



Rep. Jonathan Carroll

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1 AMENDMENT TO HOUSE BILL 102

2 AMENDMENT NO. _____. Amend House Bill 102 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The School Code is amended by adding Section
5 2-3.182 and by changing Section 22-30 as follows:

6 (105 ILCS 5/2-3.182 new)

7 Sec. 2-3.182. Anaphylactic policy for school districts.

8 (a) The State Board of Education, in consultation with the
9 Department of Public Health, shall establish an anaphylactic
10 policy for school districts setting forth guidelines and
11 procedures to be followed both for the prevention of
12 anaphylaxis and during a medical emergency resulting from
13 anaphylaxis. The policy shall be developed after consultation
14 with the advisory committee established pursuant to Section 5
15 of the Critical Health Problems and Comprehensive Health
16 Education Act. In establishing the policy required under this

1 Section, the State Board shall consider existing requirements
2 and current and best practices for schools regarding allergies
3 and anaphylaxis. The State Board must also consider the
4 voluntary guidelines for managing food allergies in schools
5 issued by the United States Department of Health and Human
6 Services.

7 (b) The anaphylactic policy established under subsection
8 (a) shall include the following:

9 (1) A procedure and treatment plan, including
10 emergency protocols and responsibilities for school nurses
11 and other appropriate school personnel, for responding to
12 anaphylaxis.

13 (2) Requirements for a training course for appropriate
14 school personnel on preventing and responding to
15 anaphylaxis.

16 (3) A procedure and appropriate guidelines for the
17 development of an individualized emergency health care
18 plan for children with a food or other allergy that could
19 result in anaphylaxis.

20 (4) A communication plan for intake and dissemination
21 of information provided by this State regarding children
22 with a food or other allergy that could result in
23 anaphylaxis, including a discussion of methods,
24 treatments, and therapies to reduce the risk of allergic
25 reactions, including anaphylaxis.

26 (5) Strategies for reducing the risk of exposure to

1 anaphylactic causative agents, including food and other
2 allergens.

3 (6) A communication plan for discussion with children
4 who have developed adequate verbal communication and
5 comprehension skills and with the parents or guardians of
6 all children about foods that are safe and unsafe and
7 about strategies to avoid exposure to unsafe food.

8 (c) At least once each calendar year, each school district
9 shall send a notification to the parents or guardians of all
10 children under the care of a school to make them aware of the
11 anaphylactic policy. The notification shall include contact
12 information for parents and guardians to engage further with
13 the school to learn more about individualized aspects of the
14 policy.

15 (d) At least 6 months after the effective date of this
16 amendatory Act of the 102nd General Assembly, the anaphylactic
17 policy established under subsection (a) shall be forwarded by
18 the State Board to the school board of each school district in
19 this State. Each school district shall implement or update, as
20 appropriate, its anaphylactic policy in accordance with those
21 developed by the State Board within 6 months after receiving
22 the anaphylactic policy from the State Board.

23 (e) The anaphylactic policy established under subsection
24 (a) shall be reviewed and updated, if necessary, at least once
25 every 3 years.

26 (f) The State Board shall post the anaphylactic policy

1 established under subsection (a) and resources regarding
2 allergies and anaphylaxis on its website.

3 (g) The State Board may adopt any rules necessary to
4 implement this Section.

5 (105 ILCS 5/22-30)

6 Sec. 22-30. Self-administration and self-carry of asthma
7 medication and epinephrine injectors; administration of
8 undesignated epinephrine injectors; administration of an
9 opioid antagonist; administration of undesignated asthma
10 medication; asthma episode emergency response protocol.

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

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

19 "Asthma episode emergency response protocol" means a
20 procedure to provide assistance to a pupil experiencing
21 symptoms of wheezing, coughing, shortness of breath, chest
22 tightness, or breathing difficulty.

23 "Epinephrine injector" includes an auto-injector approved
24 by the United States Food and Drug Administration for the
25 administration of epinephrine and a pre-filled syringe

1 approved by the United States Food and Drug Administration and
2 used for the administration of epinephrine that contains a
3 pre-measured dose of epinephrine that is equivalent to the
4 dosages used in an auto-injector.

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

9 "Asthma medication" includes medication delivered through a
10 device, including a metered dose inhaler with a reusable or
11 disposable spacer or a nebulizer with a mouthpiece or mask.

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

17 "Respiratory distress" means the perceived or actual
18 presence of wheezing, coughing, shortness of breath, chest
19 tightness, breathing difficulty, or any other symptoms
20 consistent with asthma. Respiratory distress may be
21 categorized as "mild-to-moderate" or "severe".

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

24 "Self-administration" means a pupil's discretionary use of
25 his or her prescribed asthma medication or epinephrine
26 injector.

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

3 "Standing protocol" may be issued by (i) a physician
4 licensed to practice medicine in all its branches, (ii) a
5 licensed physician assistant with prescriptive authority, or
6 (iii) a licensed advanced practice registered nurse with
7 prescriptive authority.

8 "Trained personnel" means any school employee or volunteer
9 personnel authorized in Sections 10-22.34, 10-22.34a, and
10 10-22.34b of this Code who has completed training under
11 subsection (g) of this Section to recognize and respond to
12 anaphylaxis, an opioid overdose, or respiratory distress.

13 "Undesignated asthma medication" means asthma medication
14 prescribed in the name of a school district, public school,
15 charter school, or nonpublic school.

16 "Undesignated epinephrine injector" means an epinephrine
17 injector prescribed in the name of a school district, public
18 school, charter school, or nonpublic school.

19 (b) A school, whether public, charter, or nonpublic, must
20 permit the self-administration and self-carry of asthma
21 medication by a pupil with asthma or the self-administration
22 and self-carry of an epinephrine injector by a pupil, provided
23 that:

24 (1) the parents or guardians of the pupil provide to
25 the school (i) written authorization from the parents or
26 guardians for (A) the self-administration and self-carry

1 of asthma medication or (B) the self-carry of asthma
2 medication or (ii) for (A) the self-administration and
3 self-carry of an epinephrine injector or (B) the
4 self-carry of an epinephrine injector, written
5 authorization from the pupil's physician, physician
6 assistant, or advanced practice registered nurse; and

7 (2) the parents or guardians of the pupil provide to
8 the school (i) the prescription label, which must contain
9 the name of the asthma medication, the prescribed dosage,
10 and the time at which or circumstances under which the
11 asthma medication is to be administered, or (ii) for the
12 self-administration or self-carry of an epinephrine
13 injector, a written statement from the pupil's physician,
14 physician assistant, or advanced practice registered nurse
15 containing the following information:

16 (A) the name and purpose of the epinephrine
17 injector;

18 (B) the prescribed dosage; and

19 (C) the time or times at which or the special
20 circumstances under which the epinephrine injector is
21 to be administered.

22 The information provided shall be kept on file in the office of
23 the school nurse or, in the absence of a school nurse, the
24 school's administrator.

25 (b-5) A school district, public school, charter school, or
26 nonpublic school may authorize the provision of a

1 student-specific or undesignated epinephrine injector to a
2 student or any personnel authorized under a student's
3 Individual Health Care Action Plan, Illinois Food Allergy
4 Emergency Action Plan and Treatment Authorization Form, or
5 plan pursuant to Section 504 of the federal Rehabilitation Act
6 of 1973 to administer an epinephrine injector to the student,
7 that meets the student's prescription on file.

8 (b-10) The school district, public school, charter school,
9 or nonpublic school may authorize a school nurse or trained
10 personnel to do the following: (i) provide an undesignated
11 epinephrine injector to a student for self-administration only
12 or any personnel authorized under a student's Individual
13 Health Care Action Plan, Illinois Food Allergy Emergency
14 Action Plan and Treatment Authorization Form, plan pursuant to
15 Section 504 of the federal Rehabilitation Act of 1973, or
16 individualized education program plan to administer to the
17 student that meets the student's prescription on file; (ii)
18 administer an undesignated epinephrine injector that meets the
19 prescription on file to any student who has an Individual
20 Health Care Action Plan, Illinois Food Allergy Emergency
21 Action Plan and Treatment Authorization Form, plan pursuant to
22 Section 504 of the federal Rehabilitation Act of 1973, or
23 individualized education program plan that authorizes the use
24 of an epinephrine injector; (iii) administer an undesignated
25 epinephrine injector to any person that the school nurse or
26 trained personnel in good faith believes is having an

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

20 (c) The school district, public school, charter school, or
21 nonpublic school must inform the parents or guardians of the
22 pupil, in writing, that the school district, public school,
23 charter school, or nonpublic school and its employees and
24 agents, including a physician, physician assistant, or
25 advanced practice registered nurse providing standing protocol
26 and a prescription for school epinephrine injectors, an opioid

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

26 (c-5) When a school nurse or trained personnel administers

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

25 (d) The permission for self-administration and self-carry
26 of asthma medication or the self-administration and self-carry

1 of an epinephrine injector is effective for the school year
2 for which it is granted and shall be renewed each subsequent
3 school year upon fulfillment of the requirements of this
4 Section.

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

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

1 (e-10) Provided that the requirements of this Section are
2 fulfilled, a school nurse or trained personnel may administer
3 an opioid antagonist to any person whom the school nurse or
4 trained personnel in good faith believes to be having an
5 opioid overdose (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, such as while in before-school or after-school
9 care on school-operated property. A school nurse or trained
10 personnel may carry an opioid antagonist on his or her person
11 while in school or at a school-sponsored activity.

12 (e-15) If the requirements of this Section are met, a
13 school nurse or trained personnel may administer undesignated
14 asthma medication to any person whom the school nurse or
15 trained personnel in good faith believes to be experiencing
16 respiratory distress (i) while in school, (ii) while at a
17 school-sponsored activity, (iii) while under the supervision
18 of school personnel, or (iv) before or after normal school
19 activities, including before-school or after-school care on
20 school-operated property. A school nurse or trained personnel
21 may carry undesignated asthma medication on his or her person
22 while in school or 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 may maintain a supply of an opioid antagonist
14 in any secure location where an individual may have an opioid
15 overdose. A health care professional who has been delegated
16 prescriptive authority for opioid antagonists in accordance
17 with Section 5-23 of the Substance Use Disorder Act may
18 prescribe opioid antagonists in the name of the school
19 district, public school, charter school, or nonpublic school,
20 to be maintained for use when necessary. Any supply of opioid
21 antagonists shall be maintained in accordance with the
22 manufacturer's instructions.

23 The school district, public school, charter school, or
24 nonpublic school may maintain a supply of asthma medication in
25 any secure location that is accessible before, during, or
26 after school where a person is most at risk, including, but not

1 limited to, a classroom or the nurse's office. A physician, a
2 physician assistant who has prescriptive authority under
3 Section 7.5 of the Physician Assistant Practice Act of 1987,
4 or an advanced practice registered nurse who has prescriptive
5 authority under Section 65-40 of the Nurse Practice Act may
6 prescribe undesignated asthma medication in the name of the
7 school district, public school, charter school, or nonpublic
8 school to be maintained for use when necessary. Any supply of
9 undesignated asthma medication must be maintained in
10 accordance with the manufacturer's instructions.

11 (f-3) Whichever entity initiates the process of obtaining
12 undesignated epinephrine injectors and providing training to
13 personnel for carrying and administering undesignated
14 epinephrine injectors shall pay for the costs of the
15 undesignated epinephrine injectors.

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

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

24 (f-10) Within 24 hours of the administration of an
25 undesignated epinephrine injector, a school district, public
26 school, charter school, or nonpublic school must notify the

1 physician, physician assistant, or advanced practice
2 registered nurse who provided the standing protocol and a
3 prescription for the undesignated epinephrine injector of its
4 use.

5 Within 24 hours after the administration of an opioid
6 antagonist, a school district, public school, charter school,
7 or nonpublic school must notify the health care professional
8 who provided the prescription for the opioid antagonist of its
9 use.

10 Within 24 hours after the administration of undesignated
11 asthma medication, a school district, public school, charter
12 school, or nonpublic school must notify the student's parent
13 or guardian or emergency contact, if known, and the physician,
14 physician assistant, or advanced practice registered nurse who
15 provided the standing protocol and a prescription for the
16 undesignated asthma medication of its use. The district or
17 school must follow up with the school nurse, if available, and
18 may, with the consent of the child's parent or guardian,
19 notify the child's health care provider of record, as
20 determined under this Section, of its use.

21 (g) Prior to the administration of an undesignated
22 epinephrine injector, trained personnel must submit to the
23 school's administration proof of completion of a training
24 curriculum to recognize and respond to anaphylaxis that meets
25 the requirements of subsection (h) of this Section. Training
26 must be completed annually. The school district, public

1 school, charter school, or nonpublic school must maintain
2 records related to the training curriculum and trained
3 personnel.

4 Prior to the administration of an opioid antagonist,
5 trained personnel must submit to the school's administration
6 proof of completion of a training curriculum to recognize and
7 respond to an opioid overdose, which curriculum must meet the
8 requirements of subsection (h-5) of this Section. Training
9 must be completed annually. Trained personnel must also submit
10 to the school's administration proof of cardiopulmonary
11 resuscitation and automated external defibrillator
12 certification. The school district, public school, charter
13 school, or nonpublic school must maintain records relating to
14 the training curriculum and the trained personnel.

15 Prior to the administration of undesignated asthma
16 medication, trained personnel must submit to the school's
17 administration proof of completion of a training curriculum to
18 recognize and respond to respiratory distress, which must meet
19 the requirements of subsection (h-10) of this Section.
20 Training must be completed annually, and the school district,
21 public school, charter school, or nonpublic school must
22 maintain records relating to the training curriculum and the
23 trained personnel.

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

1 Training shall include, but is not limited to:

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

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

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

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

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

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

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

15 (D) how to respond to a student with a known allergy,
16 as well as a student with a previously unknown allergy;
17 ~~and~~

18 (E) other criteria as determined in rules adopted
19 pursuant to this Section; ~~and~~

20 (F) any policy developed by the State Board of
21 Education under Section 2-3.182.

22 In consultation with statewide professional organizations
23 representing physicians licensed to practice medicine in all
24 of its branches, registered nurses, and school nurses, the
25 State Board of Education shall make available resource
26 materials consistent with criteria in this subsection (h) for

1 educating trained personnel to recognize and respond to
2 anaphylaxis. The State Board may take into consideration the
3 curriculum on this subject developed by other states, as well
4 as any other curricular materials suggested by medical experts
5 and other groups that work on life-threatening allergy issues.
6 The State Board is not required to create new resource
7 materials. The State Board shall make these resource materials
8 available on its Internet website.

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

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

1 required to recognize an opioid overdose and administer a
2 dose of an opioid antagonist; and

3 (9) other criteria as determined in rules adopted
4 pursuant to this Section.

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

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

12 (2) how to respond to an emergency involving
13 respiratory distress;

14 (3) asthma medication dosage and administration;

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

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

20 (6) other criteria as determined in rules adopted
21 under this Section.

22 (i) Within 3 days after the administration of an
23 undesignated epinephrine injector 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 in a form and manner prescribed by the State Board

1 the following information:

2 (1) age and type of person receiving epinephrine
3 (student, staff, visitor);

4 (2) any previously known diagnosis of a severe
5 allergy;

6 (3) trigger that precipitated allergic episode;

7 (4) location where symptoms developed;

8 (5) number of doses administered;

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

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

12 If a school district, public school, charter school, or
13 nonpublic school maintains or has an independent contractor
14 providing transportation to students who maintains a supply of
15 undesignated epinephrine injectors, then the school district,
16 public school, charter school, or nonpublic school must report
17 that information to the State Board of Education upon adoption
18 or change of the policy of the school district, public school,
19 charter school, nonpublic school, or independent contractor,
20 in a manner as prescribed by the State Board. The report must
21 include the number of undesignated epinephrine injectors in
22 supply.

23 (i-5) Within 3 days after the administration of an opioid
24 antagonist by a school nurse or trained personnel, the school
25 must report to the State Board of Education, in a form and
26 manner prescribed by the State Board, the following

1 information:

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

4 (2) the location where symptoms developed;

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

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

8 (i-10) Within 3 days after the administration of
9 undesignated asthma medication by a school nurse, trained
10 personnel, or a student at a school or school-sponsored
11 activity, the school must report to the State Board of
12 Education, on a form and in a manner prescribed by the State
13 Board of Education, the following information:

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

16 (2) any previously known diagnosis of asthma for the
17 person;

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

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

21 (5) the number of doses administered;

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

24 (7) the outcome of the asthma medication
25 administration; and

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

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

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

23 (j-10) To assist schools with emergency response
24 procedures for asthma, the State Board of Education, in
25 consultation with statewide professional organizations with
26 expertise in asthma management and a statewide organization

1 representing school administrators, shall develop a model
2 asthma episode emergency response protocol before September 1,
3 2016. Each school district, charter school, and nonpublic
4 school shall adopt an asthma episode emergency response
5 protocol before January 1, 2017 that includes all of the
6 components of the State Board's model protocol.

7 (j-15) Every 2 years, school personnel who work with
8 pupils shall complete an in-person or online training program
9 on the management of asthma, the prevention of asthma
10 symptoms, and emergency response in the school setting. In
11 consultation with statewide professional organizations with
12 expertise in asthma management, the State Board of Education
13 shall make available resource materials for educating school
14 personnel about asthma and emergency response in the school
15 setting.

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

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

26 (l) Nothing in this Section shall limit the amount of

1 epinephrine injectors that any type of school or student may
2 carry or maintain a supply of.

3 (Source: P.A. 100-201, eff. 8-18-17; 100-513, eff. 1-1-18;
4 100-726, eff. 1-1-19; 100-759, eff. 1-1-19; 100-799, eff.
5 1-1-19; 101-81, eff. 7-12-19.)

6 (105 ILCS 5/2-3.149 rep.)

7 Section 905. The School Code is amended by repealing
8 Section 2-3.149.

9 Section 910. The Child Care Act of 1969 is amended by
10 adding Section 5.11 as follows:

11 (225 ILCS 10/5.11 new)

12 Sec. 5.11. Plan for anaphylactic shock. The Department
13 shall require each licensed day care center, day care home,
14 and group day care home to have a plan for anaphylactic shock
15 to be followed for the prevention of anaphylaxis and during a
16 medical emergency resulting from anaphylaxis. The plan should
17 be based on the guidance and recommendations provided by the
18 American Academy of Pediatrics relating to the management of
19 food allergies or other allergies. The plan should be shared
20 with parents or guardians upon enrollment at each licensed day
21 care center, day care home, and group day care home. If a child
22 requires specific specialized treatment during an episode of
23 anaphylaxis, that child's treatment plan should be kept by the

1 staff of the day care center, day care home, or group day care
2 home and followed in the event of an emergency. Each licensed
3 day care center, day care home, and group day care home shall
4 have at least one staff member present at all times who has
5 taken a training course in recognizing and responding to
6 anaphylaxis.

7 Section 999. Effective date. This Act takes effect July 1,
8 2021."