

1 AN ACT concerning health.

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

4 Section 5. The School Code is amended by adding Section
5 2-3.182 and by changing Section 22-30 as follows:

6 (105 ILCS 5/2-3.182 new)

7 Sec. 2-3.182. Anaphylactic policy for school districts.

8 (a) The State Board of Education, in consultation with the
9 Department of Public Health, shall establish an anaphylactic
10 policy for school districts setting forth guidelines and
11 procedures to be followed both for the prevention of
12 anaphylaxis and during a medical emergency resulting from
13 anaphylaxis. The policy shall be developed after consultation
14 with the advisory committee established pursuant to Section 5
15 of the Critical Health Problems and Comprehensive Health
16 Education Act. In establishing the policy required under this
17 Section, the State Board shall consider existing requirements
18 and current and best practices for schools regarding allergies
19 and anaphylaxis. The State Board must also consider the
20 voluntary guidelines for managing food allergies in schools
21 issued by the United States Department of Health and Human
22 Services.

23 (b) The anaphylactic policy established under subsection

1 (a) shall include the following:

2 (1) A procedure and treatment plan, including
3 emergency protocols and responsibilities for school nurses
4 and other appropriate school personnel, for responding to
5 anaphylaxis.

6 (2) Requirements for a training course for appropriate
7 school personnel on preventing and responding to
8 anaphylaxis.

9 (3) A procedure and appropriate guidelines for the
10 development of an individualized emergency health care
11 plan for children with a food or other allergy that could
12 result in anaphylaxis.

13 (4) A communication plan for intake and dissemination
14 of information provided by this State regarding children
15 with a food or other allergy that could result in
16 anaphylaxis, including a discussion of methods,
17 treatments, and therapies to reduce the risk of allergic
18 reactions, including anaphylaxis.

19 (5) Strategies for reducing the risk of exposure to
20 anaphylactic causative agents, including food and other
21 allergens.

22 (6) A communication plan for discussion with children
23 who have developed adequate verbal communication and
24 comprehension skills and with the parents or guardians of
25 all children about foods that are safe and unsafe and
26 about strategies to avoid exposure to unsafe food.

1 (c) At least once each calendar year, each school district
2 shall send a notification to the parents or guardians of all
3 children under the care of a school to make them aware of the
4 anaphylactic policy. The notification shall include contact
5 information for parents and guardians to engage further with
6 the school to learn more about individualized aspects of the
7 policy.

8 (d) At least 6 months after the effective date of this
9 amendatory Act of the 102nd General Assembly, the anaphylactic
10 policy established under subsection (a) shall be forwarded by
11 the State Board to the school board of each school district in
12 this State. Each school district shall implement or update, as
13 appropriate, its anaphylactic policy in accordance with those
14 developed by the State Board within 6 months after receiving
15 the anaphylactic policy from the State Board.

16 (e) The anaphylactic policy established under subsection
17 (a) shall be reviewed and updated, if necessary, at least once
18 every 3 years.

19 (f) The State Board shall post the anaphylactic policy
20 established under subsection (a) and resources regarding
21 allergies and anaphylaxis on its website.

22 (g) The State Board may adopt any rules necessary to
23 implement this Section.

24 (105 ILCS 5/22-30)

25 Sec. 22-30. Self-administration and self-carry of asthma

1 medication and epinephrine injectors; administration of
2 undesignated epinephrine injectors; administration of an
3 opioid antagonist; administration of undesignated asthma
4 medication; asthma episode emergency response protocol.

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

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

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

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

24 "Asthma medication" means quick-relief asthma medication,
25 including albuterol or other short-acting bronchodilators,
26 that is approved by the United States Food and Drug

1 Administration for the treatment of respiratory distress.
2 "Asthma medication" includes medication delivered through a
3 device, including a metered dose inhaler with a reusable or
4 disposable spacer or a nebulizer with a mouthpiece or mask.

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

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

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

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

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

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

1 "Trained personnel" means any school employee or volunteer
2 personnel authorized in Sections 10-22.34, 10-22.34a, and
3 10-22.34b of this Code who has completed training under
4 subsection (g) of this Section to recognize and respond to
5 anaphylaxis, an opioid overdose, or respiratory distress.

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

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

12 (b) A school, whether public, charter, or nonpublic, must
13 permit the self-administration and self-carry of asthma
14 medication by a pupil with asthma or the self-administration
15 and self-carry of an epinephrine 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 or (B) the
23 self-carry of an epinephrine injector, written
24 authorization from the pupil's physician, physician
25 assistant, or advanced practice registered 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, a written statement from the pupil's physician,
7 physician assistant, or advanced practice registered nurse
8 containing the following information:

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

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

1 Rehabilitation Act of 1973, or individualized education
2 program plan to administer to the student that meets the
3 student's prescription on file; (vi) administer undesignated
4 asthma medication that meets the prescription on file to any
5 student who has an Individual Health Care Action Plan or
6 asthma action plan, plan pursuant to Section 504 of the
7 federal Rehabilitation Act of 1973, or individualized
8 education program plan that authorizes the use of asthma
9 medication; and (vii) administer undesignated asthma
10 medication to any person that the school nurse or trained
11 personnel believes in good faith is having respiratory
12 distress.

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

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

19 (c-5) When a school nurse or trained personnel administers
20 an undesignated epinephrine injector to a person whom the
21 school nurse or trained personnel in good faith believes is
22 having an anaphylactic reaction, administers an opioid
23 antagonist to a person whom the school nurse or trained
24 personnel in good faith believes is having an opioid overdose,
25 or administers undesignated asthma medication to a person whom
26 the school nurse or trained personnel in good faith believes

1 is having respiratory distress, notwithstanding the lack of
2 notice to the parents or guardians of the pupil or the absence
3 of the parents or guardians signed statement acknowledging no
4 liability, except for willful and wanton conduct, the school
5 district, public school, charter school, or nonpublic school
6 and its employees and agents, and a physician, a physician
7 assistant, or an advanced practice registered nurse providing
8 standing protocol and a prescription for undesignated
9 epinephrine injectors, an opioid antagonist, or undesignated
10 asthma medication, are to incur no liability or professional
11 discipline, except for willful and wanton conduct, as a result
12 of any injury arising from the use of an undesignated
13 epinephrine injector, the use of an opioid antagonist, or the
14 use of undesignated asthma medication, regardless of whether
15 authorization was given by the pupil's parents or guardians or
16 by the pupil's physician, physician assistant, or advanced
17 practice registered nurse.

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

24 (e) Provided that the requirements of this Section are
25 fulfilled, a pupil with asthma may self-administer and
26 self-carry his or her asthma medication or a pupil may

1 self-administer and self-carry an epinephrine injector (i)
2 while in school, (ii) while at a school-sponsored activity,
3 (iii) while under the supervision of school personnel, or (iv)
4 before or after normal school activities, such as while in
5 before-school or after-school care on school-operated property
6 or while being transported on a school bus.

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

20 (e-10) Provided that the requirements of this Section are
21 fulfilled, a school nurse or trained personnel may administer
22 an opioid antagonist to any person whom the school nurse or
23 trained personnel in good faith believes to be having an
24 opioid overdose (i) while in school, (ii) while at a
25 school-sponsored activity, (iii) while under the supervision
26 of school personnel, or (iv) before or after normal school

1 activities, such as while in before-school or after-school
2 care on school-operated property. A school nurse or trained
3 personnel may carry an opioid antagonist on his or her person
4 while in school or at a school-sponsored activity.

5 (e-15) If the requirements of this Section are met, a
6 school nurse or trained personnel may administer undesignated
7 asthma medication to any person whom the school nurse or
8 trained personnel in good faith believes to be experiencing
9 respiratory distress (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, including before-school or after-school care on
13 school-operated property. A school nurse or trained personnel
14 may carry undesignated asthma medication on his or her person
15 while in school or at a school-sponsored activity.

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

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

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

16 The school district, public school, charter school, or
17 nonpublic school may maintain a supply of asthma medication in
18 any secure location that is accessible before, during, or
19 after school where a person is most at risk, including, but not
20 limited to, a classroom or the nurse's office. A physician, a
21 physician assistant who has prescriptive authority under
22 Section 7.5 of the Physician Assistant Practice Act of 1987,
23 or an advanced practice registered nurse who has prescriptive
24 authority under Section 65-40 of the Nurse Practice Act may
25 prescribe undesignated asthma medication in the name of the
26 school district, public school, charter school, or nonpublic

1 school to be maintained for use when necessary. Any supply of
2 undesignated asthma medication must be maintained in
3 accordance with the manufacturer's instructions.

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

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

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

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

24 Within 24 hours after the administration of an opioid
25 antagonist, a school district, public school, charter school,
26 or nonpublic school must notify the health care professional

1 who provided the prescription for the opioid antagonist of its
2 use.

3 Within 24 hours after the administration of undesignated
4 asthma medication, a school district, public school, charter
5 school, or nonpublic school must notify the student's parent
6 or guardian or emergency contact, if known, and the physician,
7 physician assistant, or advanced practice registered nurse who
8 provided the standing protocol and a prescription for the
9 undesignated asthma medication of its use. The district or
10 school must follow up with the school nurse, if available, and
11 may, with the consent of the child's parent or guardian,
12 notify the child's health care provider of record, as
13 determined under this Section, of its use.

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

23 Prior to the administration of an opioid antagonist,
24 trained personnel must submit to the 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
2 must be completed annually. Trained personnel must also submit
3 to the school's administration proof of cardiopulmonary
4 resuscitation and automated external defibrillator
5 certification. The school district, public school, charter
6 school, or nonpublic school must maintain records relating to
7 the training curriculum and the trained personnel.

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

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

20 Training shall include, but is not limited to:

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

23 (2) how to administer an epinephrine injector; and

24 (3) a test demonstrating competency of the knowledge
25 required to recognize anaphylaxis and administer an
26 epinephrine injector.

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

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

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

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

8 (D) how to respond to a student with a known allergy,
9 as well as a student with a previously unknown allergy;
10 ~~and~~

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

13 (F) any policy developed by the State Board of
14 Education under Section 2-3.182.

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

1 available on its Internet website.

2 (h-5) A training curriculum to recognize and respond to an
3 opioid overdose, including the administration of an opioid
4 antagonist, may be conducted online or in person. The training
5 must comply with any training requirements under Section 5-23
6 of the Substance Use Disorder Act and the corresponding rules.
7 It must include, but is not limited to:

8 (1) how to recognize symptoms of an opioid overdose;

9 (2) information on drug overdose prevention and
10 recognition;

11 (3) how to perform rescue breathing and resuscitation;

12 (4) how to respond to an emergency involving an opioid
13 overdose;

14 (5) opioid antagonist dosage and administration;

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

17 (7) care for the overdose victim after administration
18 of the overdose antagonist;

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

22 (9) other criteria as determined in rules adopted
23 pursuant to this Section.

24 (h-10) A training curriculum to recognize and respond to
25 respiratory distress, including the administration of
26 undesignated asthma medication, may be conducted online or in

1 person. The training must include, but is not limited to:

2 (1) how to recognize symptoms of respiratory distress
3 and how to distinguish respiratory distress from
4 anaphylaxis;

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

7 (3) asthma medication dosage and administration;

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

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

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

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

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

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

25 (3) trigger that precipitated allergic episode;

26 (4) location where symptoms developed;

- 1 (5) number of doses administered;
- 2 (6) type of person administering epinephrine (school
3 nurse, trained personnel, student); and
- 4 (7) any other information required by the State Board.

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

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

- 21 (1) the age and type of person receiving the opioid
22 antagonist (student, staff, or visitor);
- 23 (2) the location where symptoms developed;
- 24 (3) the type of person administering the opioid
25 antagonist (school nurse or trained personnel); and
- 26 (4) any other information required by the State Board.

1 (i-10) Within 3 days after the administration of
2 undesignated asthma medication by a school nurse, trained
3 personnel, or a student at a school or school-sponsored
4 activity, the school must report to the State Board of
5 Education, on a form and in a manner prescribed by the State
6 Board of Education, the following information:

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

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

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

13 (4) the location of where the symptoms developed;

14 (5) the number of doses administered;

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

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

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

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

1 schools, and nonpublic schools maintain or have independent
2 contractors providing transportation to students who maintain
3 a supply of undesignated epinephrine injectors. This report
4 shall be published on the State Board's Internet website on
5 the date the report is delivered to the General Assembly.

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

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

26 (j-15) Every 2 years, school personnel who work with

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

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

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

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

22 (Source: P.A. 100-201, eff. 8-18-17; 100-513, eff. 1-1-18;
23 100-726, eff. 1-1-19; 100-759, eff. 1-1-19; 100-799, eff.
24 1-1-19; 101-81, eff. 7-12-19.)

25 (105 ILCS 5/2-3.149 rep.)

1 Section 905. The School Code is amended by repealing
2 Section 2-3.149.

3 Section 910. The Child Care Act of 1969 is amended by
4 adding Section 5.11 as follows:

5 (225 ILCS 10/5.11 new)

6 Sec. 5.11. Plan for anaphylactic shock. The Department
7 shall require each licensed day care center, day care home,
8 and group day care home to have a plan for anaphylactic shock
9 to be followed for the prevention of anaphylaxis and during a
10 medical emergency resulting from anaphylaxis. The plan should
11 be based on the guidance and recommendations provided by the
12 American Academy of Pediatrics relating to the management of
13 food allergies or other allergies. The plan should be shared
14 with parents or guardians upon enrollment at each licensed day
15 care center, day care home, and group day care home. If a child
16 requires specific specialized treatment during an episode of
17 anaphylaxis, that child's treatment plan should be kept by the
18 staff of the day care center, day care home, or group day care
19 home and followed in the event of an emergency. Each licensed
20 day care center, day care home, and group day care home shall
21 have at least one staff member present at all times who has
22 taken a training course in recognizing and responding to
23 anaphylaxis.

24 Section 999. Effective date. This Act takes effect July 1,

1 2021.