

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. Administration and carry of
8 ~~Self-administration and self-carry of asthma medication and~~
9 ~~epinephrine injectors; administration of undesignated~~
10 ~~epinephrine injectors; administration of an opioid antagonist;~~
11 ~~administration of undesignated asthma~~ medication; supply of
12 undesignated oxygen tanks; asthma episode emergency response
13 protocol.

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

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

22 "Asthma episode emergency response protocol" means a
23 procedure to provide assistance to a pupil experiencing

1 symptoms of wheezing, coughing, shortness of breath, chest
2 tightness, or breathing difficulty.

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

10 "Asthma medication" means quick-relief asthma medication,
11 including albuterol or other short-acting bronchodilators,
12 that is approved by the United States Food and Drug
13 Administration for the treatment of respiratory distress.

14 "Asthma medication" includes medication delivered through a
15 device, including a metered dose inhaler with a reusable or
16 disposable spacer or a nebulizer with a mouthpiece or mask.

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

22 "Respiratory distress" means the perceived or actual
23 presence of wheezing, coughing, shortness of breath, chest
24 tightness, breathing difficulty, or any other symptoms
25 consistent with asthma. Respiratory distress may be
26 categorized as "mild-to-moderate" or "severe".

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

3 "Self-administration" means a pupil's discretionary use of
4 his or her prescribed asthma medication or epinephrine
5 injector.

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

8 "Standing protocol" may be issued by (i) a physician
9 licensed to practice medicine in all its branches, (ii) a
10 licensed physician assistant with prescriptive authority, or
11 (iii) a licensed advanced practice registered nurse with
12 prescriptive authority.

13 "Trained personnel" means any school employee or volunteer
14 personnel authorized in Sections 10-22.34, 10-22.34a, and
15 10-22.34b of this Code who has completed training under
16 subsection (g) of this Section to recognize and respond to
17 anaphylaxis, an opioid overdose, ~~or~~ respiratory distress, or a
18 severe hypoglycemia emergency.

19 "Undesignated asthma medication" means asthma medication
20 prescribed in the name of a school district, public school,
21 charter school, or nonpublic school.

22 "Undesignated epinephrine injector" means an epinephrine
23 injector prescribed in the name of a school district, public
24 school, charter school, or nonpublic school.

25 "Undesignated glucagon" means a glucagon rescue therapy
26 approved by the United States Food and Drug Administration and

1 prescribed in the name of a school district, public school,
2 charter school, or nonpublic school for the treatment of
3 severe hypoglycemia in a dosage form that can be rapidly
4 administered to a person in an emergency, including prefilled
5 or nasally administered glucagon.

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

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

20 (2) the parents or guardians of the pupil provide to
21 the school (i) the prescription label, which must contain
22 the name of the asthma medication, the prescribed dosage,
23 and the time at which or circumstances under which the
24 asthma medication is to be administered, or (ii) for the
25 self-administration or self-carry of an epinephrine
26 injector, a written statement from the pupil's physician,

1 physician assistant, or advanced practice registered nurse
2 containing the following information:

3 (A) the name and purpose of the epinephrine
4 injector;

5 (B) the prescribed dosage; and

6 (C) the time or times at which or the special
7 circumstances under which the epinephrine injector is
8 to be administered.

9 The information provided shall be kept on file in the office of
10 the school nurse or, in the absence of a school nurse, the
11 school's administrator.

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

21 (b-10) The school district, public school, charter school,
22 or nonpublic school may authorize a school nurse or trained
23 personnel to do the following: (i) provide an undesignated
24 epinephrine injector to a student for self-administration only
25 or any personnel authorized under a student's Individual
26 Health Care Action Plan, allergy emergency action plan, plan

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

1 education program plan that authorizes the use of asthma
2 medication; ~~and~~ (vii) administer undesignated asthma
3 medication to any person that the school nurse or trained
4 personnel believes in good faith is having respiratory
5 distress; (viii) provide undesignated glucagon to any
6 personnel authorized under a student's Individual Health Care
7 Action Plan, in accordance with the student's prescriber's
8 order or Section 504 plan, individualized education program,
9 or other written accommodations plan, to administer glucagon
10 to the student; and (ix) administer undesignated glucagon to a
11 student in accordance with the student's prescriber's order,
12 Individual Health Care Action Plan, or Section 504 plan,
13 individualized education program, or other written
14 accommodations plan that authorizes the use of glucagon.

15 (c) The school district, public school, charter school, or
16 nonpublic school must inform the parents or guardians of the
17 pupil, in writing, that the school district, public school,
18 charter school, or nonpublic school and its employees and
19 agents, including a physician, physician assistant, or
20 advanced practice registered nurse providing standing protocol
21 and a prescription for school epinephrine injectors, an opioid
22 antagonist, ~~or~~ undesignated asthma medication, or undesignated
23 glucagon are to incur no liability or professional discipline,
24 except for willful and wanton conduct, as a result of any
25 injury arising from the administration of asthma medication,
26 an epinephrine injector, ~~or~~ an opioid antagonist, or glucagon,

1 regardless of whether authorization was given by the pupil's
2 parents or guardians or by the pupil's physician, physician
3 assistant, or advanced practice registered nurse. The parents
4 or guardians of the pupil must sign a statement acknowledging
5 that the school district, public school, charter school, or
6 nonpublic school and its employees and agents are to incur no
7 liability, except for willful and wanton conduct, as a result
8 of any injury arising from the administration of asthma
9 medication, an epinephrine injector, ~~or~~ an opioid antagonist,
10 or glucagon, regardless of whether authorization was given by
11 the pupil's parents or guardians or by the pupil's physician,
12 physician assistant, or advanced practice registered nurse,
13 and that the parents or guardians must indemnify and hold
14 harmless the school district, public school, charter school,
15 or nonpublic school and its employees and agents against any
16 claims, except a claim based on willful and wanton conduct,
17 arising out of the administration of asthma medication, an
18 epinephrine injector, ~~or~~ an opioid antagonist, or glucagon,
19 regardless of whether authorization was given by the pupil's
20 parents or guardians or by the pupil's physician, physician
21 assistant, or advanced practice registered nurse.

22 (c-5) When a school nurse or trained personnel administers
23 an undesignated epinephrine injector to a person whom the
24 school nurse or trained personnel in good faith believes is
25 having an anaphylactic reaction, administers an opioid
26 antagonist to a person whom the school nurse or trained

1 personnel in good faith believes is having an opioid overdose,
2 or administers undesignated asthma medication to a person whom
3 the school nurse or trained personnel in good faith believes
4 is having respiratory distress, notwithstanding the lack of
5 notice to the parents or guardians of the pupil or the absence
6 of the parents or guardians signed statement acknowledging no
7 liability, except for willful and wanton conduct, the school
8 district, public school, charter school, or nonpublic school
9 and its employees and agents, and a physician, a physician
10 assistant, or an advanced practice registered nurse providing
11 standing protocol and a prescription for undesignated
12 epinephrine injectors, an opioid antagonist, ~~or~~ undesignated
13 asthma medication, or undesignated glucagon are to incur no
14 liability or professional discipline, except for willful and
15 wanton conduct, as a result of any injury arising from the use
16 of an undesignated epinephrine injector, the use of an opioid
17 antagonist, ~~or~~ the use of undesignated asthma medication, or
18 the use of undesignated glucagon, regardless of whether
19 authorization was given by the pupil's parents or guardians or
20 by the pupil's physician, physician assistant, or advanced
21 practice registered nurse.

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

1 Section.

2 (e) Provided that the requirements of this Section are
3 fulfilled, a pupil with asthma may self-administer and
4 self-carry his or her asthma medication or a pupil may
5 self-administer and self-carry an epinephrine injector (i)
6 while in school, (ii) while at a school-sponsored activity,
7 (iii) while under the supervision of school personnel, or (iv)
8 before or after normal school activities, such as while in
9 before-school or after-school care on school-operated property
10 or while being transported on a school bus.

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

24 (e-10) Provided that the requirements of this Section are
25 fulfilled, a school nurse or trained personnel may administer
26 an opioid antagonist to any person whom the school nurse or

1 trained personnel in good faith believes to be having an
2 opioid overdose (i) while in school, (ii) while at a
3 school-sponsored activity, (iii) while under the supervision
4 of school personnel, or (iv) before or after normal school
5 activities, such as while in before-school or after-school
6 care on school-operated property. A school nurse or trained
7 personnel may carry an opioid antagonist on his or her person
8 while in school or at a school-sponsored activity.

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

20 (e-20) A school nurse or trained personnel may carry
21 undesignated glucagon on his or her person while in school or
22 at a school-sponsored activity.

23 (f) The school district, public school, charter school, or
24 nonpublic school may maintain a supply of undesignated
25 epinephrine injectors in any secure location that is
26 accessible before, during, and after school where an allergic

1 person is most at risk, including, but not limited to,
2 classrooms and lunchrooms. A physician, a physician assistant
3 who has prescriptive authority in accordance with Section 7.5
4 of the Physician Assistant Practice Act of 1987, or an
5 advanced practice registered nurse who has prescriptive
6 authority in accordance with Section 65-40 of the Nurse
7 Practice Act may prescribe undesignated epinephrine injectors
8 in the name of the school district, public school, charter
9 school, or nonpublic school to be maintained for use when
10 necessary. Any supply of epinephrine injectors shall be
11 maintained in accordance with the manufacturer's instructions.

12 The school district, public school, charter school, or
13 nonpublic school shall maintain a supply of an opioid
14 antagonist in any secure location where an individual may have
15 an opioid overdose, unless there is a shortage of opioid
16 antagonists, in which case the school district, public school,
17 charter school, or nonpublic school shall make a reasonable
18 effort to maintain a supply of an opioid antagonist. Unless
19 the school district, public school, charter school, or
20 nonpublic school is able to obtain opioid antagonists without
21 a prescription, a health care professional who has been
22 delegated prescriptive authority for opioid antagonists in
23 accordance with Section 5-23 of the Substance Use Disorder Act
24 shall prescribe opioid antagonists in the name of the school
25 district, public school, charter school, or nonpublic school,
26 to be maintained for use when necessary. Any supply of opioid

1 antagonists shall be maintained in accordance with the
2 manufacturer's instructions.

3 The school district, public school, charter school, or
4 nonpublic school may maintain a supply of asthma medication in
5 any secure location that is accessible before, during, or
6 after school where a person is most at risk, including, but not
7 limited to, a classroom or the nurse's office. A physician, a
8 physician assistant who has prescriptive authority under
9 Section 7.5 of the Physician Assistant Practice Act of 1987,
10 or an advanced practice registered nurse who has prescriptive
11 authority under Section 65-40 of the Nurse Practice Act may
12 prescribe undesignated asthma medication in the name of the
13 school district, public school, charter school, or nonpublic
14 school to be maintained for use when necessary. Any supply of
15 undesignated asthma medication must be maintained in
16 accordance with the manufacturer's instructions.

17 The school district, public school, charter school, or
18 nonpublic school may maintain a supply of undesignated
19 glucagon in any secure location that is accessible before,
20 during, or after school where a person is most at risk,
21 including, but not limited to, a classroom or the nurse's
22 office. A physician, a physician assistant who has
23 prescriptive authority under Section 7.5 of the Physician
24 Assistant Practice Act of 1987, or an advanced practice
25 registered nurse who has prescriptive authority under Section
26 65-40 of the Nurse Practice Act may prescribe undesignated

1 glucagon in the name of the school district, public school,
2 charter school, or nonpublic school to be maintained for use
3 when necessary. Any supply of undesignated glucagon must be
4 maintained in accordance with the manufacturer's instructions.

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

23 (f-3) Whichever entity initiates the process of obtaining
24 undesignated epinephrine injectors and providing training to
25 personnel for carrying and administering undesignated
26 epinephrine injectors shall pay for the costs of the

1 undesignated epinephrine injectors.

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

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

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

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

22 Within 24 hours after the administration of undesignated
23 asthma medication, a school district, public school, charter
24 school, or nonpublic school must notify the student's parent
25 or guardian or emergency contact, if known, and the physician,
26 physician assistant, or advanced practice registered nurse who

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

7 Within 24 hours after the administration of undesignated
8 glucagon, a school district, public school, charter school, or
9 nonpublic school must notify the student's parent or guardian
10 or emergency contact, if known, and the physician, physician
11 assistant, or advanced practice registered nurse who provided
12 the standing protocol and a prescription for the undesignated
13 glucagon of its use.

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

23 Prior to the administration of an opioid antagonist,
24 trained personnel must submit to the school's administration
25 proof of completion of a training curriculum to recognize and
26 respond to an opioid overdose, which curriculum must meet the

1 requirements of subsection (h-5) of this Section. The school
2 district, public school, charter school, or nonpublic school
3 must maintain records relating to the training curriculum and
4 the trained personnel.

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

14 Prior to the administration of undesignated glucagon,
15 trained personnel must submit to the school's administration
16 proof of completion of a training curriculum to recognize and
17 respond to severe hypoglycemia emergencies, which must meet
18 the requirements of subsection (h-15) of this Section.
19 Training must be completed annually, and the school district,
20 public school, charter school, or nonpublic school must
21 maintain records relating to the training curriculum and the
22 trained personnel.

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

26 Training shall include, but is not limited to:

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

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

4 (3) a test demonstrating competency of the knowledge
5 required to recognize anaphylaxis and administer an
6 epinephrine injector.

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

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

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

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

14 (D) how to respond to a student with a known allergy,
15 as well as a student with a previously unknown allergy;

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

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

20 In consultation with statewide professional organizations
21 representing physicians licensed to practice medicine in all
22 of its branches, registered nurses, and school nurses, the
23 State Board of Education shall make available resource
24 materials consistent with criteria in this subsection (h) for
25 educating trained personnel to recognize and respond to
26 anaphylaxis. The State Board may take into consideration the

1 curriculum on this subject developed by other states, as well
2 as any other curricular materials suggested by medical experts
3 and other groups that work on life-threatening allergy issues.
4 The State Board is not required to create new resource
5 materials. The State Board shall make these resource materials
6 available on its Internet website.

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

- 13 (1) how to recognize symptoms of an opioid overdose;
- 14 (2) information on drug overdose prevention and
15 recognition;
- 16 (3) how to perform rescue breathing and resuscitation;
- 17 (4) how to respond to an emergency involving an opioid
18 overdose;
- 19 (5) opioid antagonist dosage and administration;
- 20 (6) the importance of calling 9-1-1 or, if 9-1-1 is
21 not available, other local emergency medical services;
- 22 (7) care for the overdose victim after administration
23 of the overdose antagonist;
- 24 (8) a test demonstrating competency of the knowledge
25 required to recognize an opioid overdose and administer a
26 dose of an opioid antagonist; and

1 (9) other criteria as determined in rules adopted
2 pursuant to this Section.

3 (h-10) A training curriculum to recognize and respond to
4 respiratory distress, including the administration of
5 undesigned asthma medication, may be conducted online or in
6 person. The training must include, but is not limited to:

7 (1) how to recognize symptoms of respiratory distress
8 and how to distinguish respiratory distress from
9 anaphylaxis;

10 (2) how to respond to an emergency involving
11 respiratory distress;

12 (3) asthma medication dosage and administration;

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

15 (5) a test demonstrating competency of the knowledge
16 required to recognize respiratory distress and administer
17 asthma medication; and

18 (6) other criteria as determined in rules adopted
19 under this Section.

20 (h-15) A training curriculum to recognize and respond to
21 severe hypoglycemia emergencies, including the administration
22 of undesignated glucagon, may be conducted online or in
23 person. The training must include, but is not limited to:

24 (1) how to recognize the symptoms of severe
25 hypoglycemia emergencies;

26 (2) how to respond to an emergency involving severe

- 1 hypoglycemia;
2 (3) glucagon dosage and administration;
3 (4) the importance of calling 9-1-1 or, if 9-1-1 is
4 not available, other local emergency medical services;
5 (5) a test demonstrating competency of the knowledge
6 required to recognize severe hypoglycemia emergencies and
7 administer glucagon; and
8 (6) other criteria as determined in rules adopted
9 under this Section.

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

- 16 (1) age and type of person receiving epinephrine
17 (student, staff, visitor);
18 (2) any previously known diagnosis of a severe
19 allergy;
20 (3) trigger that precipitated allergic episode;
21 (4) location where symptoms developed;
22 (5) number of doses administered;
23 (6) type of person administering epinephrine (school
24 nurse, trained personnel, student); and
25 (7) any other information required by the State Board.
26 If a school district, public school, charter school, or

1 nonpublic school maintains or has an independent contractor
2 providing transportation to students who maintains a supply of
3 undesignated epinephrine injectors, then the school district,
4 public school, charter school, or nonpublic school must report
5 that information to the State Board of Education upon adoption
6 or change of the policy of the school district, public school,
7 charter school, nonpublic school, or independent contractor,
8 in a manner as prescribed by the State Board. The report must
9 include the number of undesignated epinephrine injectors in
10 supply.

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

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

18 (2) the location where symptoms developed;

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

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

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

1 Board of Education, the following information:

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

4 (2) any previously known diagnosis of asthma for the
5 person;

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

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

9 (5) the number of doses administered;

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

12 (7) the outcome of the asthma medication
13 administration; and

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

15 (i-15) Within 3 days after the administration of
16 undesigned glucagon by a school nurse or trained personnel,
17 the school must report to the State Board of Education, on a
18 form and in a manner prescribed by the State Board of
19 Education, the following information:

20 (1) the age of the student receiving the undesigned
21 glucagon;

22 (2) any previously known diagnosis of severe
23 hypoglycemia for the person;

24 (3) the trigger that precipitated the severe
25 hypoglycemia emergency, if identifiable;

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

- 1 (5) the number of doses administered;
2 (6) the type of person administering the undesignated
3 glucagon (school nurse or trained personnel);
4 (7) the outcome of the glucagon administration; and
5 (8) any other information required by the State Board.

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

18 (j-5) Annually, each school district, public school,
19 charter school, or nonpublic school shall request an asthma
20 action plan from the parents or guardians of a pupil with
21 asthma. If provided, the asthma action plan must be kept on
22 file in the office of the school nurse or, in the absence of a
23 school nurse, the school administrator. Copies of the asthma
24 action plan may be distributed to appropriate school staff who
25 interact with the pupil on a regular basis, and, if
26 applicable, may be attached to the pupil's federal Section 504

1 plan or individualized education program plan.

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

12 (j-15) (Blank).

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

21 (j-25) On or before October 1, 2027 and every year
22 thereafter, the State Board of Education shall submit a report
23 to the General Assembly and the Department of Public Health
24 identifying the frequency and circumstances of undesignated
25 glucagon administration during the preceding school year. This
26 report shall be published on the State Board's Internet

1 website on the date the report is delivered to the General
2 Assembly.

3 (k) The State Board of Education may adopt rules necessary
4 to implement this Section.

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

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.)