



Sen. Chapin Rose

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LRB100 11368 MJP 26165 a

1 AMENDMENT TO SENATE BILL 2038

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

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

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

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

1 care facility under this definition.

2 "Department" means the Department of Public Health.

3 "Epinephrine pre-filled syringe" means a pre-filled
4 syringe of epinephrine used for the administration of a
5 pre-measured dose of epinephrine into the human body that is
6 equivalent to the dosages used in an 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 pre-filled syringe" means an
16 epinephrine pre-filled syringe prescribed in the name of an
17 authorized entity.

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

20 (a) A health care practitioner may prescribe epinephrine
21 pre-filled syringes in the name of an authorized entity for use
22 in accordance with this Act, and pharmacists may dispense
23 epinephrine pre-filled syringes in accordance with a
24 prescription issued in the name of an authorized entity. Such
25 prescriptions shall be valid for a period of 2 years.

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

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

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

21 (2) administer epinephrine from a pre-filled syringe
22 to any individual on the property of the authorized entity
23 whom the employee, agent, or other individual believes in
24 good faith is experiencing anaphylaxis, regardless of
25 whether the individual has a prescription for an
26 epinephrine pre-filled syringe or has previously been

1 diagnosed with an allergy.

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

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

14 Training shall include, but is not limited to:

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

17 (2) how to administer epinephrine from a pre-filled
18 syringe; and

19 (3) a test demonstrating competency of the knowledge
20 required to recognize anaphylaxis and administer
21 epinephrine from a pre-filled syringe.

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

23 (A) a review of high-risk areas on the authorized
24 entity's property and its related facilities;

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

26 (C) emergency follow-up procedures; and

1 (D) other criteria as determined in rules adopted
2 pursuant to this Act.

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

6 (e) A health care practitioner providing a prescription for
7 epinephrine in accordance with this Act shall incur no
8 liability or professional discipline, except for willful and
9 wanton misconduct, as a result of any injury arising from the
10 use of epinephrine under this Act.

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

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

22 Nothing in this Act shall limit the amount of epinephrine
23 pre-filled syringes that an authorized entity or individual may
24 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.

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

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

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

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

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

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

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

1 ~~auto-injector.~~

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

7 "Trained personnel" means any school employee or volunteer
8 personnel authorized in Sections 10-22.34, 10-22.34a, and
9 10-22.34b of this Code who has completed training under
10 subsection (g) of this Section to recognize and respond to
11 anaphylaxis.

12 "Undesignated epinephrine injector ~~auto-injector~~" means an
13 epinephrine injector ~~auto-injector~~ prescribed in the name of a
14 school district, public school, or nonpublic school.

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

20 (1) the parents or guardians of the pupil provide to
21 the school (i) written authorization from the parents or
22 guardians for (A) the self-administration and self-carry
23 of asthma medication or (B) the self-carry of asthma
24 medication or (ii) for (A) the self-administration and
25 self-carry of an epinephrine injector ~~auto-injector~~ or (B)
26 the self-carry of an epinephrine injector ~~auto-injector~~,

1 written authorization from the pupil's physician,
2 physician assistant, or advanced practice nurse; and

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

12 (A) the name and purpose of the epinephrine
13 injector ~~auto-injector~~;

14 (B) the prescribed dosage; and

15 (C) the time or times at which or the special
16 circumstances under which the epinephrine injector
17 ~~auto-injector~~ is to be administered.

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

21 (b-5) A school district, public school, or nonpublic school
22 may authorize the provision of a student-specific or
23 undesignated epinephrine injector ~~auto-injector~~ to a student
24 or any personnel authorized under a student's Individual Health
25 Care Action Plan, Illinois Food Allergy Emergency Action Plan
26 and Treatment Authorization Form, or plan pursuant to Section

1 504 of the federal Rehabilitation Act of 1973 to administer an
2 epinephrine injector ~~auto-injector~~ to the student, that meets
3 the student's prescription on file.

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

26 (c) The school district, public school, or nonpublic school

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

1 ~~auto-injector~~, or an opioid antagonist regardless of whether
2 authorization was given by the pupil's parents or guardians or
3 by the pupil's physician, physician assistant, or advanced
4 practice nurse.

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

25 (d) The permission for self-administration and self-carry
26 of asthma medication or the self-administration and self-carry

1 of an epinephrine injector ~~auto-injector~~ is effective for the
2 school year for which it is granted and shall be renewed each
3 subsequent school year upon fulfillment of the requirements of
4 this Section.

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

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

1 school-sponsored activity.

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

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

1 shall be maintained in accordance with the manufacturer's
2 instructions.

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

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

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

24 Upon any administration of an opioid antagonist, a school
25 district, public school, or nonpublic school must immediately
26 activate the EMS system and notify the student's parent,

1 guardian, or emergency contact, if known.

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

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

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

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

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

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

9 Training shall include, but is not limited to:

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

12 (2) how to administer an epinephrine injector
13 ~~auto injector~~; and

14 (3) a test demonstrating competency of the knowledge
15 required to recognize anaphylaxis and administer an
16 epinephrine injector ~~auto injector~~.

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

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

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

21 (C) emergency follow-up procedures;

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

24 (E) other criteria as determined in rules adopted
25 pursuant to this Section.

26 In consultation with statewide professional organizations

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

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

- 20 (1) how to recognize symptoms of an opioid overdose;
- 21 (2) information on drug overdose prevention and
22 recognition;
- 23 (3) how to perform rescue breathing and resuscitation;
- 24 (4) how to respond to an emergency involving an opioid
25 overdose;
- 26 (5) opioid antagonist dosage and administration;

1 (6) the importance of calling 911;

2 (7) care for the overdose victim after administration
3 of the overdose antagonist;

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

7 (9) other criteria as determined in rules adopted
8 pursuant to this Section.

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

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

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

18 (3) trigger that precipitated allergic episode;

19 (4) location where symptoms developed;

20 (5) number of doses administered;

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

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

24 If a school district, public school, or nonpublic school
25 maintains or has an independent contractor providing
26 transportation to students who maintains a supply of

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

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

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

16 (2) the location where symptoms developed;

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

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

20 (j) By October 1, 2015 and every year thereafter, the State
21 Board of Education shall submit a report to the General
22 Assembly identifying the frequency and circumstances of
23 epinephrine administration during the preceding academic year.
24 Beginning with the 2017 report, the report shall also contain
25 information on which school districts, public schools, and
26 nonpublic schools maintain or have independent contractors

1 providing transportation to students who maintain a supply of
2 undesignated epinephrine injectors ~~auto-injectors~~. This report
3 shall be published on the State Board's Internet website on the
4 date the report is delivered to the General Assembly.

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

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

25 (j-15) Every 2 years, school personnel who work with pupils
26 shall complete an in-person or online training program on the

1 management of asthma, the prevention of asthma symptoms, and
2 emergency response in the school setting. In consultation with
3 statewide professional organizations with expertise in asthma
4 management, the State Board of Education shall make available
5 resource materials for educating school personnel about asthma
6 and emergency response in the school setting.

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

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

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

20 (Source: P.A. 98-795, eff. 8-1-14; 99-173, eff. 7-29-15;
21 99-480, eff. 9-9-15; 99-642, eff. 7-28-16; 99-711, eff. 1-1-17;
22 99-843, eff. 8-19-16; revised 9-8-16.)".