



Protecting Students From Life-Threatening Allergic Reactions

Fatal Allergies Among Children Increasing

One in 13 children suffers from some type of food allergy, and the number is on the rise.ⁱ Of those affected, nearly 40% suffer from allergies that are severe and life threatening.ⁱⁱ High school aged children, ages 14-17 years old, are most likely to have a severe food allergy.ⁱⁱⁱ Food allergies are the leading cause of anaphylaxis and account for over 300,000 hospital visits by children every year.^{iv}

25% OF FIRST-TIME ANAPHYLACTIC REACTIONS AMONG CHILDREN OCCUR IN SCHOOL.^v

Access to Epinephrine in Schools

Under Public Act 97-0361 schools *may* maintain a supply of *emergency* epinephrine auto-injectors (EpiPens) for students who have forgotten their EpiPen at home or who do not have a known food allergy. A *school nurse* may administer an EpiPen to *any* student who he or she, in good faith, professionally believes is having an anaphylactic reaction and who does not have an Emergency Action Plan in place.

This Act permits physicians to issue a standing protocol and to prescribe EpiPens to a school district or non-public school to be used, as necessary, by a school nurse. Without this emergency supply, dialing 911 is the only option school personnel have if a student forgets their EpiPen and has an anaphylactic reaction or has a first-time reaction. Any delay in administering epinephrine can be fatal.

Common side effects of using an EpiPen include increased heart rate, sweating, nausea, dizziness, headaches, nervousness, and anxiety.^{vi} However, these side effects pale in comparison to the potentially life-saving benefits of epinephrine in counteracting anaphylaxis until emergency medical help arrives.

SCHOOL ACCESS TO EMERGENCY EPINEPHRINE

PROTECTING THE HEALTH OF CHILDREN WITH LIFE-THREATENING ALLERGIES

The supply of emergency epinephrine allowed under this Act is not intended to replace epinephrine prescribed to students with known allergies. Physicians should still prescribe

epinephrine as appropriate and encourage parents whose children are suffering from a severe allergy to put in place an Emergency Action Plan, an Individual Health Care Plan, or a Section 504 Plan with their child’s school.

Exemption From Liability

Under Public Act 97-0361, a physician who provides a standing protocol or prescribes a supply of emergency epinephrine to a school is to incur *no liability*, except for willful and wanton conduct, for any injury arising out of the use of an epinephrine auto-injector.

Therefore, if a student is injured or harmed due to the administration of epinephrine that a physician has prescribed to a school under this Act, the physician will not be held responsible for the injury unless he or she issued the prescription with a conscious disregard for safety.

Questions regarding food allergies and anaphylaxis?
Contact the Food Allergy Initiative at info@faiusa.org or 855-324-9604.

Questions regarding P.A. 97-0361?
Contact Jessica O’Leary at the Illinois Attorney General’s Office
at 312-814-1003 or joleary@atg.state.il.us.

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

ⁱⁱ *Id.*

ⁱⁱⁱ *Id.*

^{iv} *Anaphylaxis*, The Food Allergy & Anaphylaxis Network, <http://www.foodallergy.org/section/a>.

^v Sicherer et al., “Clinical Report - Management of Food Allergy in the School Setting,” *Pediatrics*, Vol. 126, No. 6, December 1, 2010, p. 1232 -1239.

^{vi} Dey Pharma, *Most Common Side Effects*, <http://www.epipen.com/about-epipen/most-common-side-effects>.