

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 with prescriptive
7 authority, or (iii) a licensed advanced practice nurse with
8 prescriptive authority for a pupil that pertains to the pupil's
9 asthma and 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 with prescriptive authority, or
25 (iii) a licensed advanced practice nurse with prescriptive
26 authority.

1 "Trained personnel" means any school employee or volunteer
2 personnel authorized in Sections 10-22.34, 10-22.34a, and
3 10-22.34b of this Code who has completed training under
4 subsection (g) of this Section to recognize and respond to
5 anaphylaxis.

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

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

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

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

1 self-administration or self-carry of an epinephrine
2 auto-injector, a written statement from the pupil's
3 physician, physician assistant, or advanced practice nurse
4 containing the following information:

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

7 (B) the prescribed dosage; and

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

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

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

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

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

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

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

22 (c-5) When a school nurse or trained personnel administers
23 an undesignated epinephrine auto-injector to a person whom the
24 school nurse or trained personnel in good faith believes is
25 having an anaphylactic reaction⁷ or 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 notwithstanding the lack of notice to the parents or guardians
3 of the pupil or the absence of the parents or guardians signed
4 statement acknowledging no liability, except for willful and
5 wanton conduct, the school district, public school, or
6 nonpublic school and its employees and agents, and a physician,
7 a physician assistant, or an advanced practice nurse providing
8 standing protocol or prescription for undesignated epinephrine
9 auto-injectors, are to incur no liability or professional
10 discipline, except for willful and wanton conduct, as a result
11 of any injury arising from the use of an undesignated
12 epinephrine auto-injector or the use of an opioid antagonist
13 regardless of whether authorization was given by the pupil's
14 parents or guardians or by the pupil's physician, physician
15 assistant, or advanced practice nurse.

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

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

1 (iii) while under the supervision of school personnel, or (iv)
2 before or after normal school activities, such as while in
3 before-school or after-school care on school-operated
4 property.

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

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

1 or at a school-sponsored activity.

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

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

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

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

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

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

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

1 defibrillator certification. The school district, public
2 school, or nonpublic school must maintain records related to
3 the training curriculum and trained personnel.

4 Prior to the administration of an opioid antagonist,
5 trained personnel must submit to their 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 must
9 be completed annually. Trained personnel must also submit to
10 the school's administration proof of cardiopulmonary
11 resuscitation and automated external defibrillator
12 certification. The school district, public school, or
13 nonpublic school must maintain records relating to the training
14 curriculum and the trained personnel.

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

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

1 well as a student with a previously unknown allergy;

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

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

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

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

- 1 (1) how to recognize symptoms of an opioid overdose;
 - 2 (2) information on drug overdose prevention and
3 recognition;
 - 4 (3) how to perform rescue breathing and resuscitation;
 - 5 (4) how to respond to an emergency involving an opioid
6 overdose;
 - 7 (5) opioid antagonist dosage and administration;
 - 8 (6) the importance of calling 911;
 - 9 (7) care for the overdose victim after administration
10 of the overdose antagonist;
 - 11 (8) a test demonstrating competency of the knowledge
12 required to recognize an opioid overdose and administer a
13 dose of an opioid antagonist; and
 - 14 (9) other criteria as determined in rules adopted
15 pursuant to this Section.
- 16 (i) Within 3 days after the administration of an
17 undesignated epinephrine auto-injector by a school nurse,
18 trained personnel, or a student at a school or school-sponsored
19 activity, the school must report to the State Board in a form
20 and manner prescribed by the State Board the following
21 information:
- 22 (1) age and type of person receiving epinephrine
23 (student, staff, visitor);
 - 24 (2) any previously known diagnosis of a severe allergy;
 - 25 (3) trigger that precipitated allergic episode;
 - 26 (4) location where symptoms developed;

- 1 (5) number of doses administered;
- 2 (6) type of person administering epinephrine (school
3 nurse, trained personnel, student); and
- 4 (7) any other information required by the State Board.

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

- 9 (1) the age and type of person receiving the opioid
10 antagonist (student, staff, or visitor);
- 11 (2) the location where symptoms developed;
- 12 (3) the type of person administering the opioid
13 antagonist (school nurse or trained personnel); and
- 14 (4) any other information required by the State Board.

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

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

1 action plan may be distributed to appropriate school staff who
2 interact with the pupil on a regular basis, and, if applicable,
3 may be attached to the pupil's federal Section 504 plan or
4 individualized education program plan.

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

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

23 On or before October 1, 2016 and every year thereafter, the
24 State Board shall submit a report to the General Assembly and
25 the Department of Public Health identifying the frequency and
26 circumstances of opioid antagonist administration during the

1 preceding academic year. This report shall be published on the
2 State Board's Internet website on the date the report is
3 delivered to the General Assembly.

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

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

8 Section 99. Effective date. This Act takes effect upon
9 becoming law.