

SB2038



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

SB2038

Introduced 2/10/2017, by Sen. Chapin Rose

SYNOPSIS AS INTRODUCED:

105 ILCS 5/22-30

Amends the School Code. In provisions concerning epinephrine administration, provides that epinephrine may be administered with a glass vial, auto-injector, ampule, or pre-filled syringe. Makes conforming changes.

LRB100 11368 MLM 21754 b

A BILL FOR

1 AN ACT concerning public health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The School code is amended by changing Section
5 22-30 as follows:

6 (105 ILCS 5/22-30)

7 Sec. 22-30. Self-administration and self-carry of asthma
8 medication and epinephrine injectors ~~auto-injectors~~;
9 administration of undesignated epinephrine injectors
10 ~~auto-injectors~~; administration of an opioid antagonist; asthma
11 episode emergency response protocol.

12 (a) For the purpose of this Section only, the following
13 terms shall have the meanings set forth below:

14 "Asthma action plan" means a written plan developed with a
15 pupil's medical provider to help control the pupil's asthma.
16 The goal of an asthma action plan is to reduce or prevent
17 flare-ups and emergency department visits through day-to-day
18 management and to serve as a student-specific document to be
19 referenced in the event of an asthma episode.

20 "Asthma episode emergency response protocol" means a
21 procedure to provide assistance to a pupil experiencing
22 symptoms of wheezing, coughing, shortness of breath, chest
23 tightness, or breathing difficulty.

1 "Asthma inhaler" means a quick reliever asthma inhaler.

2 "Epinephrine auto-injector" means a single-use device used
3 for the automatic injection of a pre-measured dose of
4 epinephrine into the human body.

5 "Epinephrine injector" includes a glass vial,
6 auto-injector, ampule, or pre-filled syringe.

7 "Asthma medication" means a medicine, prescribed by (i) a
8 physician licensed to practice medicine in all its branches,
9 (ii) a licensed physician assistant with prescriptive
10 authority, or (iii) a licensed advanced practice nurse with
11 prescriptive authority for a pupil that pertains to the pupil's
12 asthma and that has an individual prescription label.

13 "Opioid antagonist" means a drug that binds to opioid
14 receptors and blocks or inhibits the effect of opioids acting
15 on those receptors, including, but not limited to, naloxone
16 hydrochloride or any other similarly acting drug approved by
17 the U.S. Food and Drug Administration.

18 "School nurse" means a registered nurse working in a school
19 with or without licensure endorsed in school nursing.

20 "Self-administration" means a pupil's discretionary use of
21 his or her prescribed asthma medication or epinephrine injector
22 ~~auto-injector~~.

23 "Self-carry" means a pupil's ability to carry his or her
24 prescribed asthma medication or epinephrine injector
25 ~~auto-injector~~.

26 "Standing protocol" may be issued by (i) a physician

1 licensed to practice medicine in all its branches, (ii) a
2 licensed physician assistant with prescriptive authority, or
3 (iii) a licensed advanced practice nurse with prescriptive
4 authority.

5 "Trained personnel" means any school employee or volunteer
6 personnel authorized in Sections 10-22.34, 10-22.34a, and
7 10-22.34b of this Code who has completed training under
8 subsection (g) of this Section to recognize and respond to
9 anaphylaxis.

10 "Undesignated epinephrine injector ~~auto-injector~~" means an
11 epinephrine auto-injector, glass vial, ampule, or pre-filled
12 syringe prescribed in the name of a school district, public
13 school, or nonpublic school.

14 (b) A school, whether public or nonpublic, must permit the
15 self-administration and self-carry of asthma medication by a
16 pupil with asthma or the self-administration and self-carry of
17 an epinephrine injector ~~auto-injector~~ by a pupil, provided
18 that:

19 (1) the parents or guardians of the pupil provide to
20 the school (i) written authorization from the parents or
21 guardians for (A) the self-administration and self-carry
22 of asthma medication or (B) the self-carry of asthma
23 medication or (ii) for (A) the self-administration and
24 self-carry of an epinephrine injector ~~auto-injector~~ or (B)
25 the self-carry of an epinephrine injector ~~auto-injector~~,
26 written authorization from the pupil's physician,

1 physician assistant, or advanced practice nurse; and

2 (2) the parents or guardians of the pupil provide to
3 the school (i) the prescription label, which must contain
4 the name of the asthma medication, the prescribed dosage,
5 and the time at which or circumstances under which the
6 asthma medication is to be administered, or (ii) for the
7 self-administration or self-carry of an epinephrine
8 injector ~~auto-injector~~, a written statement from the
9 pupil's physician, physician assistant, or advanced
10 practice nurse containing the following information:

11 (A) the name and purpose of the epinephrine
12 injector ~~auto-injector~~;

13 (B) the prescribed dosage; and

14 (C) the time or times at which or the special
15 circumstances under which the epinephrine injector
16 ~~auto-injector~~ is to be administered.

17 The information provided shall be kept on file in the office of
18 the school nurse or, in the absence of a school nurse, the
19 school's administrator.

20 (b-5) A school district, public school, or nonpublic school
21 may authorize the provision of a student-specific or
22 undesignated epinephrine injector ~~auto-injector~~ to a student
23 or any personnel authorized under a student's Individual Health
24 Care Action Plan, Illinois Food Allergy Emergency Action Plan
25 and Treatment Authorization Form, or plan pursuant to Section
26 504 of the federal Rehabilitation Act of 1973 to administer an

1 epinephrine injector ~~auto-injector~~ to the student, that meets
2 the student's prescription on file.

3 (b-10) The school district, public school, or nonpublic
4 school may authorize a school nurse or trained personnel to do
5 the following: (i) provide an undesignated epinephrine
6 injector ~~auto-injector~~ to a student for self-administration
7 only or any personnel authorized under a student's Individual
8 Health Care Action Plan, Illinois Food Allergy Emergency Action
9 Plan and Treatment Authorization Form, or plan pursuant to
10 Section 504 of the federal Rehabilitation Act of 1973 to
11 administer to the student, that meets the student's
12 prescription on file; (ii) administer an undesignated
13 epinephrine injector ~~auto-injector~~ that meets the prescription
14 on file to any student who has an Individual Health Care Action
15 Plan, Illinois Food Allergy Emergency Action Plan and Treatment
16 Authorization Form, or plan pursuant to Section 504 of the
17 federal Rehabilitation Act of 1973 that authorizes the use of
18 an epinephrine injector ~~auto-injector~~; (iii) administer an
19 undesignated epinephrine injector ~~auto-injector~~ to any person
20 that the school nurse or trained personnel in good faith
21 believes is having an anaphylactic reaction; and (iv)
22 administer an opioid antagonist to any person that the school
23 nurse or trained personnel in good faith believes is having an
24 opioid overdose.

25 (c) The school district, public school, or nonpublic school
26 must inform the parents or guardians of the pupil, in writing,

1 that the school district, public school, or nonpublic school
2 and its employees and agents, including a physician, physician
3 assistant, or advanced practice nurse providing standing
4 protocol or prescription for school epinephrine injectors
5 ~~auto injectors~~, are to incur no liability or professional
6 discipline, except for willful and wanton conduct, as a result
7 of any injury arising from the administration of asthma
8 medication, an epinephrine injector ~~auto injector~~, or an
9 opioid antagonist regardless of whether authorization was
10 given by the pupil's parents or guardians or by the pupil's
11 physician, physician assistant, or advanced practice nurse.
12 The parents or guardians of the pupil must sign a statement
13 acknowledging that the school district, public school, or
14 nonpublic school and its employees and agents are to incur no
15 liability, except for willful and wanton conduct, as a result
16 of any injury arising from the administration of asthma
17 medication, an epinephrine injector ~~auto injector~~, or an
18 opioid antagonist regardless of whether authorization was
19 given by the pupil's parents or guardians or by the pupil's
20 physician, physician assistant, or advanced practice nurse and
21 that the parents or guardians must indemnify and hold harmless
22 the school district, public school, or nonpublic school and its
23 employees and agents against any claims, except a claim based
24 on willful and wanton conduct, arising out of the
25 administration of asthma medication, an epinephrine injector
26 ~~auto injector~~, or an opioid antagonist regardless of whether

1 authorization was given by the pupil's parents or guardians or
2 by the pupil's physician, physician assistant, or advanced
3 practice nurse.

4 (c-5) When a school nurse or trained personnel administers
5 an undesignated epinephrine injector ~~auto-injector~~ to a person
6 whom the school nurse or trained personnel in good faith
7 believes is having an anaphylactic reaction or administers an
8 opioid antagonist to a person whom the school nurse or trained
9 personnel in good faith believes is having an opioid overdose,
10 notwithstanding the lack of notice to the parents or guardians
11 of the pupil or the absence of the parents or guardians signed
12 statement acknowledging no liability, except for willful and
13 wanton conduct, the school district, public school, or
14 nonpublic school and its employees and agents, and a physician,
15 a physician assistant, or an advanced practice nurse providing
16 standing protocol or prescription for undesignated epinephrine
17 injectors ~~auto-injectors~~, are to incur no liability or
18 professional discipline, except for willful and wanton
19 conduct, as a result of any injury arising from the use of an
20 undesignated epinephrine injector ~~auto-injector~~ or the use of
21 an opioid antagonist regardless of whether authorization was
22 given by the pupil's parents or guardians or by the pupil's
23 physician, physician assistant, or advanced practice nurse.

24 (d) The permission for self-administration and self-carry
25 of asthma medication or the self-administration and self-carry
26 of an epinephrine injector ~~auto-injector~~ is effective for the

1 school year for which it is granted and shall be renewed each
2 subsequent school year upon fulfillment of the requirements of
3 this Section.

4 (e) Provided that the requirements of this Section are
5 fulfilled, a pupil with asthma may self-administer and
6 self-carry his or her asthma medication or a pupil may
7 self-administer and self-carry an epinephrine injector
8 ~~auto-injector~~ (i) while in school, (ii) while at a
9 school-sponsored activity, (iii) while under the supervision
10 of school personnel, or (iv) before or after normal school
11 activities, such as while in before-school or after-school care
12 on school-operated property or while being transported on a
13 school bus.

14 (e-5) Provided that the requirements of this Section are
15 fulfilled, a school nurse or trained personnel may administer
16 an undesignated epinephrine injector ~~auto-injector~~ to any
17 person whom the school nurse or trained personnel in good faith
18 believes to be having an anaphylactic reaction (i) while in
19 school, (ii) while at a school-sponsored activity, (iii) while
20 under the supervision of school personnel, or (iv) before or
21 after normal school activities, such as while in before-school
22 or after-school care on school-operated property or while being
23 transported on a school bus. A school nurse or trained
24 personnel may carry undesignated epinephrine injectors
25 ~~auto-injectors~~ on his or her person while in school or at a
26 school-sponsored activity.

1 (e-10) Provided that the requirements of this Section are
2 fulfilled, a school nurse or trained personnel may administer
3 an opioid antagonist to any person whom the school nurse or
4 trained personnel in good faith believes to be having an opioid
5 overdose (i) while in school, (ii) while at a school-sponsored
6 activity, (iii) while under the supervision of school
7 personnel, or (iv) before or after normal school activities,
8 such as while in before-school or after-school care on
9 school-operated property. A school nurse or trained personnel
10 may carry an opioid antagonist on their person while in school
11 or at a school-sponsored activity.

12 (f) The school district, public school, or nonpublic school
13 may maintain a supply of undesignated epinephrine injectors
14 ~~auto-injectors~~ in any secure location that is accessible
15 before, during, and after school where an allergic person is
16 most at risk, including, but not limited to, classrooms and
17 lunchrooms. A physician, a physician assistant who has been
18 delegated prescriptive authority in accordance with Section
19 7.5 of the Physician Assistant Practice Act of 1987, or an
20 advanced practice nurse who has been delegated prescriptive
21 authority in accordance with Section 65-40 of the Nurse
22 Practice Act may prescribe undesignated epinephrine injectors
23 ~~auto-injectors~~ in the name of the school district, public
24 school, or nonpublic school to be maintained for use when
25 necessary. Any supply of epinephrine injectors ~~auto-injectors~~
26 shall be maintained in accordance with the manufacturer's

1 instructions.

2 The school district, public school, or nonpublic school may
3 maintain a supply of an opioid antagonist in any secure
4 location where an individual may have an opioid overdose. A
5 health care professional who has been delegated prescriptive
6 authority for opioid antagonists in accordance with Section
7 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act
8 may prescribe opioid antagonists in the name of the school
9 district, public school, or nonpublic school, to be maintained
10 for use when necessary. Any supply of opioid antagonists shall
11 be maintained in accordance with the manufacturer's
12 instructions.

13 (f-3) Whichever entity initiates the process of obtaining
14 undesignated epinephrine injectors ~~auto-injectors~~ and
15 providing training to personnel for carrying and administering
16 undesignated epinephrine injectors ~~auto-injectors~~ shall pay
17 for the costs of the undesignated epinephrine injectors
18 ~~auto-injectors~~.

19 (f-5) Upon any administration of an epinephrine injector
20 ~~auto-injector~~, a school district, public school, or nonpublic
21 school must immediately activate the EMS system and notify the
22 student's parent, guardian, or emergency contact, if known.

23 Upon any administration of an opioid antagonist, a school
24 district, public school, or nonpublic school must immediately
25 activate the EMS system and notify the student's parent,
26 guardian, or emergency contact, if known.

1 (f-10) Within 24 hours of the administration of an
2 undesignated epinephrine injector ~~auto-injector~~, a school
3 district, public school, or nonpublic school must notify the
4 physician, physician assistant, or advanced practice nurse who
5 provided the standing protocol or prescription for the
6 undesignated epinephrine injector ~~auto-injector~~ of its use.

7 Within 24 hours after the administration of an opioid
8 antagonist, a school district, public school, or nonpublic
9 school must notify the health care professional who provided
10 the prescription for the opioid antagonist of its use.

11 (g) Prior to the administration of an undesignated
12 epinephrine injector ~~auto-injector~~, trained personnel must
13 submit to their school's administration proof of completion of
14 a training curriculum to recognize and respond to anaphylaxis
15 that meets the requirements of subsection (h) of this Section.
16 Training must be completed annually. ~~their~~ The school district,
17 public school, or nonpublic school must maintain records
18 related to the training curriculum and trained personnel.

19 Prior to the administration of an opioid antagonist,
20 trained personnel must submit to their school's administration
21 proof of completion of a training curriculum to recognize and
22 respond to an opioid overdose, which curriculum must meet the
23 requirements of subsection (h-5) of this Section. Training must
24 be completed annually. Trained personnel must also submit to
25 the school's administration proof of cardiopulmonary
26 resuscitation and automated external defibrillator

1 certification. The school district, public school, or
2 nonpublic school must maintain records relating to the training
3 curriculum and the trained personnel.

4 (h) A training curriculum to recognize and respond to
5 anaphylaxis, including the administration of an undesignated
6 epinephrine injector ~~auto-injector~~, may be conducted online or
7 in person.

8 Training shall include, but is not limited to:

9 (1) how to recognize signs and symptoms of an allergic
10 reaction, including anaphylaxis;

11 (2) how to administer an epinephrine injector
12 ~~auto-injector~~; and

13 (3) a test demonstrating competency of the knowledge
14 required to recognize anaphylaxis and administer an
15 epinephrine injector ~~auto-injector~~.

16 Training may also include, but is not limited to:

17 (A) a review of high-risk areas within a school and its
18 related facilities;

19 (B) steps to take to prevent exposure to allergens;

20 (C) emergency follow-up procedures;

21 (D) how to respond to a student with a known allergy,
22 as well as a student with a previously unknown allergy; and

23 (E) other criteria as determined in rules adopted
24 pursuant to this Section.

25 In consultation with statewide professional organizations
26 representing physicians licensed to practice medicine in all of

1 its branches, registered nurses, and school nurses, the State
2 Board of Education shall make available resource materials
3 consistent with criteria in this subsection (h) for educating
4 trained personnel to recognize and respond to anaphylaxis. The
5 State Board may take into consideration the curriculum on this
6 subject developed by other states, as well as any other
7 curricular materials suggested by medical experts and other
8 groups that work on life-threatening allergy issues. The State
9 Board is not required to create new resource materials. The
10 State Board shall make these resource materials available on
11 its Internet website.

12 (h-5) A training curriculum to recognize and respond to an
13 opioid overdose, including the administration of an opioid
14 antagonist, may be conducted online or in person. The training
15 must comply with any training requirements under Section 5-23
16 of the Alcoholism and Other Drug Abuse and Dependency Act and
17 the corresponding rules. It must include, but is not limited
18 to:

- 19 (1) how to recognize symptoms of an opioid overdose;
- 20 (2) information on drug overdose prevention and
21 recognition;
- 22 (3) how to perform rescue breathing and resuscitation;
- 23 (4) how to respond to an emergency involving an opioid
24 overdose;
- 25 (5) opioid antagonist dosage and administration;
- 26 (6) the importance of calling 911;

1 (7) care for the overdose victim after administration
2 of the overdose antagonist;

3 (8) a test demonstrating competency of the knowledge
4 required to recognize an opioid overdose and administer a
5 dose of an opioid antagonist; and

6 (9) other criteria as determined in rules adopted
7 pursuant to this Section.

8 (i) Within 3 days after the administration of an
9 undesignated epinephrine injector ~~auto-injector~~ by a school
10 nurse, trained personnel, or a student at a school or
11 school-sponsored activity, the school must report to the State
12 Board of Education in a form and manner prescribed by the State
13 Board the following information:

14 (1) age and type of person receiving epinephrine
15 (student, staff, visitor);

16 (2) any previously known diagnosis of a severe allergy;

17 (3) trigger that precipitated allergic episode;

18 (4) location where symptoms developed;

19 (5) number of doses administered;

20 (6) type of person administering epinephrine (school
21 nurse, trained personnel, student); and

22 (7) any other information required by the State Board.

23 If a school district, public school, or nonpublic school
24 maintains or has an independent contractor providing
25 transportation to students who maintains a supply of
26 undesignated epinephrine injectors ~~auto-injectors~~, then the

1 school district, public school, or nonpublic school must report
2 that information to the State Board of Education upon adoption
3 or change of the policy of the school district, public school,
4 nonpublic school, or independent contractor, in a manner as
5 prescribed by the State Board. The report must include the
6 number of undesignated epinephrine injectors ~~auto-injectors~~ in
7 supply.

8 (i-5) Within 3 days after the administration of an opioid
9 antagonist by a school nurse or trained personnel, the school
10 must report to the State Board of Education, in a form and
11 manner prescribed by the State Board, the following
12 information:

13 (1) the age and type of person receiving the opioid
14 antagonist (student, staff, or visitor);

15 (2) the location where symptoms developed;

16 (3) the type of person administering the opioid
17 antagonist (school nurse or trained personnel); and

18 (4) any other information required by the State Board.

19 (j) By October 1, 2015 and every year thereafter, the State
20 Board of Education shall submit a report to the General
21 Assembly identifying the frequency and circumstances of
22 epinephrine administration during the preceding academic year.
23 Beginning with the 2017 report, the report shall also contain
24 information on which school districts, public schools, and
25 nonpublic schools maintain or have independent contractors
26 providing transportation to students who maintain a supply of

1 undesignated epinephrine injectors ~~auto-injectors~~. This report
2 shall be published on the State Board's Internet website on the
3 date the report is delivered to the General Assembly.

4 (j-5) Annually, each school district, public school,
5 charter school, or nonpublic school shall request an asthma
6 action plan from the parents or guardians of a pupil with
7 asthma. If provided, the asthma action plan must be kept on
8 file in the office of the school nurse or, in the absence of a
9 school nurse, the school administrator. Copies of the asthma
10 action plan may be distributed to appropriate school staff who
11 interact with the pupil on a regular basis, and, if applicable,
12 may be attached to the pupil's federal Section 504 plan or
13 individualized education program plan.

14 (j-10) To assist schools with emergency response
15 procedures for asthma, the State Board of Education, in
16 consultation with statewide professional organizations with
17 expertise in asthma management and a statewide organization
18 representing school administrators, shall develop a model
19 asthma episode emergency response protocol before September 1,
20 2016. Each school district, charter school, and nonpublic
21 school shall adopt an asthma episode emergency response
22 protocol before January 1, 2017 that includes all of the
23 components of the State Board's model protocol.

24 (j-15) Every 2 years, school personnel who work with pupils
25 shall complete an in-person or online training program on the
26 management of asthma, the prevention of asthma symptoms, and

1 emergency response in the school setting. In consultation with
2 statewide professional organizations with expertise in asthma
3 management, the State Board of Education shall make available
4 resource materials for educating school personnel about asthma
5 and emergency response in the school setting.

6 (j-20) On or before October 1, 2016 and every year
7 thereafter, the State Board of Education shall submit a report
8 to the General Assembly and the Department of Public Health
9 identifying the frequency and circumstances of opioid
10 antagonist administration during the preceding academic year.
11 This report shall be published on the State Board's Internet
12 website on the date the report is delivered to the General
13 Assembly.

14 (k) The State Board of Education may adopt rules necessary
15 to implement this Section.

16 (l) Nothing in this Section shall limit the amount of
17 epinephrine injectors ~~auto-injectors~~ that any type of school or
18 student may carry or maintain a supply of.

19 (Source: P.A. 98-795, eff. 8-1-14; 99-173, eff. 7-29-15;
20 99-480, eff. 9-9-15; 99-642, eff. 7-28-16; 99-711, eff. 1-1-17;
21 99-843, eff. 8-19-16; revised 9-8-16.)