

1 AN ACT concerning education.

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; administration of
9 undesignated epinephrine injectors; administration of an
10 opioid antagonist; administration of undesignated asthma
11 medication; supply of undesignated oxygen tanks; asthma
12 episode emergency response protocol.

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

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

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

1 tightness, or breathing difficulty.

2 "Epinephrine injector" includes an auto-injector approved
3 by the United States Food and Drug Administration for the
4 administration of epinephrine and a pre-filled syringe
5 approved by the United States Food and Drug Administration and
6 used for the administration of epinephrine that contains a
7 pre-measured dose of epinephrine that is equivalent to the
8 dosages used in an auto-injector.

9 "Asthma medication" means quick-relief asthma medication,
10 including albuterol or other short-acting bronchodilators,
11 that is approved by the United States Food and Drug
12 Administration for the treatment of respiratory distress.
13 "Asthma medication" includes medication delivered through a
14 device, including a metered dose inhaler with a reusable or
15 disposable spacer or a nebulizer with a mouthpiece or mask.

16 "Athletic trainer" means a licensed athletic trainer hired
17 by or contracted by a school district or the governing body of
18 a charter school or nonpublic school to aid a school in the
19 evaluation, prevention, or physical reconditioning of injuries
20 and the management of asthma, the prevention of asthma
21 symptoms, and emergency asthma response in a school setting.

22 "Coach" means a volunteer or employee of a school who is
23 responsible for organizing and supervising students to teach
24 or train them in the fundamental skills of an interscholastic
25 athletic activity. "Coach" refers to both a head coach and an
26 assistant coach.

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

6 "Respiratory distress" means the perceived or actual
7 presence of wheezing, coughing, shortness of breath, chest
8 tightness, breathing difficulty, or any other symptoms
9 consistent with asthma. Respiratory distress may be
10 categorized as "mild-to-moderate" or "severe".

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

13 "Self-administration" means a pupil's discretionary use of
14 his or her prescribed asthma medication or epinephrine
15 injector.

16 "Self-carry" means a pupil's ability to carry his or her
17 prescribed asthma medication or epinephrine injector.

18 "Standing protocol" may be issued by (i) a physician
19 licensed to practice medicine in all its branches, (ii) a
20 licensed physician assistant with prescriptive authority, or
21 (iii) a licensed advanced practice registered nurse with
22 prescriptive authority.

23 "Trained personnel" means any school employee, coach,
24 athletic trainer, or volunteer personnel authorized in
25 Sections 10-22.34, 10-22.34a, and 10-22.34b of this Code who
26 has completed training under subsection (g) of this Section to

1 recognize and respond to anaphylaxis, an opioid overdose, or
2 respiratory distress.

3 "Undesignated asthma medication" means asthma medication
4 prescribed in the name of a school district, public school,
5 charter school, or nonpublic school.

6 "Undesignated epinephrine injector" means an epinephrine
7 injector prescribed in the name of a school district, public
8 school, charter school, or nonpublic school.

9 (b) A school, whether public, charter, or nonpublic, must
10 permit the self-administration and self-carry of asthma
11 medication by a pupil with asthma or the self-administration
12 and self-carry of an epinephrine injector by a pupil, provided
13 that:

14 (1) the parents or guardians of the pupil provide to
15 the school (i) written authorization from the parents or
16 guardians for (A) the self-administration and self-carry
17 of asthma medication or (B) the self-carry of asthma
18 medication or (ii) for (A) the self-administration and
19 self-carry of an epinephrine injector or (B) the
20 self-carry of an epinephrine injector, written
21 authorization from the pupil's physician, physician
22 assistant, or advanced practice registered nurse; and

23 (2) the parents or guardians of the pupil provide to
24 the school (i) the prescription label, which must contain
25 the name of the asthma medication, the prescribed dosage,
26 and the time at which or circumstances under which the

1 asthma medication is to be administered, or (ii) for the
2 self-administration or self-carry of an epinephrine
3 injector, a written statement from the pupil's physician,
4 physician assistant, or advanced practice registered nurse
5 containing the following information:

6 (A) the name and purpose of the epinephrine
7 injector;

8 (B) the prescribed dosage; and

9 (C) the time or times at which or the special
10 circumstances under which the epinephrine injector is
11 to be administered.

12 The information provided shall be kept on file in the office of
13 the school nurse or, in the absence of a school nurse, the
14 school's administrator.

15 (b-5) A school district, public school, charter school, or
16 nonpublic school may authorize the provision of a
17 student-specific or undesignated epinephrine injector to a
18 student or any personnel authorized under a student's
19 Individual Health Care Action Plan, allergy emergency action
20 plan, or plan pursuant to Section 504 of the federal
21 Rehabilitation Act of 1973 to administer an epinephrine
22 injector to the student, that meets the student's prescription
23 on file.

24 (b-10) The school district, public school, charter school,
25 or nonpublic school may authorize a school nurse or trained
26 personnel to do the following: (i) provide an undesignated

1 epinephrine injector to a student for self-administration only
2 or any personnel authorized under a student's Individual
3 Health Care Action Plan, allergy emergency action plan, plan
4 pursuant to Section 504 of the federal Rehabilitation Act of
5 1973, or individualized education program plan to administer
6 to the student that meets the student's prescription on file;
7 (ii) administer an undesignated epinephrine injector that
8 meets the prescription on file to any student who has an
9 Individual Health Care Action Plan, allergy emergency action
10 plan, plan pursuant to Section 504 of the federal
11 Rehabilitation Act of 1973, or individualized education
12 program plan that authorizes the use of an epinephrine
13 injector; (iii) administer an undesignated epinephrine
14 injector to any person that the school nurse or trained
15 personnel in good faith believes is having an anaphylactic
16 reaction; (iv) administer an opioid antagonist to any person
17 that the school nurse or trained personnel in good faith
18 believes is having an opioid overdose; (v) provide
19 undesignated asthma medication to a student for
20 self-administration only or to any personnel authorized under
21 a student's Individual Health Care Action Plan or asthma
22 action plan, plan pursuant to Section 504 of the federal
23 Rehabilitation Act of 1973, or individualized education
24 program plan to administer to the student that meets the
25 student's prescription on file; (vi) administer undesignated
26 asthma medication that meets the prescription on file to any

1 student who has an Individual Health Care Action Plan or
2 asthma action plan, plan pursuant to Section 504 of the
3 federal Rehabilitation Act of 1973, or individualized
4 education program plan that authorizes the use of asthma
5 medication; and (vii) administer undesignated asthma
6 medication to any person that the school nurse or trained
7 personnel believes in good faith is having respiratory
8 distress.

9 (c) The school district, public school, charter school, or
10 nonpublic school must inform the parents or guardians of the
11 pupil, in writing, that the school district, public school,
12 charter school, or nonpublic school and its employees and
13 agents, including a physician, physician assistant, or
14 advanced practice registered nurse providing standing protocol
15 and a prescription for school epinephrine injectors, an opioid
16 antagonist, or undesignated asthma medication, are to incur no
17 liability or professional discipline, except for willful and
18 wanton conduct, as a result of any injury arising from the
19 administration of asthma medication, an epinephrine injector,
20 or an opioid antagonist regardless of whether authorization
21 was given by the pupil's parents or guardians or by the pupil's
22 physician, physician assistant, or advanced practice
23 registered nurse. The parents or guardians of the pupil must
24 sign a statement acknowledging that the school district,
25 public school, charter school, or nonpublic school and its
26 employees and agents are to incur no liability, except for

1 willful and wanton conduct, as a result of any injury arising
2 from the administration of asthma medication, an epinephrine
3 injector, or an opioid antagonist regardless of whether
4 authorization was given by the pupil's parents or guardians or
5 by the pupil's physician, physician assistant, or advanced
6 practice registered nurse and that the parents or guardians
7 must indemnify and hold harmless the school district, public
8 school, charter school, or nonpublic school and its employees
9 and agents against any claims, except a claim based on willful
10 and wanton conduct, arising out of the administration of
11 asthma medication, an epinephrine injector, or an opioid
12 antagonist regardless of whether authorization was given by
13 the pupil's parents or guardians or by the pupil's physician,
14 physician assistant, or advanced practice registered nurse.

15 (c-5) When a school nurse or trained personnel administers
16 an undesignated epinephrine injector to a person whom the
17 school nurse or trained personnel in good faith believes is
18 having an anaphylactic reaction, administers an opioid
19 antagonist to a person whom the school nurse or trained
20 personnel in good faith believes is having an opioid overdose,
21 or administers undesignated asthma medication to a person whom
22 the school nurse or trained personnel in good faith believes
23 is having respiratory distress, notwithstanding the lack of
24 notice to the parents or guardians of the pupil or the absence
25 of the parents or guardians signed statement acknowledging no
26 liability, except for willful and wanton conduct, the school

1 district, public school, charter school, or nonpublic school
2 and its employees and agents, and a physician, a physician
3 assistant, or an advanced practice registered nurse providing
4 standing protocol and a prescription for undesignated
5 epinephrine injectors, an opioid antagonist, or undesignated
6 asthma medication, are to incur no liability or professional
7 discipline, except for willful and wanton conduct, as a result
8 of any injury arising from the use of an undesignated
9 epinephrine injector, the use of an opioid antagonist, or the
10 use of undesignated asthma medication, regardless of whether
11 authorization was given by the pupil's parents or guardians or
12 by the pupil's physician, physician assistant, or advanced
13 practice registered nurse.

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

20 (e) Provided that the requirements of this Section are
21 fulfilled, a pupil with asthma may self-administer and
22 self-carry his or her asthma medication or a pupil may
23 self-administer and self-carry an epinephrine injector (i)
24 while in school, (ii) while at a school-sponsored activity,
25 (iii) while under the supervision of school personnel, or (iv)
26 before or after normal school activities, such as while in

1 before-school or after-school care on school-operated property
2 or while being transported on a school bus.

3 (e-5) Provided that the requirements of this Section are
4 fulfilled, a school nurse or trained personnel may administer
5 an undesignated epinephrine injector to any person whom the
6 school nurse or trained personnel in good faith believes to be
7 having an anaphylactic reaction (i) while in school, (ii)
8 while at a school-sponsored activity, (iii) while under the
9 supervision of school personnel, or (iv) before or after
10 normal school activities, such as while in before-school or
11 after-school care on school-operated property or while being
12 transported on a school bus. A school nurse or trained
13 personnel may carry undesignated epinephrine injectors on his
14 or her person while in school or at a school-sponsored
15 activity.

16 (e-10) Provided that the requirements of this Section are
17 fulfilled, a school nurse or trained personnel may administer
18 an opioid antagonist to any person whom the school nurse or
19 trained personnel in good faith believes to be having an
20 opioid overdose (i) while in school, (ii) while at a
21 school-sponsored activity, (iii) while under the supervision
22 of school personnel, or (iv) before or after normal school
23 activities, such as while in before-school or after-school
24 care on school-operated property. A school nurse or trained
25 personnel may carry an opioid antagonist on his or her person
26 while in school or at a school-sponsored activity.

1 (e-15) If the requirements of this Section are met, a
2 school nurse or trained personnel may administer undesignated
3 asthma medication to any person whom the school nurse or
4 trained personnel in good faith believes to be experiencing
5 respiratory distress (i) while in school, (ii) while at a
6 school-sponsored activity, (iii) while under the supervision
7 of school personnel, or (iv) before or after normal school
8 activities, including before-school or after-school care on
9 school-operated property. A school nurse or trained personnel
10 may carry undesignated asthma medication on his or her person
11 while in school or at a school-sponsored activity.

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

1 The school district, public school, charter school, or
2 nonpublic school shall maintain a supply of an opioid
3 antagonist in any secure location where an individual may have
4 an opioid overdose, unless there is a shortage of opioid
5 antagonists, in which case the school district, public school,
6 charter school, or nonpublic school shall make a reasonable
7 effort to maintain a supply of an opioid antagonist. Unless
8 the school district, public school, charter school, or
9 nonpublic school is able to obtain opioid antagonists without
10 a prescription, a health care professional who has been
11 delegated prescriptive authority for opioid antagonists in
12 accordance with Section 5-23 of the Substance Use Disorder Act
13 shall prescribe opioid antagonists in the name of the school
14 district, public school, charter school, or nonpublic school,
15 to be maintained for use when necessary. Any supply of opioid
16 antagonists shall be maintained in accordance with the
17 manufacturer's instructions.

18 The school district, public school, charter school, or
19 nonpublic school may maintain a supply of asthma medication in
20 any secure location that is accessible before, during, or
21 after school where a person is most at risk, including, but not
22 limited to, a classroom, ~~or~~ the nurse's office, or a practice
23 field or gym. A physician, a physician assistant who has
24 prescriptive authority under Section 7.5 of the Physician
25 Assistant Practice Act of 1987, or an advanced practice
26 registered nurse who has prescriptive authority under Section

1 65-40 of the Nurse Practice Act may prescribe undesignated
2 asthma medication in the name of the school district, public
3 school, charter school, or nonpublic school to be maintained
4 for use when necessary. Any supply of undesignated asthma
5 medication must be maintained in accordance with the
6 manufacturer's instructions.

7 A school district that provides special educational
8 facilities for children with disabilities under Section
9 14-4.01 of this Code may maintain a supply of undesignated
10 oxygen tanks in any secure location that is accessible before,
11 during, and after school where a person with developmental
12 disabilities is most at risk, including, but not limited to,
13 classrooms and lunchrooms. A physician, a physician assistant
14 who has prescriptive authority in accordance with Section 7.5
15 of the Physician Assistant Practice Act of 1987, or an
16 advanced practice registered nurse who has prescriptive
17 authority in accordance with Section 65-40 of the Nurse
18 Practice Act may prescribe undesignated oxygen tanks in the
19 name of the school district that provides special educational
20 facilities for children with disabilities under Section
21 14-4.01 of this Code to be maintained for use when necessary.
22 Any supply of oxygen tanks shall be maintained in accordance
23 with the manufacturer's instructions and with the local fire
24 department's rules.

25 (f-3) Whichever entity initiates the process of obtaining
26 undesignated epinephrine injectors and providing training to

1 personnel for carrying and administering undesignated
2 epinephrine injectors shall pay for the costs of the
3 undesignated epinephrine injectors.

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

8 Upon any administration of an opioid antagonist, a school
9 district, public school, charter school, or nonpublic school
10 must immediately activate the EMS system and notify the
11 student's parent, guardian, or emergency contact, if known.

12 (f-10) Within 24 hours of the administration of an
13 undesignated epinephrine injector, a school district, public
14 school, charter school, or nonpublic school must notify the
15 physician, physician assistant, or advanced practice
16 registered nurse who provided the standing protocol and a
17 prescription for the undesignated epinephrine injector of its
18 use.

19 Within 24 hours after the administration of an opioid
20 antagonist, a school district, public school, charter school,
21 or nonpublic school must notify the health care professional
22 who provided the prescription for the opioid antagonist of its
23 use.

24 Within 24 hours after the administration of undesignated
25 asthma medication, a school district, public school, charter
26 school, or nonpublic school must notify the student's parent

1 or guardian or emergency contact, if known, and the physician,
2 physician assistant, or advanced practice registered nurse who
3 provided the standing protocol and a prescription for the
4 undesignated asthma medication of its use. The district or
5 school must follow up with the school nurse, if available, and
6 may, with the consent of the child's parent or guardian,
7 notify the child's health care provider of record, as
8 determined under this Section, of its use.

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

18 Prior to the administration of an opioid antagonist,
19 trained personnel must submit to the school's administration
20 proof of completion of a training curriculum to recognize and
21 respond to an opioid overdose, which curriculum must meet the
22 requirements of subsection (h-5) of this Section. The school
23 district, public school, charter school, or nonpublic school
24 must maintain records relating to the training curriculum and
25 the trained personnel.

26 Prior to the administration of undesignated asthma

1 medication, trained personnel must submit to the school's
2 administration proof of completion of a training curriculum to
3 recognize and respond to respiratory distress, which must meet
4 the requirements of subsection (h-10) of this Section.
5 Training must be completed annually, and the school district,
6 public school, charter school, or nonpublic school must
7 maintain records relating to the training curriculum and the
8 trained personnel.

9 (h) A training curriculum to recognize and respond to
10 anaphylaxis, including the administration of an undesignated
11 epinephrine injector, may be conducted online or in person.

12 Training shall include, but is not limited to:

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

15 (2) how to administer an epinephrine injector; and

16 (3) a test demonstrating competency of the knowledge
17 required to recognize anaphylaxis and administer an
18 epinephrine injector.

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

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

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

23 (C) emergency follow-up procedures, including the
24 importance of calling 9-1-1 or, if 9-1-1 is not available,
25 other local emergency medical services;

26 (D) how to respond to a student with a known allergy,

1 as well as a student with a previously unknown allergy;

2 (E) other criteria as determined in rules adopted
3 pursuant to this Section; and

4 (F) any policy developed by the State Board of
5 Education under Section 2-3.190.

6 In consultation with statewide professional organizations
7 representing physicians licensed to practice medicine in all
8 of its branches, registered nurses, and school nurses, the
9 State Board of Education shall make available resource
10 materials consistent with criteria in this subsection (h) for
11 educating trained personnel to recognize and respond to
12 anaphylaxis. The State Board may take into consideration the
13 curriculum on this subject developed by other states, as well
14 as any other curricular materials suggested by medical experts
15 and other groups that work on life-threatening allergy issues.
16 The State Board is not required to create new resource
17 materials. The State Board shall make these resource materials
18 available on its Internet website.

19 (h-5) A training curriculum to recognize and respond to an
20 opioid overdose, including the administration of an opioid
21 antagonist, may be conducted online or in person. The training
22 must comply with any training requirements under Section 5-23
23 of the Substance Use Disorder Act and the corresponding rules.
24 It must include, but is not limited to:

25 (1) how to recognize symptoms of an opioid overdose;

26 (2) information on drug overdose prevention and

1 recognition;

2 (3) how to perform rescue breathing and resuscitation;

3 (4) how to respond to an emergency involving an opioid
4 overdose;

5 (5) opioid antagonist dosage and administration;

6 (6) the importance of calling 9-1-1 or, if 9-1-1 is
7 not available, other local emergency medical services;

8 (7) care for the overdose victim after administration
9 of the overdose antagonist;

10 (8) a test demonstrating competency of the knowledge
11 required to recognize an opioid overdose and administer a
12 dose of an opioid antagonist; and

13 (9) other criteria as determined in rules adopted
14 pursuant to this Section.

15 (h-10) A training curriculum to recognize and respond to
16 respiratory distress, including the administration of
17 undesignated asthma medication, may be conducted online or in
18 person. The training must include, but is not limited to:

19 (1) how to recognize symptoms of respiratory distress
20 and how to distinguish respiratory distress from
21 anaphylaxis;

22 (2) how to respond to an emergency involving
23 respiratory distress;

24 (3) asthma medication dosage and administration;

25 (4) the importance of calling 9-1-1 or, if 9-1-1 is
26 not available, other local emergency medical services;

1 (5) a test demonstrating competency of the knowledge
2 required to recognize respiratory distress and administer
3 asthma medication; and

4 (6) other criteria as determined in rules adopted
5 under this Section.

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

12 (1) age and type of person receiving epinephrine
13 (student, staff, visitor);

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

16 (3) trigger that precipitated allergic episode;

17 (4) location where symptoms developed;

18 (5) number of doses administered;

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

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

22 If a school district, public school, charter school, or
23 nonpublic school maintains or has an independent contractor
24 providing transportation to students who maintains a supply of
25 undesigned epinephrine injectors, then the school district,
26 public school, charter school, or nonpublic school must report

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

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

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

14 (2) the location where symptoms developed;

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

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

18 (i-10) Within 3 days after the administration of
19 undesignated asthma medication by a school nurse, trained
20 personnel, or a student at a school or school-sponsored
21 activity, the school must report to the State Board of
22 Education, on a form and in a manner prescribed by the State
23 Board of Education, the following information:

24 (1) the age and type of person receiving the asthma
25 medication (student, staff, or visitor);

26 (2) any previously known diagnosis of asthma for the

1 person;

2 (3) the trigger that precipitated respiratory
3 distress, if identifiable;

4 (4) the location of where the symptoms developed;

5 (5) the number of doses administered;

6 (6) the type of person administering the asthma
7 medication (school nurse, trained personnel, or student);

8 (7) the outcome of the asthma medication
9 administration; and

10 (8) any other information required by the State Board.

11 (j) By October 1, 2015 and every year thereafter, the
12 State Board of Education shall submit a report to the General
13 Assembly identifying the frequency and circumstances of
14 undesignated epinephrine and undesignated asthma medication
15 administration during the preceding academic year. Beginning
16 with the 2017 report, the report shall also contain
17 information on which school districts, public schools, charter
18 schools, and nonpublic schools maintain or have independent
19 contractors providing transportation to students who maintain
20 a supply of undesignated epinephrine injectors. This report
21 shall be published on the State Board's Internet website on
22 the date the report is delivered to the General Assembly.

23 (j-5) Annually, each school district, public school,
24 charter school, or nonpublic school shall request an asthma
25 action plan from the parents or guardians of a pupil with
26 asthma. If provided, the asthma action plan must be kept on

1 file in the office of the school nurse or, in the absence of a
2 school nurse, the school administrator. Copies of the asthma
3 action plan may be distributed to appropriate school staff who
4 interact with the pupil on a regular basis, and, if
5 applicable, may be attached to the pupil's federal Section 504
6 plan or individualized education program plan.

7 (j-10) To assist schools with emergency response
8 procedures for asthma, the State Board of Education, in
9 consultation with statewide professional organizations with
10 expertise in asthma management and a statewide organization
11 representing school administrators, shall develop a model
12 asthma episode emergency response protocol before September 1,
13 2016. Each school district, charter school, and nonpublic
14 school shall adopt an asthma episode emergency response
15 protocol before January 1, 2017 that includes all of the
16 components of the State Board's model protocol.

17 (j-15) (Blank).

18 (j-20) On or before October 1, 2016 and every year
19 thereafter, the State Board of Education shall submit a report
20 to the General Assembly and the Department of Public Health
21 identifying the frequency and circumstances of opioid
22 antagonist administration during the preceding academic year.
23 This report shall be published on the State Board's Internet
24 website on the date the report is delivered to the General
25 Assembly.

26 (k) The State Board of Education may adopt rules necessary

1 to implement this Section.

2 (l) Nothing in this Section shall limit the amount of
3 epinephrine injectors that any type of school or student may
4 carry or maintain a supply of.

5 (m) The changes made to this Section by this amendatory
6 Act of the 104th General Assembly are subject to appropriation
7 or available grant funding.

8 (Source: P.A. 102-413, eff. 8-20-21; 102-813, eff. 5-13-22;
9 103-175, eff. 6-30-23; 103-196, eff. 1-1-24; 103-348, eff.
10 1-1-24; 103-542, eff. 7-1-24 (see Section 905 of P.A. 103-563
11 for effective date of P.A. 103-542); 103-605, eff. 7-1-24.)