

AN ACT concerning education.

**Be it enacted by the People of the State of Illinois,
represented in the General Assembly:**

Section 5. The School Code is amended by changing Sections 3-11, 10-20.36, 10-20.61, 10-22.24b, 10-22.39, 10-23.12, 22-30, 27-23.6, 27-23.10, 34-18.25, and 34-18.54 as follows:

(105 ILCS 5/3-11) (from Ch. 122, par. 3-11)

Sec. 3-11. Institutes or inservice training workshops. In counties of less than 2,000,000 inhabitants, the regional superintendent may arrange for or conduct district, regional, or county institutes, or equivalent professional educational experiences, not more than 4 days annually. Of those 4 days, 2 days may be used as a teachers, administrators, and school support personnel ~~teacher's and educational support personnel~~ workshop, when approved by the regional superintendent, up to 2 days may be used for conducting parent-teacher conferences, or up to 2 days may be utilized as parental institute days as provided in Section 10-22.18d. School ~~Educational~~ support personnel may be exempt from a workshop if the workshop is not relevant to the work they do. A school district may use one of its 4 institute days on the last day of the school term. "Institute" or "Professional educational experiences" means any educational gathering, demonstration of methods of

instruction, visitation of schools or other institutions or facilities, sexual abuse and sexual assault awareness seminar, or training in First Aid (which may include cardiopulmonary resuscitation or defibrillator training) held or approved by the regional superintendent and declared by him to be an institute day, or parent-teacher conferences. With the concurrence of the State Superintendent of Education, the regional superintendent ~~he or she~~ may employ such assistance as is necessary to conduct the institute. Two or more adjoining counties may jointly hold an institute. Institute instruction shall be free to holders of licenses good in the county or counties holding the institute and to those who have paid an examination fee and failed to receive a license.

In counties of 2,000,000 or more inhabitants, the regional superintendent may arrange for or conduct district, regional, or county inservice training workshops, or equivalent professional educational experiences, not more than 4 days annually. Of those 4 days, 2 days may be used as a teachers, administrators, and school support personnel ~~teacher's and educational support personnel~~ workshop, when approved by the regional superintendent, up to 2 days may be used for conducting parent-teacher conferences, or up to 2 days may be utilized as parental institute days as provided in Section 10-22.18d. School ~~Educational~~ support personnel may be exempt from a workshop if the workshop is not relevant to the work they do. A school district may use one of those 4 days on the

last day of the school term. "Inservice Training Workshops" or "Professional educational experiences" means any educational gathering, demonstration of methods of instruction, visitation of schools or other institutions or facilities, sexual abuse and sexual assault awareness seminar, or training in First Aid (which may include cardiopulmonary resuscitation or defibrillator training) held or approved by the regional superintendent and declared by the regional superintendent ~~him~~ to be an inservice training workshop, or parent-teacher conferences. With the concurrence of the State Superintendent of Education, the regional superintendent ~~he~~ may employ such assistance as is necessary to conduct the inservice training workshop. With the approval of the regional superintendent, 2 or more adjoining districts may jointly hold an inservice training workshop. In addition, with the approval of the regional superintendent, one district may conduct its own inservice training workshop with subject matter consultants requested from the county, State or any State institution of higher learning.

Such ~~teachers~~ institutes as referred to in this Section may be held on consecutive or separate days at the option of the regional superintendent having jurisdiction thereof.

Whenever reference is made in this Act to "~~teachers~~ institute", it shall be construed to include the inservice training workshops or equivalent professional educational experiences provided for in this Section.

Any institute advisory committee existing on April 1, 1995, is dissolved and the duties and responsibilities of the institute advisory committee are assumed by the regional office of education advisory board.

Districts providing inservice training programs shall constitute inservice committees, 1/2 of which shall be teachers, 1/4 school service personnel and 1/4 administrators to establish program content and schedules.

In addition to other topics not listed in this Section,
the ~~The~~ teachers institutes ~~may shall~~ include ~~teacher~~ training
committed to ~~health conditions of students; social-emotional~~
~~learning; developing cultural competency; identifying warning~~
~~signs of mental illness and suicidal behavior in youth;~~
~~domestic and sexual violence and the needs of expectant and~~
~~parenting youth; protections and accommodations for students;~~
~~educator ethics; responding to child sexual abuse and grooming~~
~~behavior; and effective instruction in violence prevention and~~
~~conflict resolution. Institute programs in these topics shall~~
~~be credited toward hours of professional development required~~
~~for license renewal as outlined in subsection (e) of Section~~
~~21B-45 (i) peer counseling programs and other anti-violence~~
~~and conflict resolution programs, including without limitation~~
~~programs for preventing at risk students from committing~~
~~violent acts, and (ii) educator ethics and teacher student~~
~~conduct. Beginning with the 2009-2010 school year, the~~
~~teachers institutes shall include instruction on prevalent~~

~~student chronic health conditions. Beginning with the 2016-2017 school year, the teachers institutes shall include, at least once every 2 years, instruction on the federal Americans with Disabilities Act as it pertains to the school environment.~~

(Source: P.A. 99-30, eff. 7-10-15; 99-616, eff. 7-22-16.)

(105 ILCS 5/10-20.36)

Sec. 10-20.36. Psychotropic or psychostimulant medication; disciplinary action.

(a) In this Section:

"Psychostimulant medication" means medication that produces increased levels of mental and physical energy and alertness and an elevated mood by stimulating the central nervous system.

"Psychotropic medication" means psychotropic medication as defined in Section 1-121.1 of the Mental Health and Developmental Disabilities Code.

(b) Each school board must adopt and implement a policy that prohibits any disciplinary action that is based totally or in part on the refusal of a student's parent or guardian to administer or consent to the administration of psychotropic or psychostimulant medication to the student.

~~The policy must require that, at least once every 2 years, the in-service training of certified school personnel and administrators include training on current best practices~~

~~regarding the identification and treatment of attention deficit disorder and attention deficit hyperactivity disorder, the application of non-aversive behavioral interventions in the school environment, and the use of psychotropic or psychostimulant medication for school age children.~~

(c) This Section does not prohibit school medical staff, an individualized educational program team, or a qualified professional worker (as defined in Section 14-1.10 of this Code) from recommending that a student be evaluated by an appropriate medical practitioner or prohibit school personnel from consulting with the practitioner with the consent of the student's parents or guardian.

(Source: P.A. 95-331, eff. 8-21-07.)

(105 ILCS 5/10-20.61)

Sec. 10-20.61. Implicit bias training.

(a) The General Assembly makes the following findings:

(1) implicit racial bias influences evaluations of and behavior toward those who are the subject of the bias;

(2) understanding implicit racial bias is needed in order to reduce that bias;

(3) marginalized students would benefit from having access to educators who have worked to reduce their biases; and

(4) training that helps educators overcome implicit racial bias has implication for classroom interactions,

student evaluation, and classroom engagement; it also affects student academic self-concept.

(b) Teachers, administrators, and school support personnel shall complete training ~~Each school board shall require in service training for school personnel to include training~~ to develop cultural competency, including understanding and reducing implicit racial bias, as outlined in Sections 10-22.39 and 3-11.

(c) As used in this Section, "implicit racial bias" means a preference, positive or negative, for a racial or ethnic group that operates outside of awareness. This bias has 3 different components: affective, behavioral, and cognitive.

(Source: P.A. 100-14, eff. 7-1-17; 100-863, eff. 8-14-18.)

(105 ILCS 5/10-22.24b)

Sec. 10-22.24b. School counseling services. School counseling services in public schools may be provided by school counselors as defined in Section 10-22.24a of this Code or by individuals who hold a Professional Educator License with a school support personnel endorsement in the area of school counseling under Section 21B-25 of this Code.

School counseling services may include, but are not limited to:

(1) designing and delivering a comprehensive school counseling program that promotes student achievement and wellness;

(2) incorporating the common core language into the school counselor's work and role;

(3) school counselors working as culturally skilled professionals who act sensitively to promote social justice and equity in a pluralistic society;

(4) providing individual and group counseling;

(5) providing a core counseling curriculum that serves all students and addresses the knowledge and skills appropriate to their developmental level through a collaborative model of delivery involving the school counselor, classroom teachers, and other appropriate education professionals, and including prevention and pre-referral activities;

(6) making referrals when necessary to appropriate offices or outside agencies;

(7) providing college and career development activities and counseling;

(8) developing individual career plans with students, which includes planning for post-secondary education, as appropriate, and engaging in related and relevant career and technical education coursework in high school as described in paragraph (55);

(9) assisting all students with a college or post-secondary education plan, which must include a discussion on all post-secondary education options, including 4-year colleges or universities, community

colleges, and vocational schools, and includes planning for post-secondary education, as appropriate, and engaging in related and relevant career and technical education coursework in high school as described in paragraph (55);

(10) intentionally addressing the career and college needs of first generation students;

(11) educating all students on scholarships, financial aid, and preparation of the Federal Application for Federal Student Aid;

(12) collaborating with institutions of higher education and local community colleges so that students understand post-secondary education options and are ready to transition successfully;

(13) providing crisis intervention and contributing to the development of a specific crisis plan within the school setting in collaboration with multiple stakeholders;

(14) educating students, teachers, and parents on anxiety, depression, cutting, and suicide issues and intervening with students who present with these issues;

(15) providing counseling and other resources to students who are in crisis;

(16) providing resources for those students who do not have access to mental health services;

(17) addressing bullying and conflict resolution with all students;

(18) teaching communication skills and helping students develop positive relationships;

(19) using culturally sensitive ~~culturally sensitive~~ skills in working with all students to promote wellness;

(20) addressing the needs of undocumented students in the school, as well as students who are legally in the United States, but whose parents are undocumented;

(21) contributing to a student's functional behavioral assessment, as well as assisting in the development of non-aversive behavioral intervention strategies;

(22) (i) assisting students in need of special education services by implementing the academic supports and social-emotional and college or career development counseling services or interventions per a student's individualized education program (IEP); (ii) participating in or contributing to a student's IEP and completing a social-developmental history; or (iii) providing services to a student with a disability under the student's IEP or federal Section 504 plan, as recommended by the student's IEP team or Section 504 plan team and in compliance with federal and State laws and rules governing the provision of educational and related services and school-based accommodations to students with disabilities and the qualifications of school personnel to provide such services and accommodations;

(23) assisting in the development of a personal

educational plan with each student;

(24) educating students on dual credit and learning opportunities on the Internet;

(25) providing information for all students in the selection of courses that will lead to post-secondary education opportunities toward a successful career;

(26) interpreting achievement test results and guiding students in appropriate directions;

(27) counseling with students, families, and teachers, in compliance with federal and State laws;

(28) providing families with opportunities for education and counseling as appropriate in relation to the student's educational assessment;

(29) consulting and collaborating with teachers and other school personnel regarding behavior management and intervention plans and inclusion in support of students;

(30) teaming and partnering with staff, parents, businesses, and community organizations to support student achievement and social-emotional learning standards for all students;

(31) developing and implementing school-based prevention programs, including, but not limited to, mediation and violence prevention, implementing social and emotional education programs and services, and establishing and implementing bullying prevention and intervention programs;

(32) developing culturally sensitive ~~culturally sensitive~~ assessment instruments for measuring school counseling prevention and intervention effectiveness and collecting, analyzing, and interpreting data;

(33) participating on school and district committees to advocate for student programs and resources, as well as establishing a school counseling advisory council that includes representatives of key stakeholders selected to review and advise on the implementation of the school counseling program;

(34) acting as a liaison between the public schools and community resources and building relationships with important stakeholders, such as families, administrators, teachers, and board members;

(35) maintaining organized, clear, and useful records in a confidential manner consistent with Section 5 of the Illinois School Student Records Act, the Family Educational Rights and Privacy Act, and the Health Insurance Portability and Accountability Act;

(36) presenting an annual agreement to the administration, including a formal discussion of the alignment of school and school counseling program missions and goals and detailing specific school counselor responsibilities;

(37) identifying and implementing culturally sensitive

~~culturally sensitive~~ measures of success for student competencies in each of the 3 domains of academic, social and emotional, and college and career learning based on planned and periodic assessment of the comprehensive developmental school counseling program;

(38) collaborating as a team member in Response to Intervention (RtI) and other school initiatives;

(39) conducting observations and participating in recommendations or interventions regarding the placement of children in educational programs or special education classes;

(40) analyzing data and results of school counseling program assessments, including curriculum, small-group, and closing-the-gap results reports, and designing strategies to continue to improve program effectiveness;

(41) analyzing data and results of school counselor competency assessments;

(42) following American School Counselor Association Ethical Standards for School Counselors to demonstrate high standards of integrity, leadership, and professionalism;

(43) knowing and embracing common core standards by using common core language;

(44) practicing as a culturally skilled ~~culturally skilled~~ school counselor by infusing the multicultural competencies within the role of the school

counselor, including the practice of culturally sensitive
~~culturally sensitive~~ attitudes and beliefs, knowledge, and
skills;

(45) infusing the Social-Emotional Standards, as
presented in the State Board of Education standards,
across the curriculum and in the counselor's role in ways
that empower and enable students to achieve academic
success across all grade levels;

(46) providing services only in areas in which the
school counselor has appropriate training or expertise, as
well as only providing counseling or consulting services
within his or her employment to any student in the
district or districts which employ such school counselor,
in accordance with professional ethics;

(47) having adequate training in supervision knowledge
and skills in order to supervise school counseling interns
enrolled in graduate school counselor preparation programs
that meet the standards established by the State Board of
Education;

(48) being involved with State and national
professional associations;

(49) complete the required training as outlined in
Section 10-22.39 ~~participating, at least once every 2~~
~~years, in an in-service training program for school~~
~~counselors conducted by persons with expertise in domestic~~
~~and sexual violence and the needs of expectant and~~

~~parenting youth, which shall include training concerning (i) communicating with and listening to youth victims of domestic or sexual violence and expectant and parenting youth, (ii) connecting youth victims of domestic or sexual violence and expectant and parenting youth to appropriate in school services and other agencies, programs, and services as needed, and (iii) implementing the school district's policies, procedures, and protocols with regard to such youth, including confidentiality; at a minimum, school personnel must be trained to understand, provide information and referrals, and address issues pertaining to youth who are parents, expectant parents, or victims of domestic or sexual violence;~~

~~(50) (blank); participating, at least every 2 years, in an in-service training program for school counselors conducted by persons with expertise in anaphylactic reactions and management;~~

~~(51) (blank); participating, at least once every 2 years, in an in-service training on educator ethics, teacher-student conduct, and school-employee-student conduct for all personnel;~~

~~(52) (blank); participating, in addition to other topics at in-service training programs, in training to identify the warning signs of mental illness and suicidal behavior in adolescents and teenagers and learning appropriate intervention and referral techniques;~~

(53) (blank); ~~obtaining training to have a basic knowledge of matters relating to acquired immunodeficiency syndrome (AIDS), including the nature of the disease, its causes and effects, the means of detecting it and preventing its transmission, and the availability of appropriate sources of counseling and referral and any other information that may be appropriate considering the age and grade level of the pupils; the school board shall supervise such training and the State Board of Education and the Department of Public Health shall jointly develop standards for such training;~~

(54) participating in mandates from the State Board of Education for bullying education and social-emotional literacy ~~literary~~; and

(55) promoting career and technical education by assisting each student to determine an appropriate postsecondary plan based upon the student's skills, strengths, and goals and assisting the student to implement the best practices that improve career or workforce readiness after high school.

School districts may employ a sufficient number of school counselors to maintain the national and State recommended student-counselor ratio of 250 to 1. School districts may have school counselors spend at least 80% of his or her work time in direct contact with students.

Nothing in this Section prohibits other qualified

professionals, including other endorsed school support personnel, from providing the services listed in this Section. (Source: P.A. 101-290, eff. 8-9-19; 102-876, eff. 1-1-23; revised 12-9-22.)

(105 ILCS 5/10-22.39)

Sec. 10-22.39. In-service training programs.

(a) To conduct in-service training programs for teachers, administrators, and school support personnel.

(b) In addition to other topics at in-service training programs listed in this Section, teachers, administrators, and school support personnel who work with pupils must be trained in the following topics: health conditions of students; social-emotional learning; developing cultural competency; identifying warning signs of mental illness and suicidal behavior in youth; domestic and sexual violence and the needs of expectant and parenting youth; protections and accommodations for students; educator ethics; responding to child sexual abuse and grooming behavior; and effective instruction in violence prevention and conflict resolution. In-service training programs in these topics shall be credited toward hours of professional development required for license renewal as outlined in subsection (e) of Section 21B-45.

School support personnel may be exempt from in-service training if the training is not relevant to the work they do.

Nurses and school nurses, as defined by Section 10-22.23,

are exempt from training required in subsection (b-5).

Beginning July 1, 2024, all teachers, administrators, and school support personnel shall complete training as outlined in Section 10-22.39 during an in-service training program conducted by their school board or through other training opportunities, including, but not limited to, institutes under Section 3-11. Such training must be completed within 6 months of employment by a school board and renewed at least once every 5 years, unless required more frequently by other State or federal law or in accordance with this Section. If teachers, administrators, or school support personnel obtain training outside of an in-service training program or from a previous public school district or nonpublic school employer, they may present documentation showing current compliance with this subsection to satisfy the requirement of receiving training within 6 months of first being employed. Training may be delivered through online, asynchronous means.

(b-5) Training regarding health conditions of students for staff required by this Section shall include, but is not limited to:

(1) Chronic health conditions of students.

(2) Anaphylactic reactions and management. Such training shall be conducted by persons with expertise in anaphylactic reactions and management.

(3) The management of asthma, the prevention of asthma symptoms, and emergency response in the school setting.

(4) The basics of seizure recognition and first aid and appropriate emergency protocols. Such training must be fully consistent with the best practice guidelines issued by the Centers for Disease Control and Prevention.

(5) The basics of diabetes care, how to identify when a student with diabetes needs immediate or emergency medical attention, and whom to contact in the case of an emergency.

(6) Current best practices regarding the identification and treatment of attention deficit hyperactivity disorder.

(7) Instruction on how to respond to an incident involving life-threatening bleeding and, if applicable, how to use a school's trauma kit. Beginning with the 2024-2025 school year, training on life-threatening bleeding must be completed within 6 months of the employee first being employed by a school board and renewed within 2 years. Beginning with the 2027-2028 school year, the training must be completed within 6 months of the employee first being employed by a school board and renewed at least once every 5 years thereafter.

In consultation with professional organizations with expertise in student health issues, including, but not limited to, asthma management, anaphylactic reactions, seizure recognition, and diabetes care, the State Board of Education shall make available resource materials for educating school

personnel about student health conditions and emergency response in the school setting.

A school board may satisfy the life-threatening bleeding training under this subsection by using the training, including online training, available from the American College of Surgeons or any other similar organization.

(b-10) The training regarding social-emotional learning, for staff required by this Section may include, at a minimum, providing education to all school personnel about the content of the Illinois Social and Emotional Learning Standards, how those standards apply to everyday school interactions, and examples of how social emotional learning can be integrated into instructional practices across all grades and subjects.

(b-15) The training regarding developing cultural competency for staff required by this Section shall include, but is not limited to, understanding and reducing implicit bias, including implicit racial bias. As used in this subsection, "implicit racial bias" has the meaning set forth in Section 10-20.61.

(b-20) The training regarding identifying warning signs of mental illness, trauma, and suicidal behavior in youth for staff required by this Section shall include, but is not limited to, appropriate intervention and referral techniques, including resources and guidelines as outlined in Section 2-3.166.

Illinois Mental Health First Aid training, established

under the Illinois Mental Health First Aid Training Act, may satisfy the requirements of this subsection.

If teachers, administrators, or school support personnel obtain mental health first aid training outside of an in-service training program, they may present a certificate of successful completion of the training to the school district to satisfy the requirements of this subsection. Training regarding the implementation of trauma-informed practices satisfies the requirements of this subsection.

(b-25) As used in this subsection:

"Domestic violence" means abuse by a family or household member, as "abuse" and "family or household members" are defined in Section 103 of the Illinois Domestic Violence Act of 1986.

"Sexual violence" means sexual assault, abuse, or stalking of an adult or minor child proscribed in the Criminal Code of 1961 or in Sections 11-1.20, 11-1.30, 11-1.40, 11-1.50, 11-1.60, 12-7.3, 12-7.4, 12-7.5, 12-12, 12-13, 12-14, 12-14.1, 12-15, and 12-16 of the Criminal Code of 2012, including sexual violence committed by perpetrators who are strangers to the victim and sexual violence committed by perpetrators who are known or related by blood or marriage to the victim.

The training regarding domestic and sexual violence and the needs of expectant and parenting youth for staff required by this Section must be conducted by persons with expertise in domestic and sexual violence and the needs of expectant and

parenting youth, and shall include, but is not limited to:

(1) communicating with and listening to youth victims of domestic or sexual violence and expectant and parenting youth;

(2) connecting youth victims of domestic or sexual violence and expectant and parenting youth to appropriate in-school services and other agencies, programs, and services as needed;

(3) implementing the school district's policies, procedures, and protocols with regard to such youth, including confidentiality. At a minimum, school personnel must be trained to understand, provide information and referrals, and address issues pertaining to youth who are parents, expectant parents, or victims of domestic or sexual violence; and

(4) procedures for responding to incidents of teen dating violence that take place at the school, on school grounds, at school-sponsored activities, or in vehicles used for school-provided transportation as outlined in Section 3.10 of the Critical Health Problems and Comprehensive Health Education Act.

(b-30) The training regarding protections and accommodations for students shall include, but is not limited to, instruction on the federal Americans with Disabilities Act, as it pertains to the school environment, and homelessness. Beginning with the 2024-2025 school year,

training on homelessness must be completed within 6 months of an employee first being employed by a school board and renewed within 2 years. Beginning with the 2027-2028 school year, the training must be completed within 6 months of the employee first being employed by a school board and renewed at least once every 5 years thereafter. Training on homelessness shall include the following:

(1) the definition of homeless children and youths under 42 U.S.C. 11434a;

(2) the signs of homelessness and housing insecurity;

(3) the rights of students experiencing homelessness under State and federal law;

(4) the steps to take when a homeless or housing-insecure student is identified; and

(5) the appropriate referral techniques, including the name and contact number of the school or school district homeless liaison.

School boards may work with a community-based organization that specializes in working with homeless children and youth to develop and provide the training.

(b-35) The training regarding educator ethics and responding to child sexual abuse and grooming behavior shall include, but is not limited to, teacher-student conduct, school employee-student conduct, and evidence-informed training on preventing, recognizing, reporting, and responding to child sexual abuse and grooming as outlined in Section

10-23.13.

(b-40) The training regarding effective instruction in violence prevention and conflict resolution required by this Section shall be conducted in accordance with the requirements of Section 27-23.4.

(c) Beginning July 1, 2024, all nonpublic elementary and secondary school teachers, administrators, and school support personnel shall complete the training set forth in subsection (b-5). Training must be completed within 6 months of first being employed by a nonpublic school and renewed at least once every 5 years, unless required more frequently by other State or federal law. If nonpublic teachers, administrators, or school support personnel obtain training from a public school district or nonpublic school employer, the teacher, administrator, or school support personnel may present documentation to the nonpublic school showing current compliance with this subsection to satisfy the requirement of receiving training within 6 months of first being employed. ~~at least once every 2 years, licensed school personnel and administrators who work with pupils in kindergarten through grade 12 shall be trained to identify the warning signs of mental illness, trauma, and suicidal behavior in youth and shall be taught appropriate intervention and referral techniques. A school district may utilize the Illinois Mental Health First Aid training program, established under the Illinois Mental Health First Aid Training Act and administered~~

~~by certified instructors trained by a national association recognized as an authority in behavioral health, to provide the training and meet the requirements under this subsection. If licensed school personnel or an administrator obtains mental health first aid training outside of an in service training program, he or she may present a certificate of successful completion of the training to the school district to satisfy the requirements of this subsection.~~

~~Training regarding the implementation of trauma informed practices satisfies the requirements of this subsection (b).~~

~~A course of instruction as described in this subsection (b) may provide information that is relevant to and within the scope of the duties of licensed school personnel or school administrators. Such information may include, but is not limited to:~~

~~(1) the recognition of and care for trauma in students and staff;~~

~~(2) the relationship between educator wellness and student learning;~~

~~(3) the effect of trauma on student behavior and learning;~~

~~(4) the prevalence of trauma among students, including the prevalence of trauma among student populations at higher risk of experiencing trauma;~~

~~(5) the effects of implicit or explicit bias on recognizing trauma among various student groups in~~

~~connection with race, ethnicity, gender identity, sexual orientation, socio-economic status, and other relevant factors; and~~

~~(6) effective district practices that are shown to:~~

~~(A) prevent and mitigate the negative effect of trauma on student behavior and learning; and~~

~~(B) support the emotional wellness of staff.~~

(c) (Blank). ~~School counselors, nurses, teachers and other school personnel who work with pupils may be trained to have a basic knowledge of matters relating to acquired immunodeficiency syndrome (AIDS), including the nature of the disease, its causes and effects, the means of detecting it and preventing its transmission, and the availability of appropriate sources of counseling and referral, and any other information that may be appropriate considering the age and grade level of such pupils. The School Board shall supervise such training. The State Board of Education and the Department of Public Health shall jointly develop standards for such training.~~

(d) (Blank). ~~In this subsection (d):~~

~~"Domestic violence" means abuse by a family or household member, as "abuse" and "family or household members" are defined in Section 103 of the Illinois Domestic Violence Act of 1986.~~

~~"Sexual violence" means sexual assault, abuse, or stalking of an adult or minor child proscribed in the Criminal Code of~~

~~1961 or the Criminal Code of 2012 in Sections 11-1.20, 11-1.30, 11-1.40, 11-1.50, 11-1.60, 12-7.3, 12-7.4, 12-7.5, 12-12, 12-13, 12-14, 12-14.1, 12-15, and 12-16, including sexual violence committed by perpetrators who are strangers to the victim and sexual violence committed by perpetrators who are known or related by blood or marriage to the victim.~~

~~At least once every 2 years, an in service training program for school personnel who work with pupils, including, but not limited to, school and school district administrators, teachers, school social workers, school counselors, school psychologists, and school nurses, must be conducted by persons with expertise in domestic and sexual violence and the needs of expectant and parenting youth and shall include training concerning (i) communicating with and listening to youth victims of domestic or sexual violence and expectant and parenting youth, (ii) connecting youth victims of domestic or sexual violence and expectant and parenting youth to appropriate in school services and other agencies, programs, and services as needed, and (iii) implementing the school district's policies, procedures, and protocols with regard to such youth, including confidentiality. At a minimum, school personnel must be trained to understand, provide information and referrals, and address issues pertaining to youth who are parents, expectant parents, or victims of domestic or sexual violence.~~

(e) (Blank). ~~At least every 2 years, an in service~~

~~training program for school personnel who work with pupils must be conducted by persons with expertise in anaphylactic reactions and management.~~

(f) (Blank). ~~At least once every 2 years, a school board shall conduct in service training on educator ethics, teacher student conduct, and school employee student conduct for all personnel.~~

(Source: P.A. 101-350, eff. 1-1-20; 102-197, eff. 7-30-21; 102-638, eff. 1-1-23; 102-813, eff. 5-13-22.)

(105 ILCS 5/10-23.12) (from Ch. 122, par. 10-23.12)

Sec. 10-23.12. Child abuse and neglect; ~~detection, reporting, and prevention;~~ willful or negligent failure to report.

(a) (Blank). ~~To provide staff development for local school site personnel who work with pupils in grades kindergarten through 8 in the detection, reporting, and prevention of child abuse and neglect.~~

(b) (Blank). ~~The Department of Children and Family Services may, in cooperation with school officials, distribute appropriate materials in school buildings listing the toll free telephone number established in Section 7.6 of the Abused and Neglected Child Reporting Act, including methods of making a report under Section 7 of the Abused and Neglected Child Reporting Act, to be displayed in a clearly visible location in each school building.~~

(c) Except for an employee licensed under Article 21B of this Code, if a school board determines that any school district employee has willfully or negligently failed to report an instance of suspected child abuse or neglect, as required by the Abused and Neglected Child Reporting Act, then the school board may dismiss that employee immediately upon that determination. For purposes of this subsection (c), negligent failure to report an instance of suspected child abuse or neglect occurs when a school district employee personally observes an instance of suspected child abuse or neglect and reasonably believes, in his or her professional or official capacity, that the instance constitutes an act of child abuse or neglect under the Abused and Neglected Child Reporting Act, and he or she, without willful intent, fails to immediately report or cause a report to be made of the suspected abuse or neglect to the Department of Children and Family Services, as required by the Abused and Neglected Child Reporting Act.

(Source: P.A. 100-413, eff. 1-1-18; 100-468, eff. 6-1-18; 101-531, eff. 8-23-19.)

(105 ILCS 5/22-30)

Sec. 22-30. Self-administration and self-carry of asthma medication and epinephrine injectors; administration of undesignated epinephrine injectors; administration of an opioid antagonist; administration of undesignated asthma

medication; asthma episode emergency response protocol.

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

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

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

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

"Asthma medication" means quick-relief asthma medication, including albuterol or other short-acting bronchodilators, that is approved by the United States Food and Drug Administration for the treatment of respiratory distress. "Asthma medication" includes medication delivered through a device, including a metered dose inhaler with a reusable or

disposable spacer or a nebulizer with a mouthpiece or mask.

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

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

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

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

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

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

"Trained personnel" means any school employee or volunteer personnel authorized in Sections 10-22.34, 10-22.34a, and 10-22.34b of this Code who has completed training under

subsection (g) of this Section to recognize and respond to anaphylaxis, an opioid overdose, or respiratory distress.

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

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

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

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

(2) the parents or guardians of the pupil provide to the school (i) the prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the

asthma medication is to be administered, or (ii) for the self-administration or self-carry of an epinephrine injector, a written statement from the pupil's physician, physician assistant, or advanced practice registered nurse containing the following information:

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

(B) the prescribed dosage; and

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

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

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

(b-10) The school district, public school, charter school, or nonpublic school may authorize a school nurse or trained personnel to do the following: (i) provide an undesignated

epinephrine injector to a student for self-administration only or any personnel authorized under a student's Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan to administer to the student that meets the student's prescription on file; (ii) administer an undesignated epinephrine injector that meets the prescription on file to any student who has an Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan that authorizes the use of an epinephrine injector; (iii) administer an undesignated epinephrine injector to any person that the school nurse or trained personnel in good faith believes is having an anaphylactic reaction; (iv) administer an opioid antagonist to any person that the school nurse or trained personnel in good faith believes is having an opioid overdose; (v) provide undesignated asthma medication to a student for self-administration only or to any personnel authorized under a student's Individual Health Care Action Plan or asthma action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan to administer to the student that meets the student's prescription on file; (vi) administer undesignated

asthma medication that meets the prescription on file to any student who has an Individual Health Care Action Plan or asthma action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan that authorizes the use of asthma medication; and (vii) administer undesignated asthma medication to any person that the school nurse or trained personnel believes in good faith is having respiratory distress.

(c) The school district, public school, charter school, or nonpublic school must inform the parents or guardians of the pupil, in writing, that the school district, public school, charter school, or nonpublic school and its employees and agents, including a physician, physician assistant, or advanced practice registered nurse providing standing protocol and a prescription for school epinephrine injectors, an opioid antagonist, or undesignated asthma medication, are to incur no liability or professional discipline, except for willful and wanton conduct, as a result of any injury arising from the administration of asthma medication, an epinephrine injector, or an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse. The parents or guardians of the pupil must sign a statement acknowledging that the school district, public school, charter school, or nonpublic school and its

employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the administration of asthma medication, an epinephrine injector, or an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse and that the parents or guardians must indemnify and hold harmless the school district, public school, charter school, or nonpublic school and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of asthma medication, an epinephrine injector, or an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse.

(c-5) When a school nurse or trained personnel administers an undesignated epinephrine injector to a person whom the school nurse or trained personnel in good faith believes is having an anaphylactic reaction, administers an opioid antagonist to a person whom the school nurse or trained personnel in good faith believes is having an opioid overdose, or administers undesignated asthma medication to a person whom the school nurse or trained personnel in good faith believes is having respiratory distress, notwithstanding the lack of notice to the parents or guardians of the pupil or the absence of the parents or guardians signed statement acknowledging no

liability, except for willful and wanton conduct, the school district, public school, charter school, or nonpublic school and its employees and agents, and a physician, a physician assistant, or an advanced practice registered nurse providing standing protocol and a prescription for undesignated epinephrine injectors, an opioid antagonist, or undesignated asthma medication, are to incur no liability or professional discipline, except for willful and wanton conduct, as a result of any injury arising from the use of an undesignated epinephrine injector, the use of an opioid antagonist, or the use of undesignated asthma medication, regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse.

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

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

before or after normal school activities, such as while in before-school or after-school care on school-operated property or while being transported on a school bus.

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

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

while in school or at a school-sponsored activity.

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

(f) The school district, public school, charter school, or nonpublic school may maintain a supply of undesignated epinephrine injectors in any secure location that is accessible before, during, and after school where an allergic person is most at risk, including, but not limited to, classrooms and lunchrooms. A physician, a physician assistant who has prescriptive authority in accordance with Section 7.5 of the Physician Assistant Practice Act of 1987, or an advanced practice registered nurse who has prescriptive authority in accordance with Section 65-40 of the Nurse Practice Act may prescribe undesignated epinephrine injectors in the name of the school district, public school, charter school, or nonpublic school to be maintained for use when necessary. Any supply of epinephrine injectors shall be

maintained in accordance with the manufacturer's instructions.

The school district, public school, charter school, or nonpublic school may maintain a supply of an opioid antagonist in any secure location where an individual may have an opioid overdose. A health care professional who has been delegated prescriptive authority for opioid antagonists in accordance with Section 5-23 of the Substance Use Disorder Act may prescribe opioid antagonists in the name of the school district, public school, charter school, or nonpublic school, to be maintained for use when necessary. Any supply of opioid antagonists shall be maintained in accordance with the manufacturer's instructions.

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

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

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

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

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

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

Within 24 hours after the administration of undesignated

asthma medication, a school district, public school, charter school, or nonpublic school must notify the student's parent or guardian or emergency contact, if known, and the physician, physician assistant, or advanced practice registered nurse who provided the standing protocol and a prescription for the undesignated asthma medication of its use. The district or school must follow up with the school nurse, if available, and may, with the consent of the child's parent or guardian, notify the child's health care provider of record, as determined under this Section, of its use.

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

Prior to the administration of an opioid antagonist, trained personnel must submit to the school's administration proof of completion of a training curriculum to recognize and respond to an opioid overdose, which curriculum must meet the requirements of subsection (h-5) of this Section. ~~Training must be completed annually. Trained personnel must also submit to the school's administration proof of cardiopulmonary~~

~~resuscitation and automated external defibrillator certification.~~ The school district, public school, charter school, or nonpublic school must maintain records relating to the training curriculum and the trained personnel.

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

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

Training shall include, but is not limited to:

- (1) how to recognize signs and symptoms of an allergic reaction, including anaphylaxis;
- (2) how to administer an epinephrine injector; and
- (3) a test demonstrating competency of the knowledge required to recognize anaphylaxis and administer an epinephrine injector.

Training may also include, but is not limited to:

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

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

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

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

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

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

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

(h-5) A training curriculum to recognize and respond to an opioid overdose, including the administration of an opioid antagonist, may be conducted online or in person. The training

must comply with any training requirements under Section 5-23 of the Substance Use Disorder Act and the corresponding rules.

It must include, but is not limited to:

- (1) how to recognize symptoms of an opioid overdose;
- (2) information on drug overdose prevention and recognition;
- (3) how to perform rescue breathing and resuscitation;
- (4) how to respond to an emergency involving an opioid overdose;
- (5) opioid antagonist dosage and administration;
- (6) the importance of calling 9-1-1 or, if 9-1-1 is not available, other local emergency medical services;
- (7) care for the overdose victim after administration of the overdose antagonist;
- (8) a test demonstrating competency of the knowledge required to recognize an opioid overdose and administer a dose of an opioid antagonist; and
- (9) other criteria as determined in rules adopted pursuant to this Section.

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

- (1) how to recognize symptoms of respiratory distress and how to distinguish respiratory distress from anaphylaxis;

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

(3) asthma medication dosage and administration;

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

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

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

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

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

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

(3) trigger that precipitated allergic episode;

(4) location where symptoms developed;

(5) number of doses administered;

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

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

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

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

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

(2) the location where symptoms developed;

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

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

(i-10) Within 3 days after the administration of undesignated asthma medication by a school nurse, trained personnel, or a student at a school or school-sponsored activity, the school must report to the State Board of

Education, on a form and in a manner prescribed by the State Board of Education, the following information:

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

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

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

(4) the location of where the symptoms developed;

(5) the number of doses administered;

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

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

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

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

the date the report is delivered to the General Assembly.

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

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

(j-15) (Blank). ~~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. In consultation with statewide professional organizations with~~

~~expertise in asthma management, the State Board of Education shall make available resource materials for educating school personnel about asthma and emergency response in the school setting.~~

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

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

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

(Source: P.A. 101-81, eff. 7-12-19; 102-413, eff. 8-20-21; 102-813, eff. 5-13-22.)

(105 ILCS 5/27-23.6)

Sec. 27-23.6. Anti-bias education.

(a) The General Assembly finds that there is a significant increase in violence in the schools and that much of that violence is the result of intergroup tensions. The General Assembly further finds that anti-bias education and intergroup

conflict resolution are effective methods for preventing violence and lessening tensions in the schools and that these methods are most effective when they are respectful of individuals and their divergent viewpoints and religious beliefs, which are protected by the First Amendment to the Constitution of the United States.

(b) Beginning with the 2002-2003 school year, public elementary and secondary schools may incorporate activities to address intergroup conflict, with the objectives of improving intergroup relations on and beyond the school campus, defusing intergroup tensions, and promoting peaceful resolution of conflict. The activities must be respectful of individuals and their divergent viewpoints and religious beliefs, which are protected by the First Amendment to the Constitution of the United States. ~~Such activities may include, but not be limited to, instruction and teacher training programs.~~

(c) A school board that adopts a policy to incorporate activities to address intergroup conflict as authorized under subsection (b) of this Section shall make information available to the public that describes the manner in which the board has implemented the authority granted to it in this Section. The means for disseminating this information (i) shall include posting the information on the school district's Internet web site, if any, and making the information available, upon request, in district offices, and (ii) may include without limitation incorporating the information in a

student handbook and including the information in a district newsletter.

(Source: P.A. 92-763, eff. 8-6-02.)

(105 ILCS 5/27-23.10)

Sec. 27-23.10. Gang resistance education and training.

(a) The General Assembly finds that the instance of youth delinquent gangs continues to rise on a statewide basis. Given the higher rates of criminal offending among gang members, as well as the availability of increasingly lethal weapons, the level of criminal activity by gang members has taken on new importance for law enforcement agencies, schools, the community, and prevention efforts.

(b) As used in this Section:

"Gang resistance education and training" means and includes instruction in, without limitation, each of the following subject matters when accompanied by a stated objective of reducing gang activity and educating children in grades K through 12 about the consequences of gang involvement:

- (1) conflict resolution;
- (2) cultural sensitivity;
- (3) personal goal setting; and
- (4) resisting peer pressure.

(c) Each school district and non-public, non-sectarian elementary or secondary school in this State may make suitable

provisions for instruction in gang resistance education ~~and training~~ in all grades and include that instruction in the courses of study regularly taught in those grades. For the purposes of gang resistance education ~~and training~~, a school board or the governing body of a non-public, non-sectarian elementary or secondary school must collaborate with State and local law enforcement agencies. The State Board of Education may assist in the development of instructional materials and teacher training in relation to gang resistance education and training.

(Source: P.A. 96-952, eff. 6-28-10.)

(105 ILCS 5/34-18.25)

Sec. 34-18.25. Psychotropic or psychostimulant medication; disciplinary action.

(a) In this Section:

"Psychostimulant medication" means medication that produces increased levels of mental and physical energy and alertness and an elevated mood by stimulating the central nervous system.

"Psychotropic medication" means psychotropic medication as defined in Section 1-121.1 of the Mental Health and Developmental Disabilities Code.

(b) The board must adopt and implement a policy that prohibits any disciplinary action that is based totally or in part on the refusal of a student's parent or guardian to

administer or consent to the administration of psychotropic or psychostimulant medication to the student.

~~The policy must require that, at least once every 2 years, the in-service training of certified school personnel and administrators include training on current best practices regarding the identification and treatment of attention deficit disorder and attention deficit hyperactivity disorder, the application of non-aversive behavioral interventions in the school environment, and the use of psychotropic or psychostimulant medication for school age children.~~

(c) This Section does not prohibit school medical staff, an individualized educational program team, or a qualified professional worker (as defined in Section 14-1.10 of this Code) from recommending that a student be evaluated by an appropriate medical practitioner or prohibit school personnel from consulting with the practitioner with the consent of the student's parents or guardian.

(Source: P.A. 95-331, eff. 8-21-07.)

(105 ILCS 5/34-18.54)

Sec. 34-18.54. Implicit bias training.

(a) The General Assembly makes the following findings:

(1) implicit racial bias influences evaluations of and behavior toward those who are the subject of the bias;

(2) understanding implicit racial bias is needed in order to reduce that bias;

(3) marginalized students would benefit from having access to educators who have worked to reduce their biases; and

(4) training that helps educators overcome implicit racial bias has implication for classroom interactions, student evaluation, and classroom engagement; it also affects student academic self-concept.

(b) The board shall require in-service training for teachers, administrators, and school support personnel to include training to develop cultural competency, including understanding and reducing implicit racial bias as outlined in Sections 10-22.39 and 3-11.

(c) As used in this Section, "implicit racial bias" means a preference, positive or negative, for a racial or ethnic group that operates outside of awareness. This bias has 3 different components: affective, behavioral, and cognitive.

(Source: P.A. 100-14, eff. 7-1-17; 100-863, eff. 8-14-18.)

(105 ILCS 5/34-18.7 rep.)

(105 ILCS 5/34-18.8 rep.)

Section 10. The School Code is amended by repealing Sections 34-18.7 and 34-18.8.

Section 15. The Critical Health Problems and Comprehensive Health Education Act is amended by changing Section 3.10 as follows:

(105 ILCS 110/3.10)

Sec. 3.10. Policy on teen dating violence.

(a) As used in this Section:

"Dating" or "dating relationship" means an ongoing social relationship of a romantic or intimate nature between 2 persons. "Dating" or "dating relationship" does not include a casual relationship or ordinary fraternization between 2 persons in a business or social context.

"Teen dating violence" means either of the following:

(1) A pattern of behavior in which a person uses or threatens to use physical, mental, or emotional abuse to control another person who is in a dating relationship with the person, where one or both persons are 13 to 19 years of age.

(2) Behavior by which a person uses or threatens to use sexual violence against another person who is in a dating relationship with the person, where one or both persons are 13 to 19 years of age.

(b) The school board of each public school district in this State shall adopt a policy that does all of the following:

(1) States that teen dating violence is unacceptable and is prohibited and that each student has the right to a safe learning environment.

(2) Incorporates age-appropriate education about teen dating violence into new or existing training programs for

students in grades 7 through 12 and school employees as outlined in Sections 10-22.39 and 3-11 of the School Code, ~~as recommended by the school officials identified under subdivision (4) of this subsection (b).~~

(3) Establishes procedures for the manner in which employees of a school are to respond to incidents of teen dating violence that take place at the school, on school grounds, at school-sponsored activities, or in vehicles used for school-provided transportation.

(4) Identifies by job title the school officials who are responsible for receiving reports related to teen dating violence.

(5) Notifies students and parents of the teen dating violence policy adopted by the board.

(Source: P.A. 98-190, eff. 8-6-13.)

Section 20. The Care of Students with Diabetes Act is amended by changing Section 25 as follows:

(105 ILCS 145/25)

Sec. 25. Training for school employees and delegated care aides.

(a) Teachers, administrators, and school support personnel ~~In schools that have a student with diabetes, all school employees~~ shall receive training in the basics of diabetes care, how to identify when a student with diabetes needs

immediate or emergency medical attention, and whom to contact in the case of an emergency as outlined in Sections 10-22.39 and 3-11 ~~during regular inservice training under Section 3-11~~ of the School Code.

(b) Delegated care aides shall be trained to perform the tasks necessary to assist a student with diabetes in accordance with his or her diabetes care plan, including training to do the following:

- (1) check blood glucose and record results;
- (2) recognize and respond to the symptoms of hypoglycemia according to the diabetes care plan;
- (3) recognize and respond to the symptoms of hyperglycemia according to the diabetes care plan;
- (4) estimate the number of carbohydrates in a snack or lunch;
- (5) administer insulin according to the student's diabetes care plan and keep a record of the amount administered; and
- (6) respond in an emergency, including administering glucagon and calling 911.

(c) The school district shall coordinate ~~staff~~ training for delegated care aides, teachers, administrators, and school support personnel.

(d) Initial training of a delegated care aide shall be provided by a licensed healthcare provider with expertise in diabetes or a certified diabetic educator and individualized

by a student's parent or guardian. Training must be consistent with the guidelines provided by the U.S. Department of Health and Human Services in the guide for school personnel entitled "Helping the Student with Diabetes Succeed". The training shall be updated when the diabetes care plan is changed and at least annually.

(e) School nurses, where available, or health care providers may provide technical assistance or consultation or both to delegated care aides.

(f) An information sheet shall be provided to any school employee who transports a student for school-sponsored activities. It shall identify the student with diabetes, identify potential emergencies that may occur as a result of the student's diabetes and the appropriate responses to such emergencies, and provide emergency contact information.

(Source: P.A. 101-428, eff. 8-19-19.)

Section 25. The Seizure Smart School Act is amended by changing Section 25 as follows:

(105 ILCS 150/25)

Sec. 25. Training for school employees and delegated care aides.

(a) Teachers, administrators, and school support personnel
~~During an inservice training workshop under Section 3-11 of the School Code, all school employees shall receive training~~

in the basics of seizure recognition and first aid and appropriate emergency protocols as outlined in Sections 10-22.39 and 3-11 in the School Code. The training must be fully consistent with the best practice guidelines issued by the Centers for Disease Control and Prevention.

(b) In a school in which at least one student with epilepsy is enrolled, a delegated care aide must be trained to perform the tasks necessary to assist the student in accordance with his or her seizure action plan.

(c) The training of a delegated care aide must be provided by a licensed health care provider with an expertise in epilepsy or an epilepsy educator who has successfully completed the relevant curricula offered by the Centers for Disease Control and Prevention.

(d) If applicable, a seizure action plan must be provided to any school employee who transports a student with epilepsy to a school-sponsored activity.

(Source: P.A. 101-50, eff. 7-1-20.)