TO: The Honorable William E. Brady, Senate Minority Leader  
The Honorable John J. Cullerton, Senate President  
The Honorable Jim Durkin, House Minority Leader  
The Honorable Michael J. Madigan, Speaker of the House  
The Honorable JB Pritzker, Governor

FROM: Dr. Carmen I. Ayala  
State Superintendent of Education

DATE: September 30, 2019

SUBJECT: The Program and Administration of Undesignated Asthma Medication Report, School Year 2018-19

On behalf of the Illinois State Board of Education, which is required under Section 22-30 of the Illinois School Code [105 ILCS 5/22-30] to issue this report, I am pleased to submit “The Program and Administration of Undesignated Asthma Medication Report, School Year 2018-19.” This report summarizes the administration of undesignated asthma medication as reported to the Illinois State Board of Education during the 2018-19 school year.

A summary of the major findings:

- There were four reports of school undesignated asthma medication administration during the 2018-19 school year.

- Three of the reports came from one district.

cc: Tim Anderson, Secretary of the Senate  
John W. Hollman, Clerk of the House  
Legislative Research Unit  
State Government Report Center
The Administration of Undesignated Asthma Medication Report 2018-19

Illinois State Board of Education
Wellness Department
September 2019

Darren Reisberg
Chairman of the Board

Dr. Carmen I. Ayala
State Superintendent of Education
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Foreword

The administration from a stock supply of asthma medication to persons who may be experiencing respiratory distress is permitted by Illinois School Code (105 ILCS 5/22-30). Public Act 100-0726 requires a report form to be provided to the Illinois State Board of Education (ISBE) by each Illinois public and nonpublic school that administers a dose under this Act. This report is to be provided to ISBE within three days of the incident that necessitated use of the antidote drug.

This report document is a compilation of data on the frequency and circumstances of undesignated asthma medication administration during the preceding academic year. Inquiries regarding this report may be directed to Rebecca Doran in the Wellness Department at (217)782-5270.

Background

Any Illinois school may obtain a medical order for quick relief asthma medication including albuterol or other short-acting, bronchodilators delivered through a metered dose inhaler with a reusable or disposable spacer or a nebulizer with a mouthpiece or mask. Schools may maintain a supply of the drug and have trained personnel to recognize and respond to a person experiencing respiratory distress. By October 1 every year, the Board shall submit an annual report to the General Assembly and publish the report online on the same day of its submission. This report summarizes the data reported to ISBE during the 2018-19 school year.

Methodology

Data collection instruments and procedures used by schools to report data on the use of an asthma medication are in accordance with the formal rules process (https://www.isbe.net/Documents/ONEARK.pdf).

The 2018-19 data collection was conducted using the form “Undesignated Asthma Medication Reporting Form” (ISBE 34-22) https://www.isbe.net/Documents/34-22-undesignated-asthma-medication-rptg.pdf

Schools were to email the forms to asthmamed@isbe.net, which is an email account accessible by Data Analysis, and Wellness staff.

Limitations

The enforcement of the reporting requirement of this Act pertains to the 2018-19 school year and ended June 30, 2019.

- The validity of the data reported is subject to the limitations of the first data collection round.
This year being first year of data collection and effective date of the Act Jan. 1, 2019.

**School Year 2018-19 Results**

During 2018-19 school year, there were four (4) reports of school undesignated asthma medication administration in the state. Each of the 4 reports were administered to students. Medication was administered to children 7, 7, 11, & 12 years of age. Of the four reports only one indicated a previous diagnosis of asthma in which that child did have an asthma action plan in place. A Registered Nurse administered the medication in each reported incident, and the student’s health care provider was notified in each situation. Reportedly one student was taken to the Primary Care Provider’s office to be evaluated.

Medication was administered by a dose inhaler in all cases. A spacer was used for one student. One district reported three incidents, each in a different building and the other report came from a different district. Dates of reported use were 2 in March and 2 in May. All occurrences were in the morning hours, the earliest being 9:53 a.m. and the latest being 11:45 a.m.; one location identified as being on the playground, two locations being named within the school.