



99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

HB6333

by Rep. Robyn Gabel

SYNOPSIS AS INTRODUCED:

105 ILCS 5/22-30

Amends the School Code. Annually requires each school district, public school, charter school, or nonpublic school to request an asthma action plan from the parents or guardians of a pupil with asthma; sets forth provisions concerning the asthma action plan. Requires the State Board of Education, in consultation with statewide professional organizations with expertise in asthma management, to develop a model asthma episode emergency response protocol before September 1, 2016, and requires each school district, charter school, and nonpublic school to adopt an asthma episode emergency response protocol before January 1, 2017 that includes all of the components of the State Board's model protocol. Provides that, every 2 years, school personnel who work with pupils shall complete an in-person or online training program on the management of asthma, the prevention of asthma symptoms, and emergency response in the school setting. Requires the State Board, in consultation with statewide professional organizations with expertise in asthma management, to make available resource materials for educating school personnel about asthma and emergency response in the school setting. Makes technical changes having a revisory function. Effective immediately.

LRB099 18475 NHT 42851 b

FISCAL NOTE ACT
MAY APPLY

STATE MANDATES
ACT MAY REQUIRE
REIMBURSEMENT

A BILL FOR

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 auto-injectors; administration of
9 undesignated epinephrine auto-injectors; administration of an
10 opioid antagonist; 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 "Asthma inhaler" means a quick reliever asthma inhaler.

1 "Epinephrine auto-injector" means a single-use device used
2 for the automatic injection of a pre-measured dose of
3 epinephrine into the human body.

4 "Asthma medication" means a medicine, prescribed by (i) a
5 physician licensed to practice medicine in all its branches,
6 (ii) a licensed physician assistant ~~prescriptive authority~~, or
7 (iii) a licensed advanced practice nurse ~~prescriptive~~
8 ~~authority~~ for a pupil that pertains to the pupil's asthma and
9 that has an individual prescription label.

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

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

17 "Self-administration" means a pupil's discretionary use of
18 his or her prescribed asthma medication or epinephrine
19 auto-injector.

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

22 "Standing protocol" may be issued by (i) a physician
23 licensed to practice medicine in all its branches, (ii) a
24 licensed physician assistant ~~prescriptive authority~~, or (iii)
25 a licensed advanced practice nurse ~~prescriptive~~.

26 "Trained personnel" means any school employee or volunteer

1 personnel authorized in Sections 10-22.34, 10-22.34a, and
2 10-22.34b of this Code who has completed training under
3 subsection (g) of this Section to recognize and respond to
4 anaphylaxis.

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

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

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

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

1 auto-injector, a written statement from the pupil's
2 physician, physician assistant, or advanced practice nurse
3 containing the following information:

4 (A) the name and purpose of the epinephrine
5 auto-injector;

6 (B) the prescribed dosage; and

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

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

13 (b-5) A school district, public school, or nonpublic school
14 may authorize the provision of a student-specific or
15 undesignated epinephrine auto-injector to a student or any
16 personnel authorized under a student's Individual Health Care
17 Action Plan, Illinois Food Allergy Emergency Action Plan and
18 Treatment Authorization Form, or plan pursuant to Section 504
19 of the federal Rehabilitation Act of 1973 to administer an
20 epinephrine auto-injector to the student, that meets the
21 student's prescription on file.

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

1 Action Plan, Illinois Food Allergy Emergency Action Plan and
2 Treatment Authorization Form, or plan pursuant to Section 504
3 of the federal Rehabilitation Act of 1973 to administer to the
4 student, that meets the student's prescription on file; (ii)
5 administer an undesignated epinephrine auto-injector that
6 meets the prescription on file to any student who has an
7 Individual Health Care Action Plan, Illinois Food Allergy
8 Emergency Action Plan and Treatment Authorization Form, or plan
9 pursuant to Section 504 of the federal Rehabilitation Act of
10 1973 that authorizes the use of an epinephrine auto-injector;
11 (iii) administer an undesignated epinephrine auto-injector to
12 any person that the school nurse or trained personnel in good
13 faith believes is having an anaphylactic reaction; and (iv)
14 administer an opioid antagonist to any person that the school
15 nurse or trained personnel in good faith believes is having an
16 opioid overdose.

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

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

21 (c-5) When a school nurse or trained personnel administers
22 an undesignated epinephrine auto-injector to a person whom the
23 school nurse or trained personnel in good faith believes is
24 having an anaphylactic reaction⁷ or administers an opioid
25 antagonist to a person whom the school nurse or trained
26 personnel in good faith believes is having an opioid overdose,

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

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

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

1 before or after normal school activities, such as while in
2 before-school or after-school care on school-operated
3 property.

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

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

15 The school district, public school, or nonpublic school may
16 maintain a supply of an opioid antagonist in any secure
17 location where an individual may have an opioid overdose. A
18 health care professional who has been delegated prescriptive
19 authority for opioid antagonists in accordance with Section
20 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act
21 may prescribe opioid antagonists in the name of the school
22 district, public school, or nonpublic school, to be maintained
23 for use when necessary. Any supply of opioid antagonists shall
24 be maintained in accordance with the manufacturer's
25 instructions.

26 (f-5) Upon any administration of an epinephrine

1 auto-injector, a school district, public school, or nonpublic
2 school must immediately activate the EMS system and notify the
3 student's parent, guardian, or emergency contact, if known.

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

8 (f-10) Within 24 hours of the administration of an
9 undesignated epinephrine auto-injector, a school district,
10 public school, or nonpublic school must notify the physician,
11 physician assistant, or advanced ~~advance~~ practice nurse who
12 provided the standing protocol or prescription for the
13 undesignated epinephrine auto-injector of its use.

14 Within 24 hours after the administration of an opioid
15 antagonist, a school district, public school, or nonpublic
16 school must notify the health care professional who provided
17 the prescription for the opioid antagonist of its use.

18 (g) Prior to the administration of an undesignated
19 epinephrine auto-injector, trained personnel must submit to
20 their ~~his or her~~ school's administration proof of completion of
21 a training curriculum to recognize and respond to anaphylaxis
22 that meets the requirements of subsection (h) of this Section.
23 Training must be completed annually. Trained personnel must
24 also submit to their ~~his or her~~ school's administration proof
25 of cardiopulmonary resuscitation and automated external
26 defibrillator certification. The school district, public

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

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

14 (h) A training curriculum to recognize and respond to
15 anaphylaxis, including the administration of an undesignated
16 epinephrine auto-injector, may be conducted online or in
17 person. It must include, but is not limited to:

- 18 (1) how to recognize symptoms of an allergic reaction;
- 19 (2) a review of high-risk areas within the school and
20 its related facilities;
- 21 (3) steps to take to prevent exposure to allergens;
- 22 (4) how to respond to an emergency involving an
23 allergic reaction;
- 24 (5) how to administer an epinephrine auto-injector;
- 25 (6) how to respond to a student with a known allergy as
26 well as a student with a previously unknown allergy;

1 (7) a test demonstrating competency of the knowledge
2 required to recognize anaphylaxis and administer an
3 epinephrine auto-injector; and

4 (8) other criteria as determined in rules adopted
5 pursuant to this Section.

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

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

1 (2) information on drug overdose prevention and
2 recognition;

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

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

6 (5) opioid antagonist dosage and administration;

7 (6) the importance of calling 911;

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 (i) Within 3 days after the administration of an
16 undesignated epinephrine auto-injector by a school nurse,
17 trained personnel, or a student at a school or school-sponsored
18 activity, the school must report to the State Board in a form
19 and manner prescribed by the State Board the following
20 information:

21 (1) age and type of person receiving epinephrine
22 (student, staff, visitor);

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

24 (3) trigger that precipitated allergic episode;

25 (4) location where symptoms developed;

26 (5) number of doses administered;

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

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

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

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

10 (2) the location where symptoms developed;

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

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

14 (j) By October 1, 2015 and every year thereafter, the State
15 Board shall submit a report to the General Assembly identifying
16 the frequency and circumstances of epinephrine administration
17 during the preceding academic year. This report shall be
18 published on the State Board's Internet website on the date the
19 report is delivered to the General Assembly.

20 (j-5) Annually, each school district, public school,
21 charter school, or nonpublic school shall request an asthma
22 action plan from the parents or guardians of a pupil with
23 asthma. The asthma action plan must be kept on file in the
24 office of the school nurse or, in the absence of a school
25 nurse, the school administrator. Copies of the asthma action
26 plan must be distributed to appropriate school staff who

1 interact with the pupil on a regular basis, and, if applicable,
2 must be attached to the pupil's federal Section 504 plan or
3 individualized education program plan.

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

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

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

1 delivered to the General Assembly.

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

4 (Source: P.A. 98-795, eff. 8-1-14; 99-173, eff. 7-29-15;
5 99-480, eff. 9-9-15; revised 10-13-15.)

6 Section 99. Effective date. This Act takes effect upon
7 becoming law.