**Section 1.540 Undesignated Emergency Medications in Schools: Epinephrine; Opioid Antagonists; Asthma Medication**

This Section establishes requirements in addition to those set forth at Section 22-30 of the School Code [105 ILCS 5] for a school nurse or other trained school personnel *to administer an undesignated epinephrine auto-injector, an* opioid antagonist, or asthma medication *to any person whom the school nurse or trained personnel in good faith believes to be having an anaphylactic reaction,* opioid overdose, or acute asthma episode, respectively, *while in school, while at a school‑sponsored activity, while under the supervision of school personnel, or before or after normal school activities, such as while in before-school or after-school care on school-operated property.*

a) Definitions

For the purposes of this Section:

1) "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.

2) "Code" means the School Code [105 ILCS 5].

3) "School" means a school district, public school or nonpublic school, as may be applicable.

4) "School nurse" has the meaning ascribed in Section 22-30(a) of the Code.

b) Parental Notification

In addition to the provisions of Section 22-30(c) and (c-5) of the Code, a school that has a standing protocol, as defined in Section 22-30 of the Code, to administer undesignated epinephrine, an opioid antagonist, or asthma medication shall notify the parents or guardians of each student that the school has instituted the standing protocol and that a student may be administered any one or more of those drugs under the circumstances described in Section 22-30(e-5), (e-10), or (e-15) of the Code.

1) The school shall provide the notification of the standing protocol to the parents or guardian at the start of each school year or, for students enrolling for the first time, at the time of enrollment. The parent or guardian shall be asked to acknowledge the notification by signing it and returning it to the school.

2) A parent's or guardian's failure to sign and return the notification under subsection (b)(1) shall not preclude a school nurse or other trained personnel from administering undesignated epinephrine, an opioid antagonist, or asthma medication under the circumstances described in Section 22-30(e-5), (e-10), or (e-15) of the Code.

c) Standing Protocol

1) A standing protocol for administering undesignated epinephrine, an opioid antagonist, and/or asthma medication, as applicable, shall be provided to the school nurse and trained personnel, as well as kept with or near the epinephrine, opioid antagonist, or asthma medication, as applicable.

2) The standing protocol shall state the hours of the day, days of the week and the school-sponsored activities during which the undesignated epinephrine, opioid antagonist, or asthma medication, as applicable, will be available. A school is not required to have a school nurse or trained personnel available at all times nor at all school-sponsored activities to administer the epinephrine, opioid antagonist, or asthma medication, as applicable.

3) The standing protocol shall provide that the undesignated epinephrine, opioid antagonist, or asthma medication, as applicable, be stored in and available daily at one or more designated, secure locations. For the purposes of this Section, "secure location" means an unlocked location that is inaccessible to students and/or is visually monitored by an adult during the normal school day under routine circumstances.

4) The standing protocol shall include a written order for the undesignated epinephrine, opioid antagonist, or asthma medication that meets the requirements of Section 22-30(f) of the Code. (See Section 22-30(f) of the Code.)

d) Notification of Administration of Undesignated Epinephrine, Opioid Antagonist, or Asthma Medication

Any school whose school nurse or trained personnel administered undesignated epinephrine, opioid antagonist, or asthma medication, as applicable, shall meet the notification requirements of Section 22-30(f-5) and (f-10) of the Code.

e) Personnel Training

Only trained personnel or a school nurse shall administer undesignated epinephrine, opioid antagonist, or asthma medication, as applicable.

1) Certification courses required under Section 22-30(g) of the Code in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED) shall be conducted by a trainer who is certified in CPR/AED by the American Heart Association, American Red Cross or similar certifying body. Trained personnel shall renew any certification issued in accordance with the requirements of the certifying body and present the certification to his or her school.

2) A school administrator or a school nurse shall be available to answer questions from training participants if the training for administering undesignated epinephrine, opioid antagonist, or asthma medication is presented via a webinar or online format or through a video supplied by an epinephrine, opioid antagonist, or asthma medication manufacturer. Training provided in one of the formats listed in this subsection (e)(2) shall not be considered complete unless an opportunity for questions is provided.

3) In addition to the curricular content listed in Section 22-30(h) of the Code, anaphylaxis training also shall include information about:

A) where the undesignated epinephrine medications are stored and how to access them;

B) the method by which the school nurse or trained personnel will be notified of an incident that could require the administration of undesignated epinephrine;

C) the school's written plan to prevent exposure to allergens;

D) the process for administering the specific undesignated epinephrine device identified in the standing order; and

E) the restrictions, if any, on the school personnel who may administer epinephrine. Use of pre-filled or user-filled syringes containing epinephrine are limited to a nurse holding an RN or LPN license or the person experiencing the reaction.

4) In addition to the curricular content listed in Section 22-30(h-5) of the Code, opioid antagonist training also shall meet the requirements of Section 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301] and training requirements set forth at 77 Ill. Adm. Code 2060 (Alcoholism and Substance Abuse Treatment and Intervention Licenses) and include information about:

A) where the opioid antagonist is stored and how to access the drug;

B) the method by which the school nurse or trained personnel will be notified of an incident that could require the administration of any opioid antagonist; and

C) the process for administering the specific opioid antagonist identified in the standing order.

5) In addition to the curricular content listed in Section 22-30(h-10) of the Code, asthma medication training also shall include the following information:

A) where the undesignated medications to treat respiratory distress are stored and how to access them;

B) the method by which the school nurse or trained personnel will be notified of an incident that could require the administration of medication for acute respiratory distress;

C) the school's written Asthma Episode Emergency Response Protocol;

D) assurance that the personnel agreeing to perform in the role of "trained personnel" has completed training on asthma; and

E) the process for administering the specific undesignated asthma medication and delivery device identified in the standing order.

6) A school nurse or physician with knowledge of allergies and anaphylaxis and CPR and AED certification who possesses skill in administering or demonstrating the use of epinephrine injector devices shall certify by written signature that the personnel being trained passed the test required under Section 22-30(h)(7) of the Code.

7) An individual familiar with the use of an opioid antagonist who has CPR and AED certification (e.g., healthcare provider, police officer, paramedic) shall certify by written signature that the personnel being trained passed the test required under Section 22-30(h-5)(8) of the Code.

8) A school administrator, school nurse or physician, with knowledge of asthma and symptoms of respiratory distress, who holds CPR and AED certifications, and who possesses skill in administering or demonstrating the use of asthma medications for acute respiratory distress and delivery device, shall certify by written signature that the personnel being trained passed the test required by Section 22-30(h)(10) of the Code.

9) Each statement of certification issued under subsection (e)(6) or (e)(7) shall be maintained by the school in accordance with Section 22‑30(g) of the Code.

10) The names of trained personnel shall be provided to the school nurse and school administrator, indicating whether the person received training specific to anaphylaxis, opioid antagonist, and/or asthma medication.

f) Reporting

Each school shall submit a report regarding the administration of undesignated epinephrine, opioid antagonist, or undesignated asthma medication electronically in a format prescribed by the State Superintendent of Education within the timeline specified in Section 22-30(i), (i-5), or (i-10), respectively, of the Code.

g) Allergen Reduction Plan

Each school shall develop a written plan to reduce the risk of accidental exposure to allergens that addresses, at a minimum, lunchroom safeguards, classroom food policies, and identification of areas of the playground that are known concerns, such as those with insect colonies. A separate plan is not required if the school has addressed reducing the risk of accidental exposure to allergens in the plan adopted pursuant to Section 2-3.149(b) of the Code.

h) In accordance with Section 22-30(h) of the Code, the State Superintendent of Education shall post on the agency's website, by January 1, 2019, a list of resource materials about how *to recognize and respond to anaphylaxis*, opioid overdose, or respiratory distress*.*

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