



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 ampule or pre-filled syringe" means an ampule
3 of epinephrine or pre-filled syringe of epinephrine used for
4 the administration of a pre-measured dose of epinephrine into
5 the human body that is equivalent to the dosages used in an
6 auto-injector.

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

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

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

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

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

1 valid for a period of 2 years.

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

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

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

23 (2) administer epinephrine from an ampule or
24 pre-filled syringe to any individual on the property of the
25 authorized entity whom the employee, agent, or other
26 individual believes in good faith is experiencing

1 anaphylaxis, regardless of whether the individual has a
2 prescription for an epinephrine ampule or pre-filled
3 syringe or has previously been diagnosed with an allergy.

4 The employee or agent of an authorized entity or other
5 individual under this subsection must be at least 18 years old
6 to provide an epinephrine ampule or pre-filled syringe or
7 administer epinephrine from an ampule or pre-filled syringe
8 under this subsection.

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

17 Training shall include, but is not limited to:

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

20 (2) how to administer epinephrine from an ampule or
21 pre-filled syringe; and

22 (3) a test demonstrating competency of the knowledge
23 required to recognize anaphylaxis and administer
24 epinephrine from an ampule or pre-filled 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 (e) A health care practitioner providing a prescription for
10 epinephrine in accordance with this Act shall incur no
11 liability or professional discipline, except for willful and
12 wanton misconduct, as a result of any injury arising from the
13 use of epinephrine under this Act.

14 Section 15. Costs. Whichever entity initiates the process
15 of obtaining undesignated epinephrine ampules or pre-filled
16 syringes and providing training to personnel for carrying and
17 administering epinephrine from undesignated epinephrine
18 ampules or pre-filled syringes shall pay for the costs of the
19 undesignated epinephrine ampules or pre-filled syringes.

20 Section 20. Limitations. The use of an undesignated
21 epinephrine ampule or pre-filled syringe in accordance with the
22 requirements of this Act does not constitute the practice of
23 medicine or any other profession that requires medical
24 licensure.

1 Nothing in this Act shall limit the amount of epinephrine
2 ampules or pre-filled syringes that an authorized entity or
3 individual may carry or maintain a supply of.

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

6 Section 90. The School Code is amended by changing Section
7 22-30 as follows:

8 (105 ILCS 5/22-30)

9 Sec. 22-30. Self-administration and self-carry of asthma
10 medication and epinephrine injectors ~~auto-injectors~~;
11 administration of undesignated epinephrine injectors
12 ~~auto-injectors~~; administration of an opioid antagonist; asthma
13 episode emergency response protocol.

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

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

22 "Asthma episode emergency response protocol" means a
23 procedure to provide assistance to a pupil experiencing

1 symptoms of wheezing, coughing, shortness of breath, chest
2 tightness, or breathing difficulty.

3 "Asthma inhaler" means a quick reliever asthma inhaler.

4 ~~"Epinephrine auto-injector" means a single-use device used~~
5 ~~for the automatic injection of a pre-measured dose of~~
6 ~~epinephrine into the human body.~~

7 "Epinephrine injector" includes an auto-injector for the
8 administration of epinephrine or an ampule or pre-filled
9 syringe used for the administration of epinephrine that contain
10 a pre-measured dose of epinephrine that is equivalent to the
11 dosages used in an auto-injector.

12 "Asthma medication" means a medicine, prescribed by (i) a
13 physician licensed to practice medicine in all its branches,
14 (ii) a licensed physician assistant with prescriptive
15 authority, or (iii) a licensed advanced practice nurse with
16 prescriptive authority for a pupil that pertains to the pupil's
17 asthma and that has an individual prescription label.

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

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

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

1 ~~auto-injector.~~

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

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

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

15 "Undesignated epinephrine injector ~~auto-injector~~" means an
16 epinephrine injector ~~auto-injector~~ prescribed in the name of a
17 school district, public school, or nonpublic school.

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

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

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

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

15 (A) the name and purpose of the epinephrine
16 injector ~~auto-injector~~;

17 (B) the prescribed dosage; and

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

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

24 (b-5) A school district, public school, or nonpublic school
25 may authorize the provision of a student-specific or
26 undesignated epinephrine injector ~~auto-injector~~ to a student

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

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

1 nurse or trained personnel in good faith believes is having an
2 opioid overdose.

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

1 employees and agents against any claims, except a claim based
2 on willful and wanton conduct, arising out of the
3 administration of asthma medication, an epinephrine injector
4 ~~auto-injector~~, or an opioid antagonist regardless of whether
5 authorization was given by the pupil's parents or guardians or
6 by the pupil's physician, physician assistant, or advanced
7 practice nurse.

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

1 physician, physician assistant, or advanced practice nurse.

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

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

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

1 transported on a school bus. A school nurse or trained
2 personnel may carry undesignated epinephrine injectors
3 ~~auto-injectors~~ on his or her person while in school or at a
4 school-sponsored activity.

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

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

1 ~~auto-injectors~~ in the name of the school district, public
2 school, or nonpublic school to be maintained for use when
3 necessary. Any supply of epinephrine injectors ~~auto-injectors~~
4 shall be maintained in accordance with the manufacturer's
5 instructions.

6 The school district, public school, or nonpublic school may
7 maintain a supply of an opioid antagonist in any secure
8 location where an individual may have an opioid overdose. A
9 health care professional who has been delegated prescriptive
10 authority for opioid antagonists in accordance with Section
11 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act
12 may prescribe opioid antagonists in the name of the school
13 district, public school, or nonpublic school, to be maintained
14 for use when necessary. Any supply of opioid antagonists shall
15 be maintained in accordance with the manufacturer's
16 instructions.

17 (f-3) Whichever entity initiates the process of obtaining
18 undesignated epinephrine injectors ~~auto-injectors~~ and
19 providing training to personnel for carrying and administering
20 undesignated epinephrine injectors ~~auto-injectors~~ shall pay
21 for the costs of the undesignated epinephrine injectors
22 ~~auto-injectors~~.

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

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

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

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

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

23 Prior to the administration of an opioid antagonist,
24 trained personnel must submit to their school's administration
25 proof of completion of a training curriculum to recognize and
26 respond to an opioid overdose, which curriculum must meet the

1 requirements of subsection (h-5) of this Section. Training must
2 be completed annually. Trained personnel must also submit to
3 the school's administration proof of cardiopulmonary
4 resuscitation and automated external defibrillator
5 certification. The school district, public school, or
6 nonpublic school must maintain records relating to the training
7 curriculum and the trained personnel.

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

12 Training shall include, but is not limited to:

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

15 (2) how to administer an epinephrine injector
16 ~~auto-injector~~; and

17 (3) a test demonstrating competency of the knowledge
18 required to recognize anaphylaxis and administer an
19 epinephrine injector ~~auto-injector~~.

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

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

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

24 (C) emergency follow-up procedures;

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

1 (E) other criteria as determined in rules adopted
2 pursuant to this Section.

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

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

- 23 (1) how to recognize symptoms of an opioid overdose;
24 (2) information on drug overdose prevention and
25 recognition;
26 (3) how to perform rescue breathing and resuscitation;

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

3 (5) opioid antagonist dosage and administration;

4 (6) the importance of calling 911;

5 (7) care for the overdose victim after administration
6 of the overdose antagonist;

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

10 (9) other criteria as determined in rules adopted
11 pursuant to this Section.

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

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

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

21 (3) trigger that precipitated allergic episode;

22 (4) location where symptoms developed;

23 (5) number of doses administered;

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

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

1 If a school district, public school, or nonpublic school
2 maintains or has an independent contractor providing
3 transportation to students who maintains a supply of
4 undesignated epinephrine injectors ~~auto-injectors~~, then the
5 school district, public school, or nonpublic school must report
6 that information to the State Board of Education upon adoption
7 or change of the policy of the school district, public school,
8 nonpublic school, or independent contractor, in a manner as
9 prescribed by the State Board. The report must include the
10 number of undesignated epinephrine injectors ~~auto-injectors~~ in
11 supply.

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

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

19 (2) the location where symptoms developed;

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

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

23 (j) By October 1, 2015 and every year thereafter, the State
24 Board of Education shall submit a report to the General
25 Assembly identifying the frequency and circumstances of
26 epinephrine administration during the preceding academic year.

1 Beginning with the 2017 report, the report shall also contain
2 information on which school districts, public schools, and
3 nonpublic schools maintain or have independent contractors
4 providing transportation to students who maintain a supply of
5 undesignated epinephrine injectors ~~auto injectors~~. This report
6 shall be published on the State Board's Internet website on the
7 date the report is delivered to the General Assembly.

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

18 (j-10) To assist schools with emergency response
19 procedures for asthma, the State Board of Education, in
20 consultation with statewide professional organizations with
21 expertise in asthma management and a statewide organization
22 representing school administrators, shall develop a model
23 asthma episode emergency response protocol before September 1,
24 2016. Each school district, charter school, and nonpublic
25 school shall adopt an asthma episode emergency response
26 protocol before January 1, 2017 that includes all of the

1 components of the State Board's model protocol.

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

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

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

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

23 (Source: P.A. 98-795, eff. 8-1-14; 99-173, eff. 7-29-15;
24 99-480, eff. 9-9-15; 99-642, eff. 7-28-16; 99-711, eff. 1-1-17;
25 99-843, eff. 8-19-16; revised 9-8-16.)".