

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.)