

## 99TH GENERAL ASSEMBLY State of Illinois 2015 and 2016 HB0438

by Rep. Grant Wehrli

## SYNOPSIS AS INTRODUCED:

105 ILCS 5/22-30

Amends the School Code. Allows a school district, public school, or nonpublic school to authorize a school nurse or trained personnel to administer an undesignated dose of an opioid antidote to any person that the school nurse or trained personnel in good faith believes is having an opioid overdose. Sets forth provisions concerning immunity; the administration, supply, and prescription of undesignated doses of an opioid antidote; a training curriculum to recognize and respond to an opioid overdose; reporting to the State Board of Education; and reporting to the General Assembly.

LRB099 07733 SXM 27866 b

1 AN ACT concerning education.

## Be it enacted by the People of the State of Illinois, 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 auto-injectors; administration of
- 9 undesignated epinephrine auto-injectors; administration of an
- 10 <u>undesignated dose of an opioid antidote</u>.
- 11 (a) For the purpose of this Section only, the following 12 terms shall have the meanings set forth below:
- "Asthma inhaler" means a quick reliever asthma inhaler.
- "Epinephrine auto-injector" means a single-use device used for the automatic injection of a pre-measured dose of
- epinephrine into the human body.
- "Asthma medication" means a medicine, prescribed by (i) a
- 18 physician licensed to practice medicine in all its branches,
- 19 (ii) a physician assistant who has been delegated the authority
- 20 to prescribe asthma medications by his or her supervising
- 21 physician, or (iii) an advanced practice nurse who has a
- 22 written collaborative agreement with a collaborating physician
- 23 that delegates the authority to prescribe asthma medications,

- 1 for a pupil that pertains to the pupil's asthma and that has an
- 2 individual prescription label.
- 3 "School nurse" means a registered nurse working in a school
- 4 with or without licensure endorsed in school nursing.
- 5 "Self-administration" means a pupil's discretionary use of
- 6 his or her prescribed asthma medication or epinephrine
- 7 auto-injector.
- 8 "Self-carry" means a pupil's ability to carry his or her
- 9 prescribed asthma medication or epinephrine auto-injector.
- "Standing protocol" may be issued by (i) a physician
- licensed to practice medicine in all its branches, (ii) a
- 12 physician assistant who has been delegated the authority to
- prescribe asthma medications or epinephrine auto-injectors by
- 14 his or her supervising physician, or (iii) an advanced practice
- 15 nurse who has a collaborative agreement with a collaborating
- physician that delegates authority to issue a standing protocol
- for asthma medications or epinephrine auto-injectors.
- 18 "Trained personnel" means any school employee or volunteer
- 19 personnel authorized in Sections 10-22.34, 10-22.34a, and
- 20 10-22.34b of this Code who has completed training under
- 21 subsection (g) of this Section to recognize and respond to
- 22 anaphylaxis.
- "Undesignated dose of an opioid antidote" means a dose of
- 24 <u>naloxone hydrochloride or any other similarly acting and</u>
- 25 equally safe drug approved by the U.S. Food and Drug
- Administration, prescribed in the name of a school district,

## public school, or nonpublic school.

"Undesignated epinephrine auto-injector" means an epinephrine auto-injector prescribed in the name of a school district, public school, or nonpublic school.

- (b) A school, whether public or nonpublic, must permit the self-administration and self-carry of asthma medication by a pupil with asthma or the self-administration and self-carry of an epinephrine auto-injector by a pupil, provided that:
  - (1) the parents or guardians of the pupil provide to the school (i) written authorization from the parents or guardians for (A) the self-administration and self-carry of asthma medication or (B) the self-carry of asthma medication or (ii) for (A) the self-administration and self-carry of an epinephrine auto-injector or (B) the self-carry of an epinephrine auto-injector, written authorization from the pupil's physician, physician assistant, or advanced practice nurse; and
  - (2) the parents or guardians of the pupil provide to the school (i) the prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered, or (ii) for the self-administration or self-carry of an epinephrine auto-injector, a written statement from the pupil's physician, physician assistant, or advanced practice nurse containing the following information:

1	(A)	the	name	and	purpose	of	the	epinephrine
2	auto-inj	ector	;					

- (B) the prescribed dosage; and
- (C) the time or times at which or the special circumstances under which the epinephrine auto-injector is to be administered.
- The information provided shall be kept on file in the office of the school nurse or, in the absence of a school nurse, the school's administrator.
  - (b-5) A school district, public school, or nonpublic school may authorize the provision of a student-specific or undesignated epinephrine auto-injector to a student or any personnel authorized under a student's Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, or plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 to administer an epinephrine auto-injector to the student, that meets the student's prescription on file.
  - (b-10) The school district, public school, or nonpublic school may authorize a school nurse or trained personnel to do the following: (i) provide an undesignated epinephrine auto-injector to a student for self-administration only or any personnel authorized under a student's Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, or plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 to administer to the

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student, that meets the student's prescription on file; (ii) administer an undesignated epinephrine auto-injector that meets the prescription on file to any student who has an Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, or plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 that authorizes the use of an epinephrine auto-injector; and (iii) administer an undesignated epinephrine auto-injector to any person that the school nurse or trained personnel in good faith believes is having an anaphylactic reaction; and (iv) administer an undesignated dose of an opioid antidote to any person that the school nurse or trained personnel in good faith believes is having an opioid overdose.

(c) The school district, public school, or nonpublic school must inform the parents or quardians of the pupil, in writing, that the school district, public school, or nonpublic school and its employees and agents, including a physician, physician assistant, or advanced practice nurse providing standing protocol prescription for school epinephrine or а and including a health care professional auto-injectors providing a prescription for or dispensation of doses of an opioid antidote, are to incur no liability or professional discipline, except for willful and wanton conduct, as a result of any injury arising from the administration of asthma medication, or of an epinephrine auto-injector, or a dose of an opioid antidote regardless of whether authorization was given

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by the pupil's parents or quardians or by the pupil's physician, physician assistant, or advanced practice nurse, or health care professional. The parents or guardians of the pupil must sign a statement acknowledging that the school district, public school, or nonpublic school and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the administration of asthma medication, or of an epinephrine auto-injector, or a dose of an opioid antidote regardless of whether authorization was given by the pupil's parents or quardians or by the pupil's physician, physician assistant, or advanced practice nurse, or health care professional and that the parents or quardians must indemnify and hold harmless the school district, public school, or nonpublic school and its employees and agents against any claims, except a claim based willful and wanton conduct, arising out administration of asthma medication, or of an epinephrine auto-injector, or a dose of an opioid antidote regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice nurse, or health care professional.

(c-5) When Upon the effective date of this amendatory Act of the 98th General Assembly, when a school nurse or trained personnel administers an undesignated epinephrine auto-injector to a person whom the school nurse or trained personnel in good faith believes is having an anaphylactic

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reaction or administers a dose of an opioid antidote to a person whom the school nurse or trained personnel in good faith believes is having an opioid overdose, notwithstanding the lack of notice to the parents or quardians of the pupil or the absence of the parents or quardians signed statement acknowledging no liability, except for willful and wanton conduct, the school district, public school, or nonpublic school and its employees and agents, and a physician, a physician assistant, or an advanced practice nurse providing standing protocol or а prescription for undesignated epinephrine auto-injectors or a health care professional providing a prescription for or dispensation of undesignated doses of an opioid antidote, are to incur no liability or professional discipline, except for willful and conduct, as a result of any injury arising from the use of an undesignated epinephrine auto-injector or the use of an undesignated dose of an opioid antidote regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice nurse, or health care professional.

(d) The permission for self-administration and self-carry of asthma medication or the self-administration and self-carry of an epinephrine auto-injector is effective for the school year for which it is granted and shall be renewed each subsequent school year upon fulfillment of the requirements of this Section.

- (e) Provided that the requirements of this Section are fulfilled, a pupil with asthma may self-administer and self-carry his or her asthma medication or a pupil may self-administer and self-carry an epinephrine auto-injector (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, such as while in before-school or after-school care on school-operated property.
- (e-5) Provided that the requirements of this Section are fulfilled, a school nurse or trained personnel may administer an undesignated epinephrine auto-injector to any person whom the school nurse or trained personnel in good faith believes to be having an anaphylactic reaction (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, such as while in before-school or after-school care on school-operated property. A school nurse or trained personnel may carry undesignated epinephrine auto-injectors on his or her person while in school or at a school-sponsored activity.
- (e-10) Provided that the requirements of this Section are fulfilled, a school nurse or trained personnel may administer an undesignated dose of an opioid antidote to any person whom the school nurse or trained personnel in good faith believes to be having an opioid overdose (i) while in school, (ii) while at

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of school personnel, or (iv) before or after normal school

activities, such as while in before-school or after-school care

on school-operated property. A school nurse or trained

personnel may carry an undesignated dose of an opioid antidote

on his or her person while in school or at a school-sponsored

activity.

(f) The school district, public school, or nonpublic school maintain supply of undesignated mav а epinephrine auto-injectors in any secure location where an allergic person is most at risk, including, but not limited to, classrooms and lunchrooms. A physician, a physician assistant who has been delegated prescriptive authority for asthma medication or epinephrine auto-injectors in accordance with Section 7.5 of the Physician Assistant Practice Act of 1987, or an advanced practice nurse who has been delegated prescriptive authority asthma medication or epinephrine auto-injectors accordance with Section 65-40 of the Nurse Practice Act may prescribe undesignated epinephrine auto-injectors in the name of the school district, public school, or nonpublic school to be maintained for use when necessary. Any supply of epinephrine auto-injectors shall be maintained in accordance with the manufacturer's instructions.

The school district, public school, or nonpublic school may maintain a supply of undesignated doses of an opioid antidote in any secure location where an individual may have an opioid

overdose. A health care professional who has been delegated prescriptive authority for an opioid antidote in accordance with Section 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act may prescribe a supply of undesignated doses of an opioid antidote in the name of the school district, public school, or nonpublic school, to be maintained for use when necessary. Any supply of an opioid antidote must be maintained in accordance with the manufacturer's instructions.

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

Upon any administration of a dose of an opioid antidote, a school district, public school, or nonpublic school must immediately activate the EMS system and notify the student's parent, quardian, or emergency contact, if known.

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

Within 24 hours after the administration of an undesignated dose of an opioid antidote, a school district, public school, or nonpublic school must notify the health care professional who provided the prescription for or dispensation of the supply

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of undesignated doses of an opioid antidote of the opioid antidote's use.

Prior to the administration of an undesignated epinephrine auto-injector, trained personnel must submit to his or her school's administration proof of completion of a training curriculum to recognize and respond to anaphylaxis that meets the requirements of subsection (h) of this Section. Training must be completed annually. Trained personnel must also submit to his or her school's administration proof of cardiopulmonary resuscitation and automated external defibrillator certification. The school district, school, or nonpublic school must maintain records related to the training curriculum and trained personnel.

Prior to the administration of an undesignated dose of an opioid antidote, trained personnel must submit to the school's administration proof of completion of a training curriculum to recognize and respond to an opioid overdose, which curriculum must meet the requirements of subsection (h-5) of this Section. Training must be completed annually. Trained personnel must also submit to the school's administration proof of cardiopulmonary resuscitation and automated external defibrillator certification. The school district, public school, or nonpublic school must maintain records relating to the training curriculum and the trained personnel.

(h) A training curriculum to recognize and respond to anaphylaxis, including the administration of an undesignated

1	epinephrine	auto-injector,	may	be	conducted	online	or	in
2	person. It m	ust include, but	is not	t lin	mited to:			

- (1) how to recognize symptoms of an allergic reaction;
- 4 (2) a review of high-risk areas within the school and its related facilities:
  - (3) steps to take to prevent exposure to allergens;
- 7 (4) how to respond to an emergency involving an allergic reaction;
  - (5) how to administer an epinephrine auto-injector;
  - (6) how to respond to a student with a known allergy as well as a student with a previously unknown allergy;
  - (7) a test demonstrating competency of the knowledge required to recognize anaphylaxis and administer an epinephrine auto-injector; and
  - (8) other criteria as determined in rules adopted pursuant to this Section.

In consultation with statewide professional organizations representing physicians licensed to practice medicine in all of its branches, registered nurses, and school nurses, the <u>State</u> Board <u>of Education</u> shall make available resource materials consistent with criteria in this subsection (h) for educating trained personnel to recognize and respond to anaphylaxis. The <u>State</u> Board may take into consideration the curriculum on this subject developed by other states, as well as any other curricular materials suggested by medical experts and other groups that work on life-threatening allergy issues. The <u>State</u>

1	Board is not required to create new resource materials. The
2	State Board shall make these resource materials available on
3	its Internet website.
4	(h-5) A training curriculum to recognize and respond to an
5	opioid overdose, including the administration of an
6	undesignated dose of an opioid antidote, may be conducted
7	online or in person. It must include, but is not limited to,
8	the following:
9	(1) how to recognize symptoms of an opioid overdose;
10	(2) information on drug overdose prevention and
11	recognition;
12	(3) how to perform rescue breathing and resuscitation;
13	(4) how to respond to an emergency involving an opioid
14	<pre>overdose;</pre>
15	(5) opioid antidote dosage and administration;
16	(6) the importance of calling 9-1-1;
17	(7) care for the overdose victim after administration
18	of the overdose antidote;
19	(8) a test demonstrating competency of the knowledge
20	required to recognize an opioid overdose and administer a
21	dose of an opioid antidote; and
22	(9) other criteria as determined in rules adopted
23	pursuant to this Section.
24	(i) Within 3 days after the administration of an
25	undesignated epinephrine auto-injector by a school nurse,

trained personnel, or a student at a school or school-sponsored

1	activity, the school must report to the <u>State</u> Board <u>of</u>
2	Education in a form and manner prescribed by the State Board
3	the following information:
4	(1) age and type of person receiving epinephrine
5	(student, staff, visitor);
6	(2) any previously known diagnosis of a severe allergy;
7	(3) trigger that precipitated allergic episode;
8	(4) location where symptoms developed;
9	(5) number of doses administered;
10	(6) type of person administering epinephrine (school
11	nurse, trained personnel, student); and
12	(7) any other information required by the <u>State</u> Board.
13	(i-5) Within 3 days after the administration of an
14	undesignated dose of an opioid antidote by a school nurse or
15	trained personnel, the school must report to the State Board of
16	Education, in a form and manner prescribed by the State Board,
17	the following information:
18	(1) the age and type of person receiving the dose of an
19	opioid antidote (student, staff, or visitor);
20	(2) the location where symptoms developed;
21	(3) the type of person administering the dose of an
22	opioid antidote (school nurse or trained personnel); and
23	(4) any other information required by the State Board.
24	(j) By October 1, 2015 and every year thereafter, the $\underline{\text{State}}$
25	Board of Education shall submit a report to the General
26	Assembly identifying the frequency and circumstances of

- 1 epinephrine administration during the preceding academic year.
- 2 This report shall be published on the State Board's Internet
- 3 website on the date the report is delivered to the General
- 4 Assembly.
- 5 On or before October 1, 2016 and every year thereafter, the
- 6 State Board of Education shall submit a report to the General
- 7 Assembly identifying the frequency and circumstances of opioid
- 8 antidote administration during the preceding school year. This
- 9 report must be published on the State Board's Internet website
- on the date the report is submitted to the General Assembly.
- 11 (k) The State Board of Education may adopt rules necessary
- 12 to implement this Section.
- 13 (Source: P.A. 97-361, eff. 8-15-11; 98-795, eff. 8-1-14.)