



Sen. Chapin Rose

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1 AMENDMENT TO SENATE BILL 2038

2 AMENDMENT NO. _____. Amend Senate Bill 2038 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the
5 Epinephrine Administration Act.

6 Section 5. Definitions. As used in this Act:

7 "Authorized entity" means any entity or organization,
8 other than a school covered under Section 22-30 of the School
9 Code, in connection with or at which allergens capable of
10 causing anaphylaxis may be present, including, but not limited
11 to, independent contractors who provide student transportation
12 to schools, recreation camps, colleges and universities, day
13 care facilities, youth sports leagues, amusement parks,
14 restaurants, sports arenas, and places of employment. The
15 Department shall, by rule, determine what constitutes a day
16 care facility under this definition.

1 "Department" means the Department of Public Health.

2 "Epinephrine glass vial, ampule, or pre-filled syringe"
3 means a glass vial of epinephrine, ampule of epinephrine, or
4 pre-filled syringe of epinephrine used for the administration
5 of a pre-measured dose of epinephrine into the human body.

6 "Health care practitioner" means a physician licensed to
7 practice medicine in all its branches under the Medical
8 Practice Act of 1987, a physician assistant under the Physician
9 Assistant Practice Act of 1987 with prescriptive authority, or
10 an advanced practice nurse with prescribing authority under
11 Article 65 of the Nurse Practice Act.

12 "Pharmacist" has the meaning given to that term under
13 subsection (k-5) of Section 3 of the Pharmacy Practice Act.

14 "Undesignated epinephrine glass vial, ampule, or
15 pre-filled syringe" means an epinephrine glass vial, ampule, or
16 pre-filled syringe prescribed in the name of an authorized
17 entity.

18 Section 10. Prescription to authorized entity; use;
19 training.

20 (a) A health care practitioner may prescribe epinephrine
21 glass vials, ampules, or pre-filled syringes in the name of an
22 authorized entity for use in accordance with this Act, and
23 pharmacists and health care practitioners may dispense
24 epinephrine glass vials, ampules, or pre-filled syringes
25 pursuant to a prescription issued in the name of an authorized

1 entity. Such prescriptions shall be valid for a period of 2
2 years.

3 (b) An authorized entity may acquire and stock a supply of
4 undesignated epinephrine glass vials, ampules, or pre-filled
5 syringes pursuant to a prescription issued under subsection (a)
6 of this Section. Such undesignated epinephrine glass vials,
7 ampules, or pre-filled syringes shall be stored in a location
8 readily accessible in an emergency and in accordance with the
9 instructions for use of the epinephrine glass vials, ampules,
10 or pre-filled syringes. The Department may establish any
11 additional requirements an authorized entity must follow under
12 this Act.

13 (c) An employee or agent of an authorized entity or other
14 individual who has completed training under subsection (d) of
15 this Section may:

16 (1) provide an epinephrine glass vial, ampule, or
17 pre-filled syringe to any individual on the property of the
18 authorized entity whom the employee, agent, or other
19 individual believes in good faith is experiencing
20 anaphylaxis, or to the parent, guardian, or caregiver of
21 such individual, for immediate administration, regardless
22 of whether the individual has a prescription for an
23 epinephrine glass vial, ampule, or pre-filled syringe or
24 has previously been diagnosed with an allergy; or

25 (2) administer epinephrine from a glass vial, ampule,
26 or pre-filled syringe to any individual on the property of

1 the authorized entity whom the employee, agent, or other
2 individual believes in good faith is experiencing
3 anaphylaxis, regardless of whether the individual has a
4 prescription for an epinephrine glass vial, ampule, or
5 pre-filled syringe or has previously been diagnosed with an
6 allergy.

7 (d) An employee, agent, or other individual authorized must
8 complete an anaphylaxis training program before he or she is
9 able to provide or administer epinephrine from a glass vial,
10 ampule, or pre-filled syringe under this Section. Such training
11 shall be valid for a period of 2 years and shall be conducted
12 by a nationally recognized organization experienced in
13 training laypersons in emergency health treatment. The
14 Department shall include links to training providers' websites
15 on its website.

16 Training shall include, but is not limited to:

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

19 (2) how to administer epinephrine from a glass vial,
20 ampule, or pre-filled syringe; and

21 (3) a test demonstrating competency of the knowledge
22 required to recognize anaphylaxis and administer
23 epinephrine from a glass vial, ampule, or pre-filled
24 syringe.

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

26 (A) a review of high-risk areas on the authorized

1 entity's property and its related facilities;
2 (B) steps to take to prevent exposure to allergens;
3 (C) emergency follow-up procedures; and
4 (D) other criteria as determined in rules adopted
5 pursuant to this Act.

6 Training may be conducted either online or in person. The
7 Department shall approve training programs and list permitted
8 training programs on the Department's Internet website.

9 Section 15. Costs. Whichever entity initiates the process
10 of obtaining undesignated epinephrine glass vials, ampules, or
11 pre-filled syringes and providing training to personnel for
12 carrying and administering epinephrine from undesignated
13 epinephrine glass vials, ampules, or pre-filled syringes shall
14 pay for the costs of the undesignated epinephrine glass vials,
15 ampules, or pre-filled syringes.

16 Section 20. Limitations. The use of an undesignated
17 epinephrine glass vial, ampule, or pre-filled syringe in
18 accordance with the requirements of this Act does not
19 constitute the practice of medicine or any other profession
20 that requires medical licensure.

21 Nothing in this Act shall limit the amount of epinephrine
22 glass vials, ampules, or pre-filled syringes that an authorized
23 entity or individual may carry or maintain a supply of.

1 Section 85. Rulemaking. The Department shall adopt any
2 rules necessary to implement and administer this Act.

3 Section 90. The School Code is amended by changing Section
4 22-30 as follows:

5 (105 ILCS 5/22-30)

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

24 ~~"Epinephrine auto injector" means a single use device used~~

1 ~~for the automatic injection of a pre-measured dose of~~
2 ~~epinephrine into the human body.~~

3 "Epinephrine injector" includes a glass vial,
4 auto-injector, ampule, or pre-filled syringe used for the
5 administration of epinephrine.

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

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

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

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

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

25 "Standing protocol" may be issued by (i) a physician
26 licensed to practice medicine in all its branches, (ii) a

1 licensed physician assistant with prescriptive authority, or
2 (iii) a licensed advanced practice nurse with prescriptive
3 authority.

4 "Trained personnel" means any school employee or volunteer
5 personnel authorized in Sections 10-22.34, 10-22.34a, and
6 10-22.34b of this Code who has completed training under
7 subsection (g) of this Section to recognize and respond to
8 anaphylaxis.

9 "Undesignated epinephrine injector ~~auto-injector~~" means an
10 epinephrine injector ~~auto-injector~~ prescribed in the name of a
11 school district, public school, or nonpublic school.

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

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

26 (2) the parents or guardians of the pupil provide to

1 the school (i) the prescription label, which must contain
2 the name of the asthma medication, the prescribed dosage,
3 and the time at which or circumstances under which the
4 asthma medication is to be administered, or (ii) for the
5 self-administration or self-carry of an epinephrine
6 injector ~~auto-injector~~, a written statement from the
7 pupil's physician, physician assistant, or advanced
8 practice nurse containing the following information:

9 (A) the name and purpose of the epinephrine
10 injector ~~auto-injector~~;

11 (B) the prescribed dosage; and

12 (C) the time or times at which or the special
13 circumstances under which the epinephrine injector
14 ~~auto-injector~~ is to be administered.

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

18 (b-5) A school district, public school, or nonpublic school
19 may authorize the provision of a student-specific or
20 undesignated epinephrine injector ~~auto-injector~~ to a student
21 or any personnel authorized under a student's Individual Health
22 Care Action Plan, Illinois Food Allergy Emergency Action Plan
23 and Treatment Authorization Form, or plan pursuant to Section
24 504 of the federal Rehabilitation Act of 1973 to administer an
25 epinephrine injector ~~auto-injector~~ to the student, that meets
26 the student's prescription on file.

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

23 (c) The school district, public school, or nonpublic school
24 must inform the parents or guardians of the pupil, in writing,
25 that the school district, public school, or nonpublic school
26 and its employees and agents, including a physician, physician

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

1 practice nurse.

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

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

1 this Section.

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

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

25 (e-10) Provided that the requirements of this Section are
26 fulfilled, a school nurse or trained personnel may administer

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

10 (f) The school district, public school, or nonpublic school
11 may maintain a supply of undesignated epinephrine injectors
12 ~~auto-injectors~~ in any secure location that is accessible
13 before, during, and after school where an allergic person is
14 most at risk, including, but not limited to, classrooms and
15 lunchrooms. A physician, a physician assistant who has been
16 delegated prescriptive authority in accordance with Section
17 7.5 of the Physician Assistant Practice Act of 1987, or an
18 advanced practice nurse who has been delegated prescriptive
19 authority in accordance with Section 65-40 of the Nurse
20 Practice Act may prescribe undesignated epinephrine injectors
21 ~~auto-injectors~~ in the name of the school district, public
22 school, or nonpublic school to be maintained for use when
23 necessary. Any supply of epinephrine injectors ~~auto-injectors~~
24 shall be maintained in accordance with the manufacturer's
25 instructions.

26 The school district, public school, or nonpublic school may

1 maintain a supply of an opioid antagonist in any secure
2 location where an individual may have an opioid overdose. A
3 health care professional who has been delegated prescriptive
4 authority for opioid antagonists in accordance with Section
5 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act
6 may prescribe opioid antagonists in the name of the school
7 district, public school, or nonpublic school, to be maintained
8 for use when necessary. Any supply of opioid antagonists shall
9 be maintained in accordance with the manufacturer's
10 instructions.

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

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

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

25 (f-10) Within 24 hours of the administration of an
26 undesignated epinephrine injector ~~auto-injector~~, a school

1 district, public school, or nonpublic school must notify the
2 physician, physician assistant, or advanced practice nurse who
3 provided the standing protocol or prescription for the
4 undesignated epinephrine injector ~~auto-injector~~ of its use.

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

9 (g) Prior to the administration of an undesignated
10 epinephrine injector ~~auto-injector~~, trained personnel must
11 submit to their school's administration proof of completion of
12 a training curriculum to recognize and respond to anaphylaxis
13 that meets the requirements of subsection (h) of this Section.
14 Training must be completed annually. ~~their~~ The school district,
15 public school, or nonpublic school must maintain records
16 related to the training curriculum and trained personnel.

17 Prior to the administration of an opioid antagonist,
18 trained personnel must submit to their school's administration
19 proof of completion of a training curriculum to recognize and
20 respond to an opioid overdose, which curriculum must meet the
21 requirements of subsection (h-5) of this Section. Training must
22 be completed annually. Trained personnel must also submit to
23 the school's administration proof of cardiopulmonary
24 resuscitation and automated external defibrillator
25 certification. The school district, public school, or
26 nonpublic school must maintain records relating to the training

1 curriculum and the trained personnel.

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

6 Training shall include, but is not limited to:

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

9 (2) how to administer an epinephrine injector
10 ~~auto-injector~~; and

11 (3) a test demonstrating competency of the knowledge
12 required to recognize anaphylaxis and administer an
13 epinephrine injector ~~auto-injector~~.

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

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

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

18 (C) emergency follow-up procedures;

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

21 (E) other criteria as determined in rules adopted
22 pursuant to this Section.

23 In consultation with statewide professional organizations
24 representing physicians licensed to practice medicine in all of
25 its branches, registered nurses, and school nurses, the State
26 Board of Education shall make available resource materials

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

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

- 17 (1) how to recognize symptoms of an opioid overdose;
- 18 (2) information on drug overdose prevention and
19 recognition;
- 20 (3) how to perform rescue breathing and resuscitation;
- 21 (4) how to respond to an emergency involving an opioid
22 overdose;
- 23 (5) opioid antagonist dosage and administration;
- 24 (6) the importance of calling 911;
- 25 (7) care for the overdose victim after administration
26 of the overdose antagonist;

1 (8) a test demonstrating competency of the knowledge
2 required to recognize an opioid overdose and administer a
3 dose of an opioid antagonist; and

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

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

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

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

15 (3) trigger that precipitated allergic episode;

16 (4) location where symptoms developed;

17 (5) number of doses administered;

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

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

21 If a school district, public school, or nonpublic school
22 maintains or has an independent contractor providing
23 transportation to students who maintains a supply of
24 undesignated epinephrine injectors ~~auto-injectors~~, then the
25 school district, public school, or nonpublic school must report
26 that information to the State Board of Education upon adoption

1 or change of the policy of the school district, public school,
2 nonpublic school, or independent contractor, in a manner as
3 prescribed by the State Board. The report must include the
4 number of undesignated epinephrine injectors ~~auto-injectors~~ in
5 supply.

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

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

13 (2) the location where symptoms developed;

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

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

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

1 date the report is delivered to the General Assembly.

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

12 (j-10) To assist schools with emergency response
13 procedures for asthma, the State Board of Education, in
14 consultation with statewide professional organizations with
15 expertise in asthma management and a statewide organization
16 representing school administrators, shall develop a model
17 asthma episode emergency response protocol before September 1,
18 2016. Each school district, charter school, and nonpublic
19 school shall adopt an asthma episode emergency response
20 protocol before January 1, 2017 that includes all of the
21 components of the State Board's model protocol.

22 (j-15) Every 2 years, school personnel who work with pupils
23 shall complete an in-person or online training program on the
24 management of asthma, the prevention of asthma symptoms, and
25 emergency response in the school setting. In consultation with
26 statewide professional organizations with expertise in asthma

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

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

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

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

17 (Source: P.A. 98-795, eff. 8-1-14; 99-173, eff. 7-29-15;
18 99-480, eff. 9-9-15; 99-642, eff. 7-28-16; 99-711, eff. 1-1-17;
19 99-843, eff. 8-19-16; revised 9-8-16.)".