

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.