



Rep. Jonathan Carroll

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1 AMENDMENT TO HOUSE BILL 102

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 102 by replacing  
3 everything after the enacting clause with the following:

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

1 Section, the State Board shall consider existing requirements  
2 and current and best practices for schools regarding allergies  
3 and anaphylaxis. The State Board must also consider the  
4 voluntary guidelines for managing food allergies in schools  
5 issued by the United States Department of Health and Human  
6 Services.

7 (b) The anaphylactic policy established under subsection  
8 (a) shall include the following:

9 (1) A procedure and treatment plan, including  
10 emergency protocols and responsibilities for school nurses  
11 and other appropriate school personnel, for responding to  
12 anaphylaxis.

13 (2) Requirements for a training course for appropriate  
14 school personnel on preventing and responding to  
15 anaphylaxis.

16 (3) A procedure and appropriate guidelines for the  
17 development of an individualized emergency health care  
18 plan for children with a food or other allergy that could  
19 result in anaphylaxis.

20 (4) A communication plan for intake and dissemination  
21 of information provided by this State regarding children  
22 with a food or other allergy that could result in  
23 anaphylaxis, including a discussion of methods,  
24 treatments, and therapies to reduce the risk of allergic  
25 reactions, including anaphylaxis.

26 (5) Strategies for reducing the risk of exposure to

1 anaphylactic causative agents, including food and other  
2 allergens.

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

8 (c) At least once each calendar year, each school district  
9 shall send a notification to the parents or guardians of all  
10 children under the care of a school to make them aware of the  
11 anaphylactic policy. The notification shall include contact  
12 information for parents and guardians to engage further with  
13 the school to learn more about individualized aspects of the  
14 policy.

15 (d) At least 6 months after the effective date of this  
16 amendatory Act of the 102nd General Assembly, the anaphylactic  
17 policy established under subsection (a) shall be forwarded by  
18 the State Board to the school board of each school district in  
19 this State. Each school district shall implement or update, as  
20 appropriate, its anaphylactic policy in accordance with those  
21 developed by the State Board within 6 months after receiving  
22 the anaphylactic policy from the State Board.

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

26 (f) The State Board shall post the anaphylactic policy

1 established under subsection (a) and resources regarding  
2 allergies and anaphylaxis on its website.

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

5 (105 ILCS 5/22-30)

6 Sec. 22-30. Self-administration and self-carry of asthma  
7 medication and epinephrine injectors; administration of  
8 undesignated epinephrine injectors; administration of an  
9 opioid antagonist; administration of undesignated asthma  
10 medication; asthma 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 "Epinephrine injector" includes an auto-injector approved  
24 by the United States Food and Drug Administration for the  
25 administration of epinephrine and a pre-filled syringe

1 approved by the United States Food and Drug Administration and  
2 used for the administration of epinephrine that contains a  
3 pre-measured dose of epinephrine that is equivalent to the  
4 dosages used in an auto-injector.

5 "Asthma medication" means quick-relief asthma medication,  
6 including albuterol or other short-acting bronchodilators,  
7 that is approved by the United States Food and Drug  
8 Administration for the treatment of respiratory distress.

9 "Asthma medication" includes medication delivered through a  
10 device, including a metered dose inhaler with a reusable or  
11 disposable spacer or a nebulizer with a mouthpiece or mask.

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

17 "Respiratory distress" means the perceived or actual  
18 presence of wheezing, coughing, shortness of breath, chest  
19 tightness, breathing difficulty, or any other symptoms  
20 consistent with asthma. Respiratory distress may be  
21 categorized as "mild-to-moderate" or "severe".

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

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

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

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

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

13 "Undesignated asthma medication" means asthma medication  
14 prescribed in the name of a school district, public school,  
15 charter school, or nonpublic school.

16 "Undesignated epinephrine injector" means an epinephrine  
17 injector prescribed in the name of a school district, public  
18 school, charter school, or nonpublic school.

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

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

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

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

16 (A) the name and purpose of the epinephrine  
17 injector;

18 (B) the prescribed dosage; and

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

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

25 (b-5) A school district, public school, charter school, or  
26 nonpublic school may authorize the provision of a

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

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



1 anaphylactic reaction; (iv) administer an opioid antagonist to  
2 any person that the school nurse or trained personnel in good  
3 faith believes is having an opioid overdose; (v) provide  
4 undesignated asthma medication to a student for  
5 self-administration only or to any personnel authorized under  
6 a student's Individual Health Care Action Plan or asthma  
7 action plan, plan pursuant to Section 504 of the federal  
8 Rehabilitation Act of 1973, or individualized education  
9 program plan to administer to the student that meets the  
10 student's prescription on file; (vi) administer undesignated  
11 asthma medication that meets the prescription on file to any  
12 student who has an Individual Health Care Action Plan or  
13 asthma action plan, plan pursuant to Section 504 of the  
14 federal Rehabilitation Act of 1973, or individualized  
15 education program plan that authorizes the use of asthma  
16 medication; and (vii) administer undesignated asthma  
17 medication to any person that the school nurse or trained  
18 personnel believes in good faith is having respiratory  
19 distress.

20 (c) The school district, public school, charter school, or  
21 nonpublic school must inform the parents or guardians of the  
22 pupil, in writing, that the school district, public school,  
23 charter school, or nonpublic school and its employees and  
24 agents, including a physician, physician assistant, or  
25 advanced practice registered nurse providing standing protocol  
26 and a prescription for school epinephrine injectors, an opioid

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

26 (c-5) When a school nurse or trained personnel administers

1 an undesignated epinephrine injector to a person whom the  
2 school nurse or trained personnel in good faith believes is  
3 having an anaphylactic reaction, administers an opioid  
4 antagonist to a person whom the school nurse or trained  
5 personnel in good faith believes is having an opioid overdose,  
6 or administers undesignated asthma medication to a person whom  
7 the school nurse or trained personnel in good faith believes  
8 is having respiratory distress, notwithstanding the lack of  
9 notice to the parents or guardians of the pupil or the absence  
10 of the parents or guardians signed statement acknowledging no  
11 liability, except for willful and wanton conduct, the school  
12 district, public school, charter school, or nonpublic school  
13 and its employees and agents, and a physician, a physician  
14 assistant, or an advanced practice registered nurse providing  
15 standing protocol and a prescription for undesignated  
16 epinephrine injectors, an opioid antagonist, or undesignated  
17 asthma medication, are to incur no liability or professional  
18 discipline, except for willful and wanton conduct, as a result  
19 of any injury arising from the use of an undesignated  
20 epinephrine injector, the use of an opioid antagonist, or the  
21 use of undesignated asthma medication, regardless of whether  
22 authorization was given by the pupil's parents or guardians or  
23 by the pupil's physician, physician assistant, or advanced  
24 practice registered 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 is effective for the school year  
2 for which it is granted and shall be renewed each subsequent  
3 school year upon fulfillment of the requirements of this  
4 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 (i)  
9 while in school, (ii) while at a school-sponsored activity,  
10 (iii) while under the supervision of school personnel, or (iv)  
11 before or after normal school activities, such as while in  
12 before-school or after-school care on school-operated property  
13 or while being transported on a school bus.

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

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

12       (e-15) If the requirements of this Section are met, a  
13 school nurse or trained personnel may administer undesignated  
14 asthma medication to any person whom the school nurse or  
15 trained personnel in good faith believes to be experiencing  
16 respiratory distress (i) while in school, (ii) while at a  
17 school-sponsored activity, (iii) while under the supervision  
18 of school personnel, or (iv) before or after normal school  
19 activities, including before-school or after-school care on  
20 school-operated property. A school nurse or trained personnel  
21 may carry undesignated asthma medication on his or her person  
22 while in school or at a school-sponsored activity.

23       (f) The school district, public school, charter school, or  
24 nonpublic school may maintain a supply of undesignated  
25 epinephrine injectors in any secure location that is  
26 accessible before, during, and after school where an allergic

1 person is most at risk, including, but not limited to,  
2 classrooms and lunchrooms. A physician, a physician assistant  
3 who has prescriptive authority in accordance with Section 7.5  
4 of the Physician Assistant Practice Act of 1987, or an  
5 advanced practice registered nurse who has prescriptive  
6 authority in accordance with Section 65-40 of the Nurse  
7 Practice Act may prescribe undesignated epinephrine injectors  
8 in the name of the school district, public school, charter  
9 school, or nonpublic school to be maintained for use when  
10 necessary. Any supply of epinephrine injectors shall be  
11 maintained in accordance with the manufacturer's instructions.

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

23 The school district, public school, charter school, or  
24 nonpublic school may maintain a supply of asthma medication in  
25 any secure location that is accessible before, during, or  
26 after school where a person is most at risk, including, but not

1 limited to, a classroom or the nurse's office. A physician, a  
2 physician assistant who has prescriptive authority under  
3 Section 7.5 of the Physician Assistant Practice Act of 1987,  
4 or an advanced practice registered nurse who has prescriptive  
5 authority under Section 65-40 of the Nurse Practice Act may  
6 prescribe undesignated asthma medication in the name of the  
7 school district, public school, charter school, or nonpublic  
8 school to be maintained for use when necessary. Any supply of  
9 undesignated asthma medication must be maintained in  
10 accordance with the manufacturer's instructions.

11 (f-3) Whichever entity initiates the process of obtaining  
12 undesignated epinephrine injectors and providing training to  
13 personnel for carrying and administering undesignated  
14 epinephrine injectors shall pay for the costs of the  
15 undesignated epinephrine injectors.

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

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

24 (f-10) Within 24 hours of the administration of an  
25 undesignated epinephrine injector, a school district, public  
26 school, charter school, or nonpublic school must notify the

1 physician, physician assistant, or advanced practice  
2 registered nurse who provided the standing protocol and a  
3 prescription for the undesignated epinephrine injector of its  
4 use.

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

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

21 (g) Prior to the administration of an undesignated  
22 epinephrine injector, trained personnel must submit to the  
23 school's administration proof of completion of a training  
24 curriculum to recognize and respond to anaphylaxis that meets  
25 the requirements of subsection (h) of this Section. Training  
26 must be completed annually. The school district, public



1 school, charter school, or nonpublic school must maintain  
2 records related to the training curriculum and trained  
3 personnel.

4 Prior to the administration of an opioid antagonist,  
5 trained personnel must submit to the school's administration  
6 proof of completion of a training curriculum to recognize and  
7 respond to an opioid overdose, which curriculum must meet the  
8 requirements of subsection (h-5) of this Section. Training  
9 must be completed annually. Trained personnel must also submit  
10 to the school's administration proof of cardiopulmonary  
11 resuscitation and automated external defibrillator  
12 certification. The school district, public school, charter  
13 school, or nonpublic school must maintain records relating to  
14 the training curriculum and the trained personnel.

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

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

1 Training shall include, but is not limited to:

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

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

5 (3) a test demonstrating competency of the knowledge  
6 required to recognize anaphylaxis and administer an  
7 epinephrine injector.

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

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

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

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

15 (D) how to respond to a student with a known allergy,  
16 as well as a student with a previously unknown allergy;  
17 ~~and~~

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

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

22 In consultation with statewide professional organizations  
23 representing physicians licensed to practice medicine in all  
24 of its branches, registered nurses, and school nurses, the  
25 State Board of Education shall make available resource  
26 materials consistent with criteria in this subsection (h) for

1 educating trained personnel to recognize and respond to  
2 anaphylaxis. The State Board may take into consideration the  
3 curriculum on this subject developed by other states, as well  
4 as any other curricular materials suggested by medical experts  
5 and other groups that work on life-threatening allergy issues.  
6 The State Board is not required to create new resource  
7 materials. The State Board shall make these resource materials  
8 available on its Internet website.

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

- 15 (1) how to recognize symptoms of an opioid overdose;
- 16 (2) information on drug overdose prevention and  
17 recognition;
- 18 (3) how to perform rescue breathing and resuscitation;
- 19 (4) how to respond to an emergency involving an opioid  
20 overdose;
- 21 (5) opioid antagonist dosage and administration;
- 22 (6) the importance of calling 9-1-1 or, if 9-1-1 is  
23 not available, other local emergency medical services;
- 24 (7) care for the overdose victim after administration  
25 of the overdose antagonist;
- 26 (8) a test demonstrating competency of the knowledge

1 required to recognize an opioid overdose and administer a  
2 dose of an opioid antagonist; and

3 (9) other criteria as determined in rules adopted  
4 pursuant to this Section.

5 (h-10) A training curriculum to recognize and respond to  
6 respiratory distress, including the administration of  
7 undesignated asthma medication, may be conducted online or in  
8 person. The training must include, but is not limited to:

9 (1) how to recognize symptoms of respiratory distress  
10 and how to distinguish respiratory distress from  
11 anaphylaxis;

12 (2) how to respond to an emergency involving  
13 respiratory distress;

14 (3) asthma medication dosage and administration;

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

17 (5) a test demonstrating competency of the knowledge  
18 required to recognize respiratory distress and administer  
19 asthma medication; and

20 (6) other criteria as determined in rules adopted  
21 under this Section.

22 (i) Within 3 days after the administration of an  
23 undesignated epinephrine injector by a school nurse, trained  
24 personnel, or a student at a school or school-sponsored  
25 activity, the school must report to the State Board of  
26 Education in a form and manner prescribed by the State Board

1 the following information:

2 (1) age and type of person receiving epinephrine  
3 (student, staff, visitor);

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

6 (3) trigger that precipitated allergic episode;

7 (4) location where symptoms developed;

8 (5) number of doses administered;

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

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

12 If a school district, public school, charter school, or  
13 nonpublic school maintains or has an independent contractor  
14 providing transportation to students who maintains a supply of  
15 undesignated epinephrine injectors, then the school district,  
16 public school, charter school, or nonpublic school must report  
17 that information to the State Board of Education upon adoption  
18 or change of the policy of the school district, public school,  
19 charter school, nonpublic school, or independent contractor,  
20 in a manner as prescribed by the State Board. The report must  
21 include the number of undesignated epinephrine injectors in  
22 supply.

23 (i-5) Within 3 days after the administration of an opioid  
24 antagonist by a school nurse or trained personnel, the school  
25 must report to the State Board of Education, in a form and  
26 manner prescribed by the State Board, the following

1 information:

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

4 (2) the location where symptoms developed;

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

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

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

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

16 (2) any previously known diagnosis of asthma for the  
17 person;

18 (3) the trigger that precipitated respiratory  
19 distress, if identifiable;

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

21 (5) the number of doses administered;

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

24 (7) the outcome of the asthma medication  
25 administration; and

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

1           (j) By October 1, 2015 and every year thereafter, the  
2 State Board of Education shall submit a report to the General  
3 Assembly identifying the frequency and circumstances of  
4 undesignated epinephrine and undesignated asthma medication  
5 administration during the preceding academic year. Beginning  
6 with the 2017 report, the report shall also contain  
7 information on which school districts, public schools, charter  
8 schools, and nonpublic schools maintain or have independent  
9 contractors providing transportation to students who maintain  
10 a supply of undesignated epinephrine injectors. This report  
11 shall be published on the State Board's Internet website on  
12 the date the report is delivered to the General Assembly.

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

23           (j-10) To assist schools with emergency response  
24 procedures for asthma, the State Board of Education, in  
25 consultation with statewide professional organizations with  
26 expertise in asthma management and a statewide organization

1 representing school administrators, shall develop a model  
2 asthma episode emergency response protocol before September 1,  
3 2016. Each school district, charter school, and nonpublic  
4 school shall adopt an asthma episode emergency response  
5 protocol before January 1, 2017 that includes all of the  
6 components of the State Board's model protocol.

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

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

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

26 (l) Nothing in this Section shall limit the amount of



1 epinephrine injectors that any type of school or student may  
2 carry or maintain a supply of.

3 (Source: P.A. 100-201, eff. 8-18-17; 100-513, eff. 1-1-18;  
4 100-726, eff. 1-1-19; 100-759, eff. 1-1-19; 100-799, eff.  
5 1-1-19; 101-81, eff. 7-12-19.)

6 (105 ILCS 5/2-3.149 rep.)

7 Section 10. The School Code is amended by repealing  
8 Section 2-3.149.

9 Section 99. Effective date. This Act takes effect July 1,  
10 2021.".