagnosed with diabetes by a medical provider.

- i. Duties: The Illinois Care of Students with Diabetes Act permits any non-nurse school personnel to serve as a diabetes delegated care aide (DmDCA) to assist a student with diabetes when the nurse is not in the building or not available. The DmDCA shall perform the duties and tasks necessary to assist a student with diabetes in accordance with the student's 504/IEP. Events beyond the accommodations outlined in the student's 504/IEP must be escalated to the registered nurse for clarification.
- ii. Identification: The Principal must ensure that a DmDCA, authorized by the parent/guardian and the Principal, is identified for each student with diabetes. If the school personnel does not agree to serve as a student's DmDCA, or if the parent/guardian does not authorize the DmDCA, the Principal must follow the procedures outlined in the CPS Diabetes Management Guidelines.
- iii. Training: The DmDCA must complete training provided by the Chief Health Officer or designee to perform the tasks necessary to assist a student with diabetes when the nurse is not in the building or not available when needed, in accordance with their 504/IEP. The Office of Student Health and Wellness must establish an in-service training program that complies with the Illinois School Code.

DmDCA training shall provide adequate education such that the DmDCA can:

1. Check blood glucose and record results;
2. Recognize and respond to the symptoms of high or low blood sugar
3. Assist student with carbohydrate counting and correction insulin dosing per the student's 504/IEP;
4. Administer insulin according to the student's 504/IEP and keep a record of the amount administered; and
5. Respond in an emergency, including glucagon administration and calling 911.

The Office of Student Health & Wellness must provide an initial training by a medical provider with expertise in diabetes or a certified diabetes educator and be consistent with the guidelines provided by the U.S. Department of Health and Human Services guide entitled "Helping the Student with Diabetes Succeed." Training derived from evidence-based guidelines must be provided annually. Training may be individualized in consultation with the parent/guardian or medical provider as needed.

## VI. ALLERGY MANAGEMENT

- A. Request for Allergy Information: In order to plan effectively for allergy management at school, parents/guardians must notify the school promptly upon a student's diagnosis. At

least annually at the beginning of each school year or upon diagnosis during the school year, parents/guardians must notify schools of their student's allergy diagnosis and management plan. The Chief Health Officer or designee must make medical information forms available to schools for this purpose.

- B. Parent/Guardian Role: When a parent/guardian reports that their student has been diagnosed with an allergy, the school must request and the parent/guardian must provide the following:
- a. Physician's Report on Child with Food Allergies form or Allergy Action Plan, completed and signed by the student's medical provider;
  - b. A description of the student's allergy history, including triggers and warning signs;
  - c. Written consent to administer or self-administer medications during the school hours, as applicable in accordance with the Board's Administration of Medication Policy;
  - d. Any medications necessary to prevent or treat an allergic reaction per the Board's Administration of Medication Policy or any replacement medication after use or expiration that matches the original medical provider's orders;
  - e. Current emergency contact information and prompt notice of any updates.

The school may also request that the parent/guardian provide the following:

- f. Written consent to share diagnosis and other information with school personnel;
  - g. Written authorization to exchange detailed medical information on the student's condition with the student's medical provider;
  - h. Healthcare Provider Food Substitution form when a student requires meal substitution signed by the student's medical provider;
  - i. A description of the student's emotional response to the condition and the need for intervention from the student's medical provider;
  - j. Recommendations on developmentally-appropriate ways to include the student in planning or care and implementing their 504 Plan or Individualized Education Plan (IEP) from the student's medical provider.
- C. Suspected Allergies: In the event any school personnel suspects that a student has an allergy, they must inform the School Nurse or Health Services Nurse. Under the guidance of the registered nurse, the school must provide the parent/guardian with written notification and request for the student to be evaluated by a medical provider.
- D. 504 Plan/IEP Establishment: Every child with a medical provider-documented allergy that may affect the student's ability to participate in school or school activities must be offered a 504 Plan to address the prevention and management of allergic reactions while in school and at school events. In the event the student has an IEP, the IEP must address the prevention and management of allergic reactions while in school and at school events. The registered nurse will review submitted documents to create an Allergy Healthcare Plan, after an assessment interview/observation and record review is completed to determine care for student health during the school hours. The plan should include, but not be limited to, allergen exposure risk reduction, emergency response during the school day, while traveling to and from school, during school-sponsored events and while on field trips. Any meal substitution requirements must be coordinated with the CPS Department of Nutrition Support Services. The 504/IEP must also include an allergy Emergency Action Plan (EAP). If a parent/guardian disagrees with their student's 504 or IEP, the school must provide the parent/guardian their Procedural Safeguards, which outlines their rights.

E. Administration and Self-Administration of Allergy Medications

The administration of allergy-related medications and devices (such as: epinephrine auto-injectors) to deliver these medications at school are subject to the authorization and documentation requirements set out in the Board's Administration of Medication Policy.

- a. Administration of Emergency Medications: Any school personnel who have completed mandatory training on allergy management and the use of an epinephrine auto-injector may administer the emergency medication if they believe, in good faith, that the student is experiencing a life-threatening allergic reaction.
- b. Self-Administration: The Medication Policy requires the written consent of the parent/guardian for a student to carry and self-administer their allergy medications during the school hours. In the event that the student's medical provider determines that it is inappropriate for any reason for the student to self-administer their allergy medication, the parent/guardian must provide those medical provider orders along with the updated prescribing information to the school.

F. PREVENTING EXPOSURE TO KNOWN ALLERGENS

- a. School-Wide Exposure Prevention Measures: Based on allergy information provided by parents/guardians, the school must annually, at the beginning of each school year (or upon official notification during the school year by the parent/guardian) identify the common and specific allergens that require school-wide management and risk reduction. The prevention, recognition, and planning includes, but is not limited to, high-risk locations and situations that increase the risk for allergen exposure for students with allergies. The principal or principal designee must assemble a multi-disciplinary team to undertake school-wide allergen risk prevention and the management of the individual health needs of the students with life-threatening allergies. The team should utilize best practices outlined in the CPS Allergy Guidelines. Plans to reduce risks of allergen exposure may include parent/guardian notification that certain food items are restricted from a classroom; however, school buildings shall not be labeled "allergen-free." Allergen-free labels create a false sense of security and reduce vigilance. Perfect and immutable protection is unachievable.

The principal must ensure that protocols to prevent exposure do not result in the exclusion or segregation of students from school activities solely based on their allergies.

The principal must ensure that protocols and measures are updated during the school year to reflect newly enrolled students with allergies or new allergy diagnoses among current students.

- b. In alignment with the Healthy Snack and Beverage Policy, no home-baked or home-cooked items may be served or sold to students as a part of a school function during school hours.
- c. Food Services: The principal shall consult with the Office of Student Health and Wellness and the Department of Nutrition Support Services to determine what school-wide food service accommodations, if any, are recommended.
- d. School Personnel with Allergies: School personnel with diagnosed allergies who wish to document their allergies, request a workplace modification, or an emergency plan are encouraged to contact the District's American with Disabilities Act Compliance Office ("ADA Office") pursuant to the Board's Americans with Disabilities Act Policy.

## VII. SEIZURE MANAGEMENT

- A. Request for Seizure Information: In order to plan effectively for seizure management at school, parents/guardians must notify the school promptly upon a student's diagnosis. At least annually at the beginning of each school year or upon diagnosis during the school year, parents/guardians must notify schools of their student's seizure diagnosis and management plan. The Chief Health Officer or designee must make medical information forms available to schools for this purpose.
- B. Parent/Guardian Role: When a parent/guardian reports that their student has been diagnosed with seizures, the school must request and the parent/guardian must provide the following:
- a. Physician's Report on Child with Neurological Disorder form or Seizure Action Plan completed and signed by the student's medical provider
  - b. A description of the student's seizure type, frequency, time, and triggers;
  - c. Written consent to administer or self-administer medications during the school day, as applicable in accordance to the Board's Administration of Medication Policy;
  - d. Any medications or medical devices necessary to prevent or treat seizures per the Board's Administration of Medication Policy or any replacement medication after use or expiration.
  - e. Current emergency contact information and prompt notice of any updates;

The school may also request that the parent/guardian provide the following:

- f. Written consent to share diagnosis and other information with school personnel;
  - g. Written authorization to exchange detailed medical information on the child's condition with the student's medical provider;
  - h. A description of the student's emotional response to the condition and the need for intervention from the student's medical provider;
  - i. Recommendations on developmentally-appropriate ways to include the student in planning or care and implementing their 504/IEP from the student's medical provider.
- C. 504 Plan/IEP Establishment: Every student with medical provider documented seizure disorder must be offered a 504 Plan to address the prevention and daily management of seizures while in school and at school events. In the event the student has an IEP, the IEP must address the prevention and daily management of the student's seizure disorder. The registered nurse will review submitted documents to create a Seizure Health Plan, after an assessment interview/observation and record review is completed to determine care for student health during the school day. If a parent/guardian disagrees with their student's 504 or IEP, the school must provide the parent/guardian their Procedural Safeguards, which outlines their rights.

The CPS Seizure Management Guidelines outline the necessary documentation to be submitted by the student's medical provider. The registered nurse may request additional information from the medical provider in order to create a Seizure Healthcare Plan. The 504/IEP shall include the following:

- a. Seizure Health Plan,
- b. Consent for SzDCA (role outlined in section VII.E herein), if yes including,
  - i. include procedures regarding when a school SzDCA shall consult with the school nurse, parent/guardian or health care provider,,
  - ii. address seizure-related medication administration and recording during the school day,
  - iii. address where medication, including emergency medication is located and

emergency response plan during the school day, while traveling to and from school, during school-sponsored events and while on field trips. The student's Seizure Action Plan, signed by a medical provider, shall be attached to the 504/IEP.

- D. Administration and Self-Administration of Seizure-Related Medication: The administration of seizure-related medications and therapeutic devices at school are subject to the authorization and documentation requirements set out in the Board's Administration of Medication Policy.
- a. ADMINISTRATION BY NURSE OR SEIZURE DELEGATED CARE AIDE:  
The administration of seizure-related medications at school is further subject to the documentation requirements set out in the Board's Administration of Medication Policy.
  - b. SELF-MANAGEMENT: A student who is authorized by their 504/IEP to self-manage their seizure care must be permitted, when specified by their medical provider to carry the supplies, equipment, and medication necessary to treat their epilepsy
  - c. LIABILITY: Parent/Guardian must submit the required authorization using the forms established by the Chief Health Officer or designee and will be used to develop the student's 504/IEP. In this authorization form, the parent/guardian of the student must sign a statement that:
    - i. acknowledges that the District and its employees and agents are to incur no liability or professional discipline, except for willful and wanton conduct ( actual or deliberate intention to cause harm or which, if not intentional, shows an utter indifference for the safety of others), as a result of any injury arising from the administration medication regardless of whether the authorization was given by the student's parent/guardian or by the student's medical provider and;
    - ii. indemnifies and holds harmless the District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the authorization outlined in this policy regardless of whether the authorization was given by the student's parent/guardian or by the student's medical provider.

A student who self-manages their seizure, as outlined in their 504 /IEP, is subject to the requirements of this policy including, but not limited to, the requirement of a SzDCA.

E. Seizure Delegated Care Aide

This section only applies to schools with a student diagnosed with seizures enrolled.

- a. Duties: The Illinois Seizure Smart School Act permits any non-nurse school personnel to serve as a seizure delegated care aide (SzDCA) to assist a student with implementing their seizure action plan when the nurse is not in the building or not available. The SzDCA shall perform the duties and tasks necessary to assist a student with epilepsy in accordance with the student's 504/IEP. Events beyond the accommodations outlined in the student's 504/IEP must be escalated to the registered nurse for clarification.
- b. Identification: The Principal or designee shall ensure that a SzDCA, authorized by the parent/guardian and the Principal, is identified for each student with epilepsy. If the school personnel does not agree to serve as a student's SzDCA, or if the parent/guardian does not authorize the SzDCA, the Principal shall follow the procedures outlined in the CPS Seizure Management Guidelines.
- c. Training: The SzDCA shall complete training provided by the Chief Health Officer or designee to perform the tasks necessary to assist a student with epilepsy when the

nurse is not in the building or not available when needed, in accordance with their 504/IEP. The Office of Student Health and Wellness will establish an in-service training program that complies with the Illinois School Code.

SzDCA training shall provide adequate education such that the SzDCA can:

- i. Seizure recognition and first aid;
- ii. Recognize and respond to a seizure per the students 504/IEP,
- iii. Administer anti-seizure medication according to the student's 504/IEP and keep a record of the amount administered; and
- iv. Respond in an emergency, including administration of rescue medication and seizure first aid, and calling 911.

The Office of Student Health & Wellness shall provide an initial training by a medical provider with expertise in epilepsy and be consistent with the best practices provided by the Center for Disease Control and Prevention. Training derived from evidence-based guidelines will be provided annually. Training may be individualized in consultation with the parent/guardian or medical provider as needed.

## VIII. EMERGENCY RESPONSE

In the event emergency response measures outlined in a student's Emergency Action Plan are undertaken but not effective, 911 must be called. School personnel shall remain with the student at all times during a medical emergency or perceived medical emergency. If a student is transported to a hospital, a full-time non-nurse school staff member shall accompany the student until the parent/guardian or emergency contact arrives. The school shall complete an incident report in all instances when emergency response measures are activated or another emergency health issue occurs.

- A. Food Allergy Drills: The principal must ensure that the School Emergency Management Plan includes provisions for students with food allergies including a response plan for incidents involving mass allergen exposure. The School Emergency Management Plan must incorporate provisions to practice allergy emergency protocols and procedures annually as part of the school-wide drill program. Food Allergy Drill guidelines will be outlined in the CPS Allergy Guidelines.
- B. Emergency Use of Stock Epinephrine Auto-Injectors: In accordance with the Illinois Emergency Epinephrine Act and the Board's Medication Policy:
  - a. Authorizations:
    1. The Nurse or trained school personnel may administer a stock epinephrine auto-injector
      - a. while in the school building,
      - b. while at a school-sponsored activity,
      - c. while under the supervision of school personnel, or
      - d. before or after normal school activities on school property.
    2. The Nurse or trained school personnel are authorized to provide stock epinephrine auto-injectors when authorized under a student's Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, or 504 Plan to administer an Epi-Pen to the following:
      - a. To the student for self-administration or;
      - b. authorized school personnel to administer to the student.
    3. When a person does not have an epinephrine auto-injector or a student does not have a prescription for an epinephrine auto-injector on file, the Nurse or trained personnel may utilize stock epinephrine if they believe in good faith that the

person is having an anaphylactic reaction. Stock epinephrine is made available under a standing protocol from a designated medical provider.

- b. Supply and Use: Stock epinephrine will be supplied to a school by the District. Schools must maintain, use, and replace the supply of stock epinephrine auto-injectors as instructed by the Chief Health Officer or designee. School personnel must submit an incident report within 24 hours of administration when the stock epinephrine auto-injector is used.
- c. No Liability: When a Nurse or trained school personnel injects a stock epinephrine auto-injector to a student whom the Nurse or trained school personnel in good faith believes is having an anaphylactic reaction, despite the lack of notice to the parent/guardian of the student or the absence of the parent/guardian signed statement acknowledging no liability, except for willful and wanton conduct (actual or deliberate intention to cause harm or which, if not intentional, shows an utter indifference for the safety of others), the District and its employees and agents, including a medical provider providing standing protocol or prescription for stock epinephrine auto-injector, are to incur no liability or professional discipline except for willful and wanton conduct as a result of any injury arising from the use of a stock epinephrine auto-injector regardless of whether authorization was given by the student's parent/guardian or by the student's medical provider.

## **VIII. TRAINING**

Annually, all school personnel must complete an in-service training program on the prevention, management, and emergency response for asthma, allergies, diabetes and seizures in the school setting and emergency response. The Office of Student Health and Wellness will establish an in-service training program that complies with the Illinois School Code, sections 2-3.148 and 10-22.39(e).

## **IX. GUIDELINES**

The Chief Health Officer or designee is authorized to develop and implement asthma, allergy, diabetes management, and seizure guidelines, standards and procedures for the effective communication and implementation of this policy pursuant to the Illinois School Code and state guidelines. Additional information and resources can be found on the Office of Student Health and Wellness website at [cps.edu/oshw](http://cps.edu/oshw).

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<b>Amends/Rescinds:</b>	Rescinds 12-0125-PO4 Diabetes Management Policy; 12-0125-PO3 Asthma Management Policy; 11-0126-PO2 Food Allergy Management Policy
<b>Cross References:</b>	12-0125-PO4; 12-0125-PO3; 11-0126-PO2
<b>Legal References:</b>	Disability History and Awareness Campaign, 105 ILCS 5/2-3.148; In-service Training Programs (Anaphylactic Reactions and Management), 105 ILCS 5/10-22.39(e); Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq.; Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §706 et seq. and 34 C.F.R. 100 et seq.; Americans with Disabilities Act (42 §§ U.S.C. 12101 et seq.); Care of Students with Diabetes Act 105 ILCS 145; Food Allergy Guidelines,105 ILCS 5/2-3.148; Self-administration and Self-Carry of Asthma Medication and Epinephrine Injectors, 105 ILCS 5/22-30; Nurse Practice Act, 225 ILCS 65; Seizure Smart School Act, 105 ILCS 150; and Controlled Substances Act, 21 U.S. Code § 812.
<b>Public Comment:</b>	Pursuant to Board Rule 2-6 this Policy was subject to Public Comment from 4/20/20 – 5/19/20 and adopted at the June 24, 2020 Board Meeting [Board Report 20-0624-PO4]