

AN ACT concerning education.

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

Section 5. The School Code is amended by adding Sections 10-20.85 and 34-18.82 and by changing Section 10-22.39 as follows:

(105 ILCS 5/10-20.85 new)

Sec. 10-20.85. Trauma kit.

(a) In this Section, "trauma kit" means a first aid response kit that contains, at a minimum, all of the following:

(1) One tourniquet endorsed by the Committee on Tactical Combat Casualty Care.

(2) One compression bandage.

(3) One hemostatic bleeding control dressing endorsed by the Committee on Tactical Combat Casualty Care.

(4) Protective gloves and a marker.

(5) Scissors.

(6) Instructional documents developed by the Stop the Bleed national awareness campaign of the United States Department of Homeland Security or the American College of Surgeons' Committee on Trauma, or both.

(7) Any other medical materials or equipment similar

to those described in paragraphs (1) through (3) or any other items that (i) are approved by a local law enforcement agency or first responders, (ii) can adequately treat a traumatic injury, and (iii) can be stored in a readily available kit.

(b) Each school district may maintain an on-site trauma kit at each school of the district for bleeding emergencies.

(c) Products purchased for the trauma kit, including those products endorsed by the Committee on Tactical Combat Casualty Care, shall, whenever possible, be manufactured in the United States.

(105 ILCS 5/10-22.39)

Sec. 10-22.39. In-service training programs.

(a) To conduct in-service training programs for teachers.

(b) In addition to other topics at in-service training programs, at least once every 2 years, licensed school personnel and administrators who work with pupils in kindergarten through grade 12 shall be trained to identify the warning signs of mental illness, trauma, and suicidal behavior in youth and shall be taught appropriate intervention and referral techniques. A school district may utilize the Illinois Mental Health First Aid training program, established under the Illinois Mental Health First Aid Training Act and administered by certified instructors trained by a national association recognized as an authority in behavioral health,

to provide the training and meet the requirements under this subsection. If licensed school personnel or an administrator obtains mental health first aid training outside of an in-service training program, he or she may present a certificate of successful completion of the training to the school district to satisfy the requirements of this subsection.

Training regarding the implementation of trauma-informed practices satisfies the requirements of this subsection (b).

A course of instruction as described in this subsection (b) may provide information that is relevant to and within the scope of the duties of licensed school personnel or school administrators. Such information may include, but is not limited to:

(1) the recognition of and care for trauma in students and staff;

(2) the relationship between educator wellness and student learning;

(3) the effect of trauma on student behavior and learning;

(4) the prevalence of trauma among students, including the prevalence of trauma among student populations at higher risk of experiencing trauma;

(5) the effects of implicit or explicit bias on recognizing trauma among various student groups in connection with race, ethnicity, gender identity, sexual

orientation, socio-economic status, and other relevant factors; and

(6) effective district practices that are shown to:

(A) prevent and mitigate the negative effect of trauma on student behavior and learning; and

(B) support the emotional wellness of staff.

(c) School counselors, nurses, teachers and other school personnel who work with pupils may be trained to have a basic knowledge of matters relating to acquired immunodeficiency syndrome (AIDS), including the nature of the disease, its causes and effects, the means of detecting it and preventing its transmission, and the availability of appropriate sources of counseling and referral, and any other information that may be appropriate considering the age and grade level of such pupils. The School Board shall supervise such training. The State Board of Education and the Department of Public Health shall jointly develop standards for such training.

(d) In this subsection (d):

"Domestic violence" means abuse by a family or household member, as "abuse" and "family or household members" are defined in Section 103 of the Illinois Domestic Violence Act of 1986.

"Sexual violence" means sexual assault, abuse, or stalking of an adult or minor child proscribed in the Criminal Code of 1961 or the Criminal Code of 2012 in Sections 11-1.20, 11-1.30, 11-1.40, 11-1.50, 11-1.60, 12-7.3, 12-7.4, 12-7.5,

12-12, 12-13, 12-14, 12-14.1, 12-15, and 12-16, including sexual violence committed by perpetrators who are strangers to the victim and sexual violence committed by perpetrators who are known or related by blood or marriage to the victim.

At least once every 2 years, an in-service training program for school personnel who work with pupils, including, but not limited to, school and school district administrators, teachers, school social workers, school counselors, school psychologists, and school nurses, must be conducted by persons with expertise in domestic and sexual violence and the needs of expectant and parenting youth and shall include training concerning (i) communicating with and listening to youth victims of domestic or sexual violence and expectant and parenting youth, (ii) connecting youth victims of domestic or sexual violence and expectant and parenting youth to appropriate in-school services and other agencies, programs, and services as needed, and (iii) implementing the school district's policies, procedures, and protocols with regard to such youth, including confidentiality. At a minimum, school personnel must be trained to understand, provide information and referrals, and address issues pertaining to youth who are parents, expectant parents, or victims of domestic or sexual violence.

(e) At least every 2 years, an in-service training program for school personnel who work with pupils must be conducted by persons with expertise in anaphylactic reactions and

management.

(f) At least once every 2 years, a school board shall conduct in-service training on educator ethics, teacher-student conduct, and school employee-student conduct for all personnel.

(g) At least once every 2 years, a school board shall conduct in-service training for all school district employees on the methods to respond to trauma. The training must include instruction on how to respond to an incident involving life-threatening bleeding and, if applicable, how to use a school's trauma kit. A school board may satisfy the training requirements under this subsection by using the training, including online training, available from the American College of Surgeons or any other similar organization.

School district employees who are trained to respond to trauma pursuant to this subsection (g) shall be immune from civil liability in the use of a trauma kit unless the action constitutes willful or wanton misconduct.

(Source: P.A. 101-350, eff. 1-1-20; 102-197, eff. 7-30-21; 102-638, eff. 1-1-23; 102-813, eff. 5-13-22.)

(105 ILCS 5/34-18.82 new)

Sec. 34-18.82. Trauma kit; trauma response training.

(a) In this Section, "trauma kit" means a first aid response kit that contains, at a minimum, all of the following:

(1) One tourniquet endorsed by the Committee on Tactical Combat Casualty Care.

(2) One compression bandage.

(3) One hemostatic bleeding control dressing endorsed by the Committee on Tactical Combat Casualty Care.

(4) Protective gloves and a marker.

(5) Scissors.

(6) Instructional documents developed by the Stop the Bleed national awareness campaign of the United States Department of Homeland Security or the American College of Surgeons' Committee on Trauma, or both.

(7) Any other medical materials or equipment similar to those described in paragraphs (1) through (3) or any other items that (i) are approved by a local law enforcement agency or first responders, (ii) can adequately treat a traumatic injury, and (iii) can be stored in a readily available kit.

(b) The school district may maintain an on-site trauma kit at each school for bleeding emergencies.

(c) Products purchased for the trauma kit, including those products endorsed by the Committee on Tactical Combat Casualty Care, shall, whenever possible, be manufactured in the United States.

(d) At least once every 2 years, the board shall conduct in-service training for all school district employees on the methods to respond to trauma. The training must include

instruction on how to respond to an incident involving life-threatening bleeding and, if applicable, how to use a school's trauma kit. The board may satisfy the training requirements under this subsection by using the training, including online training, available from the American College of Surgeons or any other similar organization.

School district employees who are trained to respond to trauma pursuant to this subsection (d) shall be immune from civil liability in the use of a trauma kit unless the action constitutes willful or wanton misconduct.

Section 99. Effective date. This Act takes effect upon becoming law.