



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 1. Short title. This Act may be cited as the
5 Childhood Anaphylactic Policy Act.

6 Section 5. Definitions. In this Act:

7 "Department" means the Department of Public Health.

8 "State Board" means the State Board of Education.

9 Section 10. Anaphylactic policy for school districts and
10 day care centers.

11 (a) The Department, in consultation with the State Board,
12 shall establish an anaphylactic policy for school districts
13 setting forth guidelines and procedures to be followed both
14 for the prevention of anaphylaxis and during a medical
15 emergency resulting from anaphylaxis. The policy shall be

1 developed after consultation with representatives of pediatric
2 physicians, school nurses, other health care providers with
3 expertise in treating children with anaphylaxis, parents of
4 children with life threatening allergies, school
5 administrators, teachers, school food service directors, and
6 appropriate not-for-profit corporations representing allergic
7 individuals at risk for anaphylaxis.

8 (b) The Department, in consultation with the Department of
9 Children and Family Services, shall establish an anaphylactic
10 policy for day care centers 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 representatives of pediatric physicians and other health
15 care providers with expertise in treating children with
16 anaphylaxis, parents of children with life threatening
17 allergies, day care administrators and personnel, and
18 appropriate not-for-profit corporations representing allergic
19 individuals at risk for anaphylaxis. The Department, in
20 consultation with the Department of Children and Family
21 Services, shall create informational materials detailing the
22 anaphylactic policy to be distributed to day care centers.

23 (c) In establishing policies under this Section, the
24 Department shall consider existing requirements and current
25 and best practices for schools and day care centers regarding
26 allergies and anaphylaxis. The Department shall also consider

1 the voluntary guidelines for managing food allergies in
2 schools and early care and education programs issued by the
3 United States Department of Health and Human Services, to the
4 extent appropriate for the setting.

5 (d) The Department shall create informational materials
6 detailing the anaphylactic policies under this Section and
7 distribute them to the school boards of school districts,
8 charter schools, and day care centers. The Department shall
9 make the materials available on the Department's website.

10 Section 15. Policy requirements. The anaphylactic policies
11 established under Section 10 of this Act shall include the
12 following:

13 (1) A procedure and treatment plan, including
14 emergency protocols and responsibilities for school nurses
15 and other appropriate school and day care personnel, for
16 responding to anaphylaxis.

17 (2) A training course for appropriate school and day
18 care personnel on preventing and responding to
19 anaphylaxis. The Department shall, in consultation with
20 the Department of Children and Family Services and the
21 State Board, consider existing training programs for
22 responding to anaphylaxis in order to avoid duplicative
23 training requirements. A preexisting program shall fulfill
24 the requirement for a training course pursuant to this
25 paragraph if the standards of the preexisting program are

1 deemed by the Department to be at least as stringent as the
2 standards adopted by the Department in the development of
3 the training course by the State.

4 (3) A procedure and appropriate guidelines for the
5 development of an individualized emergency health care
6 plan for children with a food or other allergy that could
7 result in anaphylaxis.

8 (4) A communication plan for intake and dissemination
9 of information provided by the State regarding children
10 with a food or other allergy that could result in
11 anaphylaxis, including a discussion of methods,
12 treatments, and therapies to reduce the risk of allergic
13 reactions, including anaphylaxis.

14 (5) Strategies for reducing the risk of exposure to
15 anaphylactic causative agents, including food and other
16 allergens.

17 (6) A communication plan for discussion with children
18 that have developed adequate verbal communication and
19 comprehension skills and with the parents or guardians of
20 all children about foods that are safe and unsafe and
21 about strategies to avoid exposure to unsafe food.

22 Section 20. Notification. At least once each calendar
23 year, schools and day care centers shall send a notification
24 to the parents or guardians of all children under the care of
25 the schools or day care centers to make them aware of the

1 anaphylactic policies, as developed by the Department. For
2 children under the care of day care centers, the notification
3 shall be provided by the day care center when the child is
4 enrolled and annually thereafter. The notification shall
5 include contact information for parents and guardians to
6 engage further with the school or day care center to learn more
7 about individualized aspects of the policies.

8 Section 25. Forwarding; implementation. At least 6 months
9 after the effective date of this Act, the anaphylactic
10 policies established under Section 10 shall be jointly
11 forwarded by the Department and the State Board or the
12 Department of Children and Family Services, as appropriate, to
13 each school board of a school district, charter school, and
14 day care center in the State. Each such entity shall implement
15 or update, as appropriate, its anaphylactic policy in
16 accordance with those developed by the State within 6 months
17 after receiving the anaphylactic policies.

18 Section 30. Updating anaphylactic policies. The
19 anaphylactic policies established under Section 10 shall be
20 updated at least once every 3 years or more frequently if the
21 Department determines it to be necessary or desirable for the
22 protection of children with a food allergy or other allergy
23 that could result in anaphylaxis.

1 Section 900. The School Code is amended by adding Section
2 2-3.182 and by changing Section 22-30 as follows:

3 (105 ILCS 5/2-3.182 new)

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

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

20 (b) The anaphylactic policy established under subsection
21 (a) shall include the following:

22 (1) A procedure and treatment plan, including
23 emergency protocols and responsibilities for school nurses
24 and other appropriate school personnel, for responding to
25 anaphylaxis.

1 (2) Requirements for a training course for appropriate
2 school personnel on preventing and responding to
3 anaphylaxis.

4 (3) A procedure and appropriate guidelines for the
5 development of an individualized emergency health care
6 plan for children with a food or other allergy that could
7 result in anaphylaxis.

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

14 (5) Strategies for reducing the risk of exposure to
15 anaphylactic causative agents, including food and other
16 allergens.

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

22 (c) At least once each calendar year, each school district
23 shall send a notification to the parents or guardians of all
24 children under the care of a school to make them aware of the
25 anaphylactic policy. The notification shall include contact
26 information for parents and guardians to engage further with

1 the school to learn more about individualized aspects of the
2 policy.

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

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

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

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

19 (105 ILCS 5/22-30)

20 Sec. 22-30. Self-administration and self-carry of asthma
21 medication and epinephrine injectors; administration of
22 undesignated epinephrine injectors; administration of an
23 opioid antagonist; administration of undesignated asthma
24 medication; asthma episode emergency response protocol.

25 (a) For the purpose of this Section only, the following

1 terms shall have the meanings set forth below:

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

8 "Asthma episode emergency response protocol" means a
9 procedure to provide assistance to a pupil experiencing
10 symptoms of wheezing, coughing, shortness of breath, chest
11 tightness, or breathing difficulty.

12 "Epinephrine injector" includes an auto-injector approved
13 by the United States Food and Drug Administration for the
14 administration of epinephrine and a pre-filled syringe
15 approved by the United States Food and Drug Administration and
16 used for the administration of epinephrine that contains a
17 pre-measured dose of epinephrine that is equivalent to the
18 dosages used in an auto-injector.

19 "Asthma medication" means quick-relief asthma medication,
20 including albuterol or other short-acting bronchodilators,
21 that is approved by the United States Food and Drug
22 Administration for the treatment of respiratory distress.
23 "Asthma medication" includes medication delivered through a
24 device, including a metered dose inhaler with a reusable or
25 disposable spacer or a nebulizer with a mouthpiece or mask.

26 "Opioid antagonist" means a drug that binds to opioid

1 receptors and blocks or inhibits the effect of opioids acting
2 on those receptors, including, but not limited to, naloxone
3 hydrochloride or any other similarly acting drug approved by
4 the U.S. Food and Drug Administration.

5 "Respiratory distress" means the perceived or actual
6 presence of wheezing, coughing, shortness of breath, chest
7 tightness, breathing difficulty, or any other symptoms
8 consistent with asthma. Respiratory distress may be
9 categorized as "mild-to-moderate" or "severe".

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

12 "Self-administration" means a pupil's discretionary use of
13 his or her prescribed asthma medication or epinephrine
14 injector.

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

17 "Standing protocol" may be issued by (i) a physician
18 licensed to practice medicine in all its branches, (ii) a
19 licensed physician assistant with prescriptive authority, or
20 (iii) a licensed advanced practice registered nurse with
21 prescriptive authority.

22 "Trained personnel" means any school employee or volunteer
23 personnel authorized in Sections 10-22.34, 10-22.34a, and
24 10-22.34b of this Code who has completed training under
25 subsection (g) of this Section to recognize and respond to
26 anaphylaxis, an opioid overdose, or respiratory distress.

1 "Undesignated asthma medication" means asthma medication
2 prescribed in the name of a school district, public school,
3 charter school, or nonpublic school.

4 "Undesignated epinephrine injector" means an epinephrine
5 injector prescribed in the name of a school district, public
6 school, charter school, or nonpublic school.

7 (b) A school, whether public, charter, or nonpublic, must
8 permit the self-administration and self-carry of asthma
9 medication by a pupil with asthma or the self-administration
10 and self-carry of an epinephrine injector by a pupil, provided
11 that:

12 (1) the parents or guardians of the pupil provide to
13 the school (i) written authorization from the parents or
14 guardians for (A) the self-administration and self-carry
15 of asthma medication or (B) the self-carry of asthma
16 medication or (ii) for (A) the self-administration and
17 self-carry of an epinephrine injector or (B) the
18 self-carry of an epinephrine injector, written
19 authorization from the pupil's physician, physician
20 assistant, or advanced practice registered nurse; and

21 (2) the parents or guardians of the pupil provide to
22 the school (i) the prescription label, which must contain
23 the name of the asthma medication, the prescribed dosage,
24 and the time at which or circumstances under which the
25 asthma medication is to be administered, or (ii) for the
26 self-administration or self-carry of an epinephrine

1 injector, a written statement from the pupil's physician,
2 physician assistant, or advanced practice registered nurse
3 containing the following information:

4 (A) the name and purpose of the epinephrine
5 injector;

6 (B) the prescribed dosage; and

7 (C) the time or times at which or the special
8 circumstances under which the epinephrine injector is
9 to be administered.

10 The information provided shall be kept on file in the office of
11 the school nurse or, in the absence of a school nurse, the
12 school's administrator.

13 (b-5) A school district, public school, charter school, or
14 nonpublic school may authorize the provision of a
15 student-specific or undesignated epinephrine injector to a
16 student or any personnel authorized under a student's
17 Individual Health Care Action Plan, Illinois Food Allergy
18 Emergency Action Plan and Treatment Authorization Form, or
19 plan pursuant to Section 504 of the federal Rehabilitation Act
20 of 1973 to administer an epinephrine injector to the student,
21 that meets the student's prescription on file.

22 (b-10) The school district, public school, charter school,
23 or nonpublic school may authorize a school nurse or trained
24 personnel to do the following: (i) provide an undesignated
25 epinephrine injector to a student for self-administration only
26 or any personnel authorized under a student's Individual

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

1 asthma action plan, plan pursuant to Section 504 of the
2 federal Rehabilitation Act of 1973, or individualized
3 education program plan that authorizes the use of asthma
4 medication; and (vii) administer undesignated asthma
5 medication to any person that the school nurse or trained
6 personnel believes in good faith is having respiratory
7 distress.

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

1 from the administration of asthma medication, an epinephrine
2 injector, or an opioid antagonist regardless of whether
3 authorization was given by the pupil's parents or guardians or
4 by the pupil's physician, physician assistant, or advanced
5 practice registered nurse and that the parents or guardians
6 must indemnify and hold harmless the school district, public
7 school, charter school, or nonpublic school and its employees
8 and agents against any claims, except a claim based on willful
9 and wanton conduct, arising out of the administration of
10 asthma medication, an epinephrine injector, or an opioid
11 antagonist regardless of whether authorization was given by
12 the pupil's parents or guardians or by the pupil's physician,
13 physician assistant, or advanced practice registered nurse.

14 (c-5) When a school nurse or trained personnel administers
15 an undesignated epinephrine injector to a person whom the
16 school nurse or trained personnel in good faith believes is
17 having an anaphylactic reaction, administers an opioid
18 antagonist to a person whom the school nurse or trained
19 personnel in good faith believes is having an opioid overdose,
20 or administers undesignated asthma medication to a person whom
21 the school nurse or trained personnel in good faith believes
22 is having respiratory distress, notwithstanding the lack of
23 notice to the parents or guardians of the pupil or the absence
24 of the parents or guardians signed statement acknowledging no
25 liability, except for willful and wanton conduct, the school
26 district, public school, charter school, or nonpublic school

1 and its employees and agents, and a physician, a physician
2 assistant, or an advanced practice registered nurse providing
3 standing protocol and a prescription for undesignated
4 epinephrine injectors, an opioid antagonist, or undesignated
5 asthma medication, are to incur no liability or professional
6 discipline, except for willful and wanton conduct, as a result
7 of any injury arising from the use of an undesignated
8 epinephrine injector, the use of an opioid antagonist, or the
9 use of undesignated asthma medication, regardless of whether
10 authorization was given by the pupil's parents or guardians or
11 by the pupil's physician, physician assistant, or advanced
12 practice registered nurse.

13 (d) The permission for self-administration and self-carry
14 of asthma medication or the self-administration and self-carry
15 of an epinephrine injector is effective for the school year
16 for which it is granted and shall be renewed each subsequent
17 school year upon fulfillment of the requirements of this
18 Section.

19 (e) Provided that the requirements of this Section are
20 fulfilled, a pupil with asthma may self-administer and
21 self-carry his or her asthma medication or a pupil may
22 self-administer and self-carry an epinephrine injector (i)
23 while in school, (ii) while at a school-sponsored activity,
24 (iii) while under the supervision of school personnel, or (iv)
25 before or after normal school activities, such as while in
26 before-school or after-school care on school-operated property

1 or while being transported on a school bus.

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

15 (e-10) Provided that the requirements of this Section are
16 fulfilled, a school nurse or trained personnel may administer
17 an opioid antagonist to any person whom the school nurse or
18 trained personnel in good faith believes to be having an
19 opioid overdose (i) while in school, (ii) while at a
20 school-sponsored activity, (iii) while under the supervision
21 of school personnel, or (iv) before or after normal school
22 activities, such as while in before-school or after-school
23 care on school-operated property. A school nurse or trained
24 personnel may carry an opioid antagonist on his or her person
25 while in school or at a school-sponsored activity.

26 (e-15) If the requirements of this Section are met, a

1 school nurse or trained personnel may administer undesignated
2 asthma medication to any person whom the school nurse or
3 trained personnel in good faith believes to be experiencing
4 respiratory distress (i) while in school, (ii) while at a
5 school-sponsored activity, (iii) while under the supervision
6 of school personnel, or (iv) before or after normal school
7 activities, including before-school or after-school care on
8 school-operated property. A school nurse or trained personnel
9 may carry undesignated asthma medication on his or her person
10 while in school or at a school-sponsored activity.

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

26 The school district, public school, charter school, or

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

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

25 (f-3) Whichever entity initiates the process of obtaining
26 undesignated epinephrine injectors and providing training to

1 personnel for carrying and administering undesignated
2 epinephrine injectors shall pay for the costs of the
3 undesignated epinephrine injectors.

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

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

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

19 Within 24 hours after the administration of an opioid
20 antagonist, a school district, public school, charter school,
21 or nonpublic school must notify the health care professional
22 who provided the prescription for the opioid antagonist of its
23 use.

24 Within 24 hours after the administration of undesignated
25 asthma medication, a school district, public school, charter
26 school, or nonpublic school must notify the student's parent

1 or guardian or emergency contact, if known, and the physician,
2 physician assistant, or advanced practice registered nurse who
3 provided the standing protocol and a prescription for the
4 undesignated asthma medication of its use. The district or
5 school must follow up with the school nurse, if available, and
6 may, with the consent of the child's parent or guardian,
7 notify the child's health care provider of record, as
8 determined under this Section, of its use.

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

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

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

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

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

15 Training shall include, but is not limited to:

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

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

19 (3) a test demonstrating competency of the knowledge
20 required to recognize anaphylaxis and administer an
21 epinephrine injector.

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

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

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

26 (C) emergency follow-up procedures, including the

1 importance of calling 9-1-1 or, if 9-1-1 is not available,
2 other local emergency medical services;

3 (D) how to respond to a student with a known allergy,
4 as well as a student with a previously unknown allergy;
5 ~~and~~

6 (E) other criteria as determined in rules adopted
7 pursuant to this Section; and—

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

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

23 (h-5) A training curriculum to recognize and respond to an
24 opioid overdose, including the administration of an opioid
25 antagonist, may be conducted online or in person. The training
26 must comply with any training requirements under Section 5-23

1 of the Substance Use Disorder Act and the corresponding rules.

2 It must include, but is not limited to:

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

4 (2) information on drug overdose prevention and
5 recognition;

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

7 (4) how to respond to an emergency involving an opioid
8 overdose;

9 (5) opioid antagonist dosage and administration;

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

12 (7) care for the overdose victim after administration
13 of the overdose antagonist;

14 (8) a test demonstrating competency of the knowledge
15 required to recognize an opioid overdose and administer a
16 dose of an opioid antagonist; and

17 (9) other criteria as determined in rules adopted
18 pursuant to this Section.

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

23 (1) how to recognize symptoms of respiratory distress
24 and how to distinguish respiratory distress from
25 anaphylaxis;

26 (2) how to respond to an emergency involving

1 respiratory distress;

2 (3) asthma medication dosage and administration;

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

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

8 (6) other criteria as determined in rules adopted
9 under this Section.

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

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

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

20 (3) trigger that precipitated allergic episode;

21 (4) location where symptoms developed;

22 (5) number of doses administered;

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

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

26 If a school district, public school, charter school, or

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

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

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

18 (2) the location where symptoms developed;

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

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

22 (i-10) Within 3 days after the administration of
23 undesignated asthma medication 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, on a form and in a manner prescribed by the State

1 Board of Education, the following information:

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

4 (2) any previously known diagnosis of asthma for the
5 person;

6 (3) the trigger that precipitated respiratory
7 distress, if identifiable;

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

9 (5) the number of doses administered;

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

12 (7) the outcome of the asthma medication
13 administration; and

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

15 (j) By October 1, 2015 and every year thereafter, the
16 State Board of Education shall submit a report to the General
17 Assembly identifying the frequency and circumstances of
18 undesignated epinephrine and undesignated asthma medication
19 administration during the preceding academic year. Beginning
20 with the 2017 report, the report shall also contain
21 information on which school districts, public schools, charter
22 schools, and nonpublic schools maintain or have independent
23 contractors providing transportation to students who maintain
24 a supply of undesignated epinephrine injectors. This report
25 shall be published on the State Board's Internet website on
26 the date the report is delivered to the General Assembly.

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

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

21 (j-15) Every 2 years, school personnel who work with
22 pupils shall complete an in-person or online training program
23 on the management of asthma, the prevention of asthma
24 symptoms, and emergency response in the school setting. In
25 consultation with statewide professional organizations with
26 expertise in asthma management, the State Board of Education

1 shall make available resource materials for educating school
2 personnel about asthma and emergency response in the school
3 setting.

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

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

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

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

20 (105 ILCS 5/2-3.149 rep.)

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

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

1 (225 ILCS 10/5.11 new)

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

20 Section 999. Effective date. This Act takes effect July 1,
21 2021."