



Fast PHACTs

Healthy Kids! Happy Schools!

Your Public Health Pediatric Toolkit

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Name and Credentials	Role in Activity	Was there a relevant Financial Disclosure	List of Mitigated Disclosures
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Joseph Hageman, MD, FAAP	CME Reviewer	Yes	Owlet - Royalties
Stephanie Atella, MPH, CHES	Staff/Planning Committee Member	No	N/A
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Learning Objectives

Upon completion of the webinar, participants will be able to:

- Explain the programs and procedures for undesignated/statewide standing orders for **albuterol and naloxone** in schools.
- Describe the **new components of the Certificate of Child Health Examination form**, including the developmental and social-emotional screening, and school immunization updates.
- Identify what **screening tools** satisfy the developmental and social-emotional screening requirements and how to apply for the inclusion of new screeners.
- Summarize **expanded lead screening** and how to identify high-risk counties in Illinois for clinical care.

Why do we need Undesignated Albuterol and Opioid Reversal Agents in Illinois Schools?

- There were **>1200 asthma related calls** to 911 **from schools** in 2023.
- Illinois School Code permits school districts to maintain undesignated medications in case of life-threatening emergencies ([105 ILCS 5/22-30](#)):
 - Opioid antagonist for opioid overdoses.
 - Albuterol or similar quick acting bronchodilator for severe asthma.
- Undesignated emergency medications are not for a specific person and can be administered to anyone in need by a school nurse or trained personnel.

IDPH data presented is preliminary and subject to change

Statewide Standing Order for Albuterol

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525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Administration of Undesignated Asthma Medications in School (2024) Standing Order and Protocol

Purpose: Undesignated asthma medication may treat potentially serious episodes of respiratory distress in children with known asthma as well as those without a prior history.

Scope: This standing order authorizes the administration of school-supplied undesignated asthma medication for severe respiratory distress at school or during school-sponsored activities. Undesignated asthma medication (i.e. albuterol) may be stocked at Illinois schools for this purpose (See School Code, [105 ILCS 5/22-30](#)).

Under this standing order, any school nurse or trained personnel as defined in above code may administer the undesignated asthma medication without the need for a direct order from an attending provider to an individual who is believed to be experiencing respiratory distress and who may benefit from its administration. This may occur prior to the arrival/availability of EMS. This may occur on school grounds before, during or after school activities including on a school bus.

Personnel, other than a school nurse, must complete annual [training](#)¹ on the use of this medication as provided by RESCUE Illinois program of the Asthma and Allergy Foundation, St. Louis Chapter. Documentation of this training must be kept on file and available for audit.

Medication: This order refers to the use of a quick-relief medication approved by the US FDA (i.e., albuterol). Medication may be delivered through a metered-dose inhaler (MDI) with a reusable or disposable spacer.

Suggested stocked undesignated medication: Albuterol MDI (90 mcg/actuation) to be administered with a spacer. It is recommended that at least 2 undesignated albuterol MDIs are stocked at all times in the school. School size and number of students with asthma may make it appropriate for a school to have more than 2 MDIs stocked at all times.

It is recommended that at least 2 spacers are stocked at all times. Disposable cardboard spacers are inexpensive, effective and may be used for this purpose.

¹<https://aafastl.org/rescue-illinois-schools>

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Nationally Accredited by PHAB

[albuterol-standing-order-02-29-24.pdf \(illinois.gov\)](#)

Standing orders are as follows:

The School Nurse and/or trained personnel should:

Evaluate the person's symptoms and history.

Assess the person's airway, breathing, respiratory rate, work of breathing, pulse and color to confirm appropriateness of albuterol use.

Review contraindications and precautions as taught in their training.

Administer an initial dose of 2 puffs of the albuterol MDI using a spacer.

Reassess the person following administration of the albuterol.

Readminister, if necessary, as follows:

2 inhalations with spacer

May be repeated in 20 minutes for 1 additional dose (3 doses total)

Second and third dose may be increased to 4 inhalations if needed.

If no relief after 3 doses (with or without dose increase) or any worsening of symptoms even prior to completion of 3 doses, initiate transfer to medical facility.

Sameer Vohra

License: 036135164
NPI: 1841585783

3/3/2024

Physician's Signature and License No. and NPI No.

Date

Sameer Vohra MD, JD, MA

Physician's Name (Print)

Effective Date: 2/29/2024

Expiration Date: 2/28/2025





Considerations

- As of Jan. 1, 2024, public, charter, and nonpublic schools are required to maintain a supply of an opioid antagonist.
- Authorizes, does not require, schools to stock undesignated epinephrine or asthma medication.
- Schools are not required to have a school nurse or trained personnel available at all times nor at all school sponsored activities to administer emergency medications.

Slide Courtesy: Dr.
Catherine Counard

Administrative Rules for Undesignated Emergency Medications

[23 Illinois Administrative Code 1 Section 1.540](#)

- Standing protocol
 - Provided to school nurse and trained personnel.
 - Protocol is kept with or near the emergency medications.
 - States when emergency medications will be available, including at which school-sponsored events.
 - Designates appropriate secure storage.
 - Establishes notification procedures for EMS, parents/guardians, and Illinois State Board of Education (ISBE).
- Standing protocol includes a written order for the medications.
 - The prescriber must be notified if emergency medications are used.



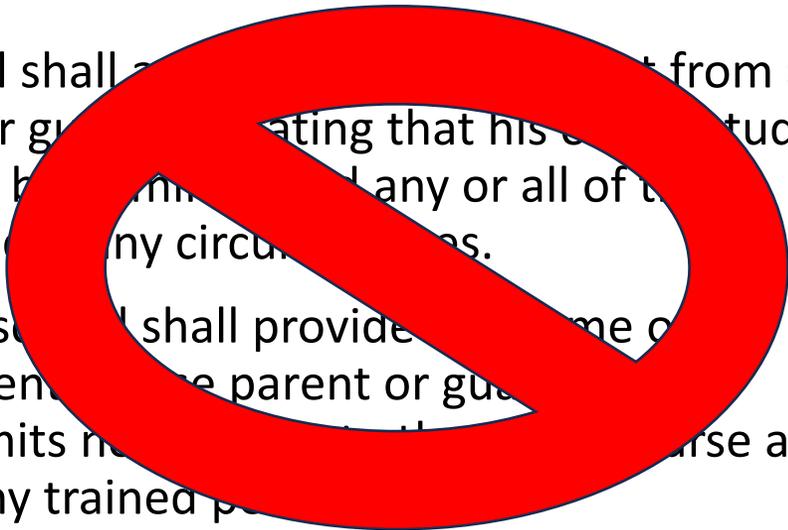
Required Personnel Training Includes

- CPR and AED.
- Where the medications are stored and how to access.
- How trained personnel will be notified about an incident.
- How to administer the emergency medications.
- School emergency response protocols.



Parental Notification

- School shall notify parents and guardian at the start of each school year. For students enrolling for the first time, at the time of enrollment.
 - The parent/guardian shall acknowledge the notification by signing it and returning it to the school.
- A school shall not request consent from a parent or guardian stating that his or her student shall not be permitted to use any or all of the drugs under any circumstances.
 - The school shall provide some of the students to the parent or guardian submits no consent to the course and to any trained personnel.



There's more...Rescue Illinois Schools Initiative !

- Rescue Illinois Schools Initiative provides **trainings** and **stock albuterol** to schools through the Asthma & Allergy Foundation of America -MidStates Chapter (AAFA-MS) and Respiratory Health Association (RHA)
- 2,500+ Trainings
 - School and district nurses
 - Teachers
 - Athletic staff
 - Clerks
 - Principals
 - Superintendents

Participating Schools: Year One

RESCUE Eligible	~3,107
RESCUE Enrolled	~1,200



RESCUE
Resources for Every School Confronting
Unexpected Emergencies

IMPLEMENTATION HANDBOOK FOR ILLINOIS SCHOOLS:

QUICK-RELIEF STOCK ASTHMA MEDICATION



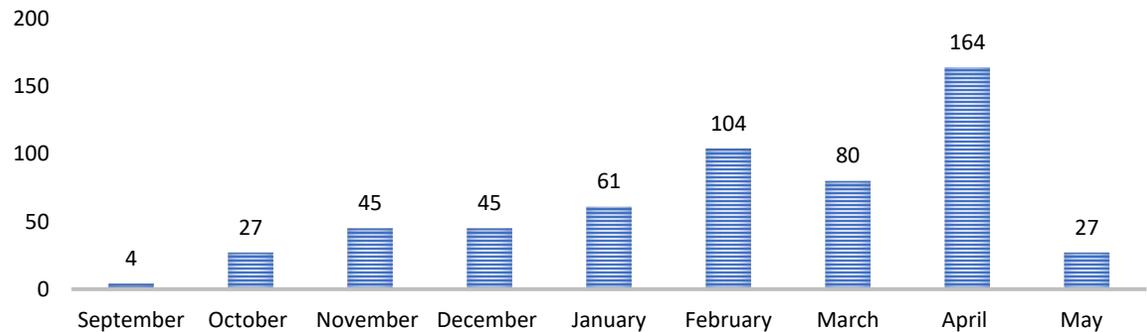
Data Courtesy: RHA

Emergency Medication Use

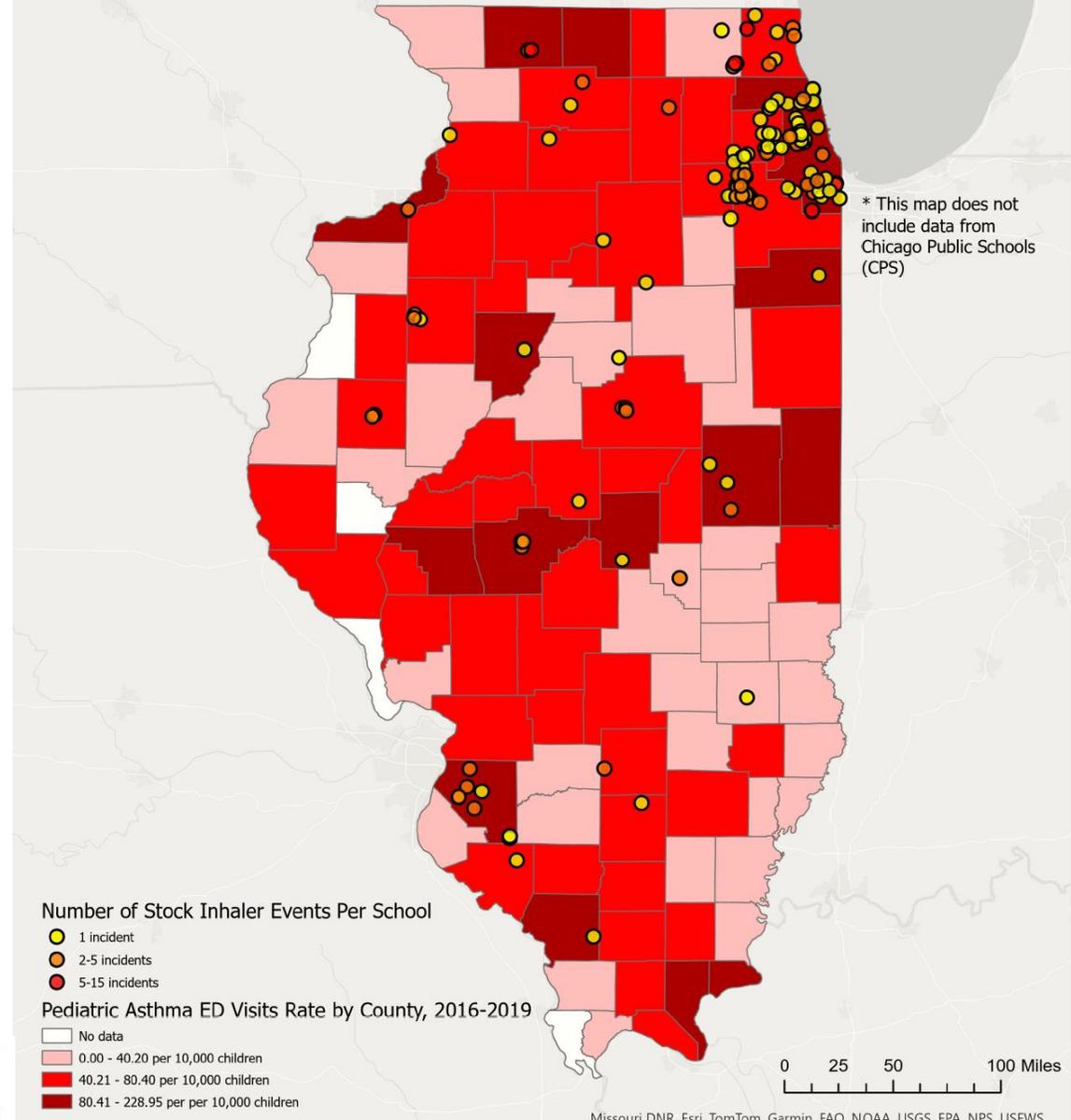
IMPLEMENTATION September 2023 through May 6, 2024

Reports of Emergency Albuterol Use by Students	531
Reporting Schools	~267
Reporting School Districts	97
Reporting Counties	33

NUMBER OF INCIDENTS PER MONTH



RESCUE IL Stock Inhaler Events Per School and 2016-2019 Pediatric ED Visit Rates by County



Data Courtesy: RHA



Student Outcomes With Emergency Medications

Classroom



77%
(423)

Home



21%
(116)

EMS transport



0.9%
(5)

Lake County Health Department's Undesignated Medication program:

- 30% of schools signed up
- 13 events between March 2023-April 2024
- 911 was called only 3 times
- 100% successful recovery of the child

Without Emergency Medications?

Classroom



14%
(38)

Home



57%
(309)

EMS transport



(22%)
(119)

Projected savings of > 1 million dollars over 9 months, in reduced ER visits, missed school and missed work



- Asthma Caregiver's Handbook

- Project supported by IDPH
- 70+ pages of caregiver guidance and activity pages for children
- 6th grade reading level
- Download at https://resphealth.org/wp-content/uploads/2024/06/24_0612_InteractivePDF_Asthma.pdf

Slide Courtesy: RHA



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"That's not my kid!" Let's talk opioid overdoses in schools

In 2024 alone there were **>900 suspected overdose calls** from schools, 310 of which included Naloxone.

IDPH data presented is preliminary and subject to change. CDC data obtained from <https://www.cdc.gov/healthyyouth/substance-use/index.htm>

The Facts

- 15% of high school students reported having ever used select illicit or injection drugs (i.e. cocaine, inhalants, heroin, methamphetamines, hallucinogens, or ecstasy)^{1,2}
- 14% of students reported misusing prescription opioids.^{1,2}
- Injection drug use places youth at direct risk for HIV, and drug use broadly places youth at risk of overdose.²
- Youth opioid use is directly linked to sexual risk behaviors.²
- Students who report ever using prescription drugs without a doctor's prescription are more likely than other students to have been the victim of physical or sexual dating violence.⁴
- Drug use is associated with sexual risk behavior, experience of violence, and mental health and suicide risks.²

Risk Factors for High-Risk Substance Use

Risk factors for youth high-risk substance use can include:

- Family history of substance use
- Favorable parental attitudes towards the behavior
- Poor parental monitoring
- Parental substance use
- Family rejection of sexual orientation or gender identity
- Association with delinquent or substance using peers
- Lack of school connectedness
- Low academic achievement
- Childhood sexual abuse

High-Risk Substance Use Prevention

Research has improved our understanding of factors that help buffer youth from a variety of risky behaviors, including substance use.

These are known as protective factors. Some protective factors for high risk substance use include:

- Parent or family engagement
- Family support
- Parental disapproval of substance use
- Parental monitoring
- School connectedness



So what can we do!? Statewide standing order for opioid reversal



Illinois Opioid Overdose Reversal Agent Standardized Procedure

This updated Opioid Overdose Reversal Agent Standardized Procedure (Procedure) (formerly limited to Naloxone only) outlines for healthcare and other trained personnel how entities, including schools, may become authorized to obtain, dispense, and administer naloxone or nalmefene for the purpose of reversing an opioid overdose. This Procedure also presents the educational requirements for obtaining the Illinois Opioid Overdose Reversal Agents Standing Order and the technique for administering these reversal agents.

Introduction

In September 2015, Illinois added Section 85/19.1 to the Illinois Pharmacy Practice Act, 225 ILCS 85/19.1, expanding access to the opioid antagonist, naloxone. Naloxone may be used to reverse opioid overdoses, including those caused by heroin, fentanyl, and certain prescription pain medications. This statute authorizes personnel trained to dispense and/or administer reversal agents as an opioid antagonist intervention, per the instructions below.

In May 2023, nalmefene was also approved by the FDA as an opioid reversal agent, similar in mechanism to naloxone, and is therefore included in this update.

In January 2024, this Standing Order was expanded to include Illinois schools as a **naloxone entity** due to the need to have emergency procedures in place should persons exhibit signs of opioid overdose while on school premises. See Illinois School Code, 105 ILCS 5/22-30(e-10), (f), (f-5) and (g).

Pursuant to the Substance Use Disorder Act, 20 ILCS 301/, the Pharmacy Practice Act, and the School Code, the Illinois Department of Financial and Professional Regulation (IDFPR) – in consultation with the Illinois Department of Public Health (IDPH) and Illinois Department of Human Services (IDHS) – has issued a standardized procedure for appropriately trained professionals to obtain, dispense, or administer naloxone and nalmefene to persons suspected of drug overdose.

Naloxone Entity

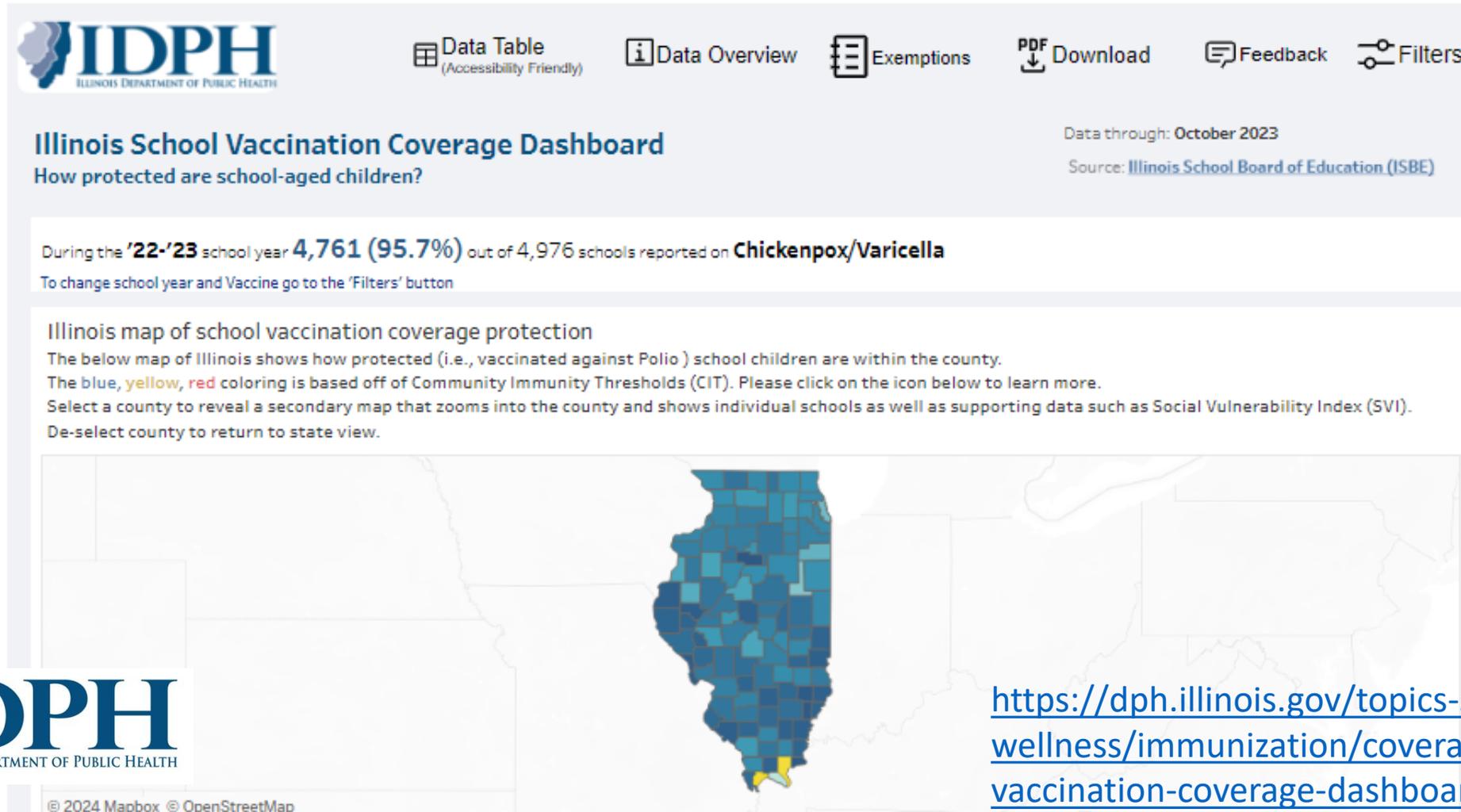
Naloxone Entities may dispense either naloxone or nalmefene, and include pharmacies, pharmacists, or opioid overdose education and naloxone distribution (OEND) programs, as discussed below:

- Participating pharmacies and pharmacists must be licensed under the Illinois Pharmacy Practice Act (225 ILCS 85) and have knowledge of this Procedure, the Illinois Naloxone Standardized Procedure. Pharmacies/pharmacists shall report naloxone and nalmefene dispensing to the Illinois Prescription Monitoring Program at <https://www.ilpmp.org/>. Effective February 9, 2024 Revised [1/15/2024]
- Any non-pharmacy OEND program, except schools, must be registered with the IDHS Division of Substance Use Prevention and Recovery Drug Overdose Prevention Program (DOPP) at <https://www.dhs.state.il.us/page.aspx?item=58142>.
- This may include law enforcement agencies, drug treatment programs, local health departments, hospitals, or urgent care facilities, or other for-profit or not-for-profit community-based organizations.
- Schools registered with the Illinois State Board of Education (ISBE) and their staff members who have met the educational requirements listed below regarding the administration of reversal agents to persons suspected of potential opioid overdose.

<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/opioids/naloxone/Naloxone%20Sample%20Standing%20Order.pdf>

What's going on with school vaccinations in Illinois?

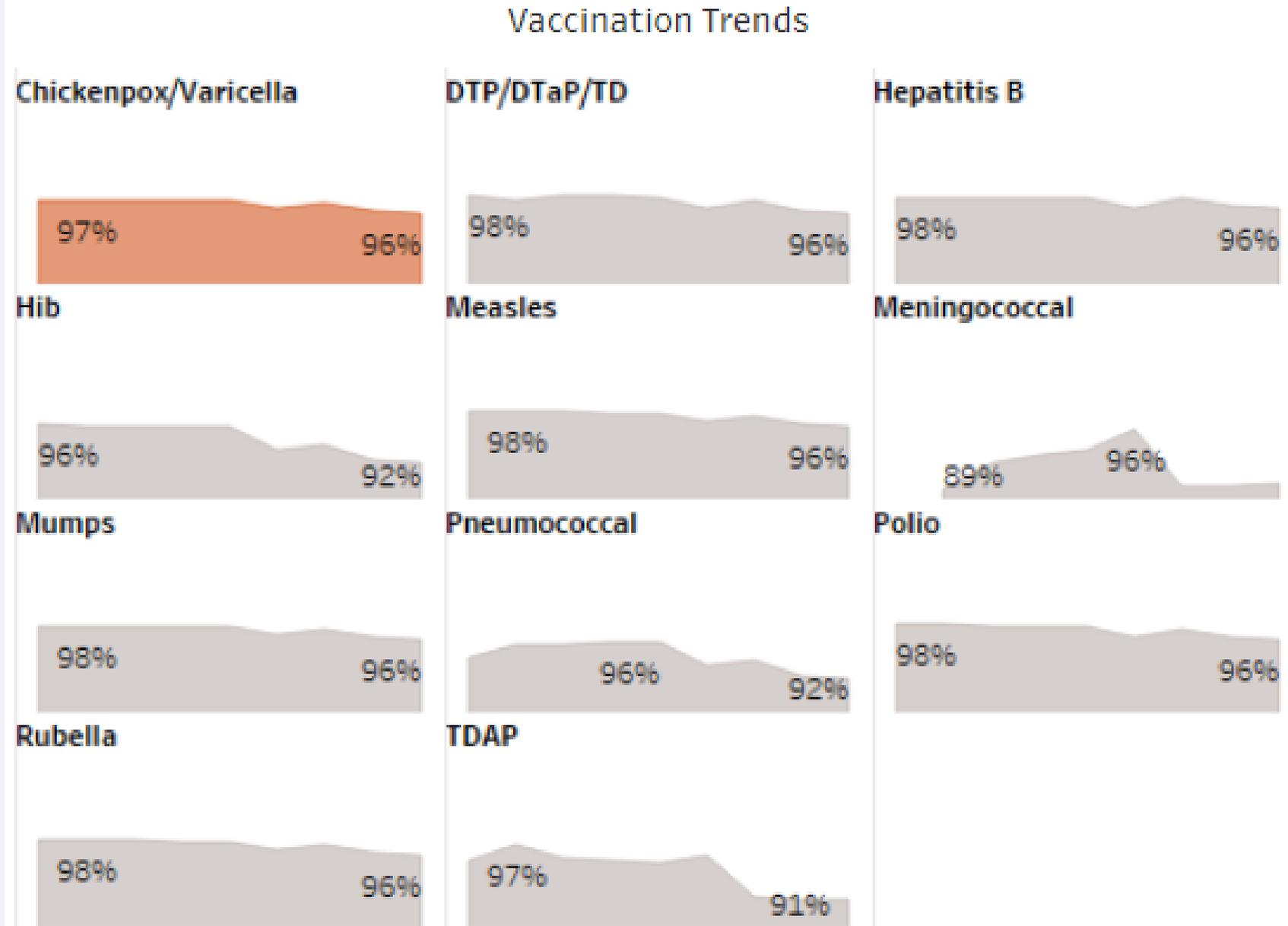
School Vaccination Coverage Dashboard



<https://dph.illinois.gov/topics-services/prevention-wellness/immunization/coverage-dashboards/school-vaccination-coverage-dashboard.html>

Disturbing trends in Illinois school vaccinations

- Below 95% threshold for H.flu, pneumococcal, TDAP.
- Downtrending for all others!



Select benchmark trend

Challenges related to filing exemptions to vaccines

Difficulty determining validity of medical exemptions	12.77%	35
Difficulty determining validity of religious exemptions	21.90%	60
Difficulty determining validity of qualifications with housing/McKinney-Vento exemptions	12.77%	35
Challenges with determining duration of exemptions for medical/McKinney-Vento exemptions	20.80%	57
Challenges with a health care provider not completing or signing a Religious Exemption Form	24.09%	66
Other Issues (please specify)	64.23%	176

Total Respondents: 274

ANSWER CHOICES	RESPONSES	
Health care provider barriers	45.24%	114
Family/guardian cancels appointments with health care provider	69.44%	175
Barriers obtaining vaccine records	49.60%	125
Barriers with obtaining records for immunity review	26.19%	66
Lack of provider awareness of minimum requirements per School Code	46.03%	116
Other (please specify)	39.68%	100

Total Respondents: 252

Look no further...School Code Vaccination Requirements

Minimum Immunization Requirements Entering a Child Care Facility or School in Illinois, 2024-2025



Table 1: Immunization Requirements by Antigen and Grade Level

For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months rather than weeks.

Vaccine Requirement ¹	Child Care Facility, Preschool, Early Childhood, Pre-Kindergarten Programs	Kindergarten through 12 th Grade		Other Options for Proof of Immunity
		First Entry into School (Kindergarten or First Grade)	Other Grades	
Diphtheria, Pertussis, Tetanus	<p>Three doses of diphtheria, tetanus, pertussis (DTP or DTaP) by 1 year of age, and one additional dose by the second birthday.</p> <p>Minimum intervals:</p> <ul style="list-style-type: none"> Between the first three doses, there must be at least four weeks. Between the third and fourth dose, there must be at least six months. 	<p>Four or more doses of diphtheria, tetanus, pertussis (DTP or DTaP) vaccine with the last dose being a booster and having been received on or after the fourth birthday.</p> <p>Children ages 7 years and older should receive Td² instead of DTP or DTaP per the ACIP catch-up schedule.</p> <p>Minimum ages and intervals:</p> <ul style="list-style-type: none"> Between the three or more primary series doses, there must be at least four weeks. Between the primary series and the booster dose, there must be at least six months. Booster must be administered on or after the child's 4th birthday. 	<p>Three or more doses of DTP, DTaP, pediatric DT, or Td² with the last dose being a booster and having been received on or after the fourth birthday.</p> <p>Minimum intervals:</p> <ul style="list-style-type: none"> Between the two or more primary series doses, there must be at least 4 weeks. Between the last dose in the primary series and the booster dose, there must be at least six months. Booster dose must be administered on or after the child's fourth birthday. <p>Entering sixth grade: one dose Tdap vaccine at age ≥11 years, regardless of interval since the last dose of DTP, DTaP, or Td.</p>	No proof of immunity allowed
		See additional footnotes regarding catch-up schedules and inadvertent administration of DTaP and Tdap. ^{5,6}		



Class is back! Updates to the Child Health Exam Form

- Based on Section 664.130 (a) (1) and (2) and the school code, the [newest version of the Certificate of Child Health Exam Form](#) should be used after January 1, 2024.
- If you or your office utilize a Certificate of Child Health Exam Form date stamped 11/2015 after January 1, 2024, this form may be accepted by schools until January 1, 2025.
- Additional information about this update is available at the [IDPH School Health Program page](#) and the [Health Care Provider Updates for the Certificate of Child Health Examination Form](#).

New Version of Form-Page 1



State of Illinois

Certificate of Child Health Examination

Student's Name			Birth Date (Mo/Day/Yr)	Sex	Race/Ethnicity	School/Grade Level/ID#
Last	First	Middle				
Street Address			City	ZIP Code	Parent/Guardian	Telephone (home/work)
HEALTH HISTORY: MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER						
ALLERGIES (Food, drug, insect, other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	List:	MEDICATION (Prescribed or taken on a regular basis)	<input type="checkbox"/> Yes <input type="checkbox"/> No	List:	
Diagnosis of Asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Loss of function of one of paired organs? (eye/ear/kidney/testicle)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Child wakes during night coughing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Hospitalization? When? What for?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Defects?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Surgery? (List all) When? What for?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Developmental delay?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Serious injury or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Blood disorder? Hemophilia, Sickle Cell, Other? Explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No		TB skin test positive (past/present)?	<input type="checkbox"/> Yes* <input type="checkbox"/> No		*if yes, refer to local health department
Diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No		TB disease (past or present)?	<input type="checkbox"/> Yes* <input type="checkbox"/> No		
Head injury/Concussion/Passed out?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Tobacco use (type, frequency)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Seizures? What are they like?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Alcohol/Drug use?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Heart problem/Shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Family history of sudden death before age 50? (Cause?)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Heart murmur/High blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Dizziness or chest pain with exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Eye/Vision problems? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts Last exam by eye doctor _____			<input type="checkbox"/> Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other			
Other concerns? (Crossed eye, drooping lids, squinting, difficulty reading)			Additional Information:			
Ear/Hearing problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Information may be shared with appropriate personnel for health and educational purposes.			
Bone/Joint problem/injury/scoliosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Parent/Guardian			
			Signatures: _____	Date: _____		
IMMUNIZATIONS: To be completed by health care provider. The mo/day/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.						
REQUIRED Vaccine/Dose	DOSE 1 MO DA YR	DOSE 2 MO DA YR	DOSE 3 MO DA YR	DOSE 4 MO DA YR	DOSE 5 MO DA YR	DOSE 6 MO DA YR
DTP or DTaP						
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV
Hib Haemophiles Influenza Type B						
Pneumococcal Conjugate						
Hepatitis B						

Health history section that is completed and signed by parents/guardians was moved to the top of the form. This might assist with parents and guardians filling out their portion of the form. There is an additional space for parents/guardian to provide additional information as needed.

New Version of Form-Page 1

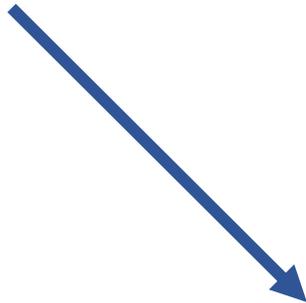
The bottom of page 1 requires the signature of the health care provider, school health professional or health official who provides the immunization history.

Developmental delay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Surgery? (List all When? What for?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood disorder? Hemophilia, Sickle Cell, Other? Explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Serious injury or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	TB skin test positive (past/present)?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Head injury/Concussion/Passed out?	<input type="checkbox"/> Yes <input type="checkbox"/> No	TB disease (past or present)?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Seizures? What are they like?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tobacco use (type, frequency)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart problem/Shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol/Drug use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart murmur/High blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Family history of sudden death before age 50? (Cause?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dizziness or chest pain with exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Eye/Vision problems? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts Last exam by eye doctor _____		<input type="checkbox"/> Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other	
Other concerns? (Crossed eye, drooping lids, squinting, difficulty reading) _____		Additional Information:	
Ear/Hearing problems? <input type="checkbox"/> Yes <input type="checkbox"/> No		Information may be shared with appropriate personnel for health and educational purposes.	
Bone/Joint problem/injury/scoliosis? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent/Guardian Signatures: _____ Date: _____	
IMMUNIZATIONS: To be completed by health care provider. The mo/day/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.			
REQUIRED Vaccine/Dose	DOSE 1 MO DA YR	DOSE 2 MO DA YR	DOSE 3 MO DA YR
DTP or DTaP			
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV
Hib Haemophiles Influenza Type B			
Pneumococcal Conjugate			
Hepatitis B			
MMR Measles, Mumps, Rubella			Comments: * indicates invalid dose
Varicella (Chickenpox)			
Meningococcal Conjugate			
RECOMMENDED, BUT NOT REQUIRED Vaccine/Dose			
Hepatitis A			
HPV			
Influenza			
Other: Specify Immunization Administered/Dates			
Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.			
Signature _____	Title _____	Date _____	

The newest version of the form has the date stamp of 12/23 at the bottom of page 1.

New Version of Form-Page 2

The bottom of page 2 requires the signature of the health care provider and date for the completion of the health examination.



PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE if < 2-3 years old _____ HEIGHT _____ WEIGHT _____ BMI _____ BMI PERCENTILE _____ B/P _____

DIABETES SCREENING: (NOT REQUIRED FOR DAY CARE) BMI > 85% age/sex Yes No And any two of the following: Family History Yes No

Ethnic Minority Yes No Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes No At Risk Yes No

LEAD RISK QUESTIONNAIRE: Required for children aged 6 months through 6 years enrolled in licensed or public-school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high-risk zip code.)

Questionnaire Administered? Yes No Blood Test Indicated? Yes No Blood Test Date _____ Result _____

TB SKIN OR BLOOD TEST: Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm

No test needed Test performed Skin Test: Date Read _____ Result: Positive Negative mm _____

Blood Test: Date Reported _____ Result: Positive Negative Value _____

LAB TESTS (Recommended)	Date	Results	SCREENINGS	Date	Results
Hemoglobin or Hematocrit			Developmental Screening		<input type="checkbox"/> Completed <input type="checkbox"/> N/A
Urinalysis			Social and Emotional Screening		<input type="checkbox"/> Completed <input type="checkbox"/> N/A
Sickle Cell (when indicated)			Other:		

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin	<input type="checkbox"/>		Endocrine	<input type="checkbox"/>
Ears	<input type="checkbox"/>	Screening Result:	Gastrointestinal	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	Screening Result:	Genito-Urinary	<input type="checkbox"/>
Nose	<input type="checkbox"/>		Neurological	<input type="checkbox"/>
Throat	<input type="checkbox"/>		Musculoskeletal	<input type="checkbox"/>
Mouth/Dental	<input type="checkbox"/>		Spinal Exam	<input type="checkbox"/>
Cardiovascular/HTN	<input type="checkbox"/>		Nutritional Status	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/> Diagnosis of Asthma	Mental Health	<input type="checkbox"/>
Currently Prescribed Asthma Medication:			Other	<input type="checkbox"/>
<input type="checkbox"/> Quick-relief medication (e.g., Short Acting Beta Agonist)				
<input type="checkbox"/> Controller medication (e.g., inhaled corticosteroid)				
NEEDS/MODIFICATIONS required in the school setting			DIETARY Needs/Restrictions	
SPECIAL INSTRUCTIONS/DEVICES (e.g., safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup)				
MENTAL HEALTH/OTHER Is there anything else the school should know about this student?				
If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal				
EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:				
On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified please attach explanation.)				
PHYSICAL EDUCATION <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified INTERSCHOLASTIC SPORTS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified				
Print Name _____ <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> APN <input type="checkbox"/> PA Signature _____ Date _____				
Address _____ Phone _____				

So...How should we screen?

- Age-appropriate, validated social-emotional and developmental screening tools.
- Qualified school support personnel and health care providers.
 - licensed clinical social worker
 - licensed clinical psychologist
 - licensed physician,
 - licensed advanced practiced registered nurse
 - licensed physician assistant.
- The public is invited to submit a petition to consider a specific tool by emailing DPH.SEL@illinois.gov.

- 13 tools are listed on [our site](#)

TITLE/NAME OF TOOL	WEBSITE	SOCIAL-EMOTIONAL TOOL/DEVELOPMENTAL TOOL
Pediatric Symptom Checklist (Baby & Preschool)	https://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist	Social-Emotional and Developmental
Survey of Wellbeing of Young Children	https://pediatrics.tuftsmedicalcenter.org/The-Survey-of-Wellbeing-of-Young-Children/Overview	Social-Emotional and Developmental
BITSEA	https://eprovide.mapi-trust.org/instruments/brief-infant-toddler-social-emotional-assessment	Social-Emotional and Developmental
Ages and Stages Questionnaire (ASQ-3)	https://brookespublishing.com/product/asq-3/	Developmental

Leading the charge against lead

- No safe lead level.
- Lead can have serious and long-lasting effects on child health.
- Most common source of lead poisoning is lead paint in older homes.
- Universal lead testing by 2026: expanded testing will ensure that more children have access to early detection of elevated blood lead levels, providing the opportunity to remove harmful exposures to lead and helping Illinois children grow up healthy and lead free.

IDPH Adds Nearly 150 More High-Risk ZIP Codes to Lead Testing List

Press Release - Tuesday, July 02, 2024

 [PRINT](#)  [EMAIL](#)

- 148 new zip codes added, representing 60 Illinois counties to total ~1200 high-risk ZIP codes.
 - [Pediatric Lead Poisoning High-Risk ZIP Code Areas \(illinois.gov\)](https://illinois.gov)
- Advancing state closer to:
 - Implementation of **public health intervention of 3.5+ mcg/dL**.
 - Currently 5+ mcg/dL in IL; 3.5+ mcg/dL recommended by CDC.
 - Goal of universal lead testing by 2026.
 - **Simplify** screening requirements and **ensure all children** are screened and receive risk mitigation.
 - Joining 16 other states that already require or recommend universal blood lead testing for children, including Connecticut, Iowa, Louisiana, Maine, New Hampshire, Rhode Island, Vermont, Wisconsin and Washington D.C.



Lead screening is required for entry to day care, preschool, kindergarten, or other childcare facility and should be documented on the Child Health Certificate

Children who:	Should be screened at 12 and 24 months by:
Live in high-risk ZIP code areas covered by Medicaid	Blood lead level (BLL) testing
Live in lower-risk areas	Lead Risk Assessment Questionnaire to determine if BLL is needed

Resources

- Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care: [Periodicity Schedule](#) (aap.org).
- Policies, Publications and Resources for Providers: [SODBP Policies and Publications](#) (aap.org).
- Child Health Exam Form (English Version): [child-health-exam-form-revised-01-31-2024.pdf](#) (Illinois.gov).
- IDPH School Health Program (forms and rules can be found here): [School Health Program](#) (Illinois.gov).
- IDPH [School Vaccination Dashboard](#) (Illinois.gov).
- Asthma Caregiver's Handbook: [resphealth.org/wp-content/uploads/2024/06/24_0612_InteractivePDF_Asthma.pdf](#) (Resphealth.org).
- ISBE Asthma Page: [2022-2023 School Year Undesignated Asthma Meds Report](#) (ISBE.Net).
- IDPH [Childhood Lead Risk Questionnaire](#) with high-risk zip codes (Illinois.gov).

Reach out to us!



<https://app.smartsheet.com/b/form/2ae48352ac624f95b63197b722830963>

This form should be used for questions from health care providers to IDPH Medical Services Division regarding IDPH resources, and is not intended to provide clinical guidance.

Date Submitted

First name

Last Name

Email Address

Telephone Number

Organization:

Is this Urgent (response requested within one (1) business day)?

Route To

Area of Inquiry:

- Reportable Condition
- IDPH Resources
- Health Advisory
- Other

Inquiry Details:

Next to come in the FAST PHACTs series

- September 19, 2024: "New combatants in an old war against opioid overdoses: Schroomz and Rhino Tranq"
- October 17, 2024: "Tis the Sneezin': Preparing for the 24-25 Respiratory Season"
- November 21, 2024: "No shame in the game: Sexual and Reproductive Health"

[Register Here](#)



For CME Credit complete the
evaluation before 8.23.24.

Available for live
attendance ONLY.

Questions contact
Stephanie at
satella@illinoisAAP.com.

