

1 AN ACT concerning education.

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 changing Section  
5 22-30 as follows:

6 (105 ILCS 5/22-30)

7 Sec. 22-30. Self-administration and self-carry of asthma  
8 medication and epinephrine injectors; administration of  
9 undesignated epinephrine injectors; administration of an  
10 opioid antagonist; administration of undesignated asthma  
11 medication; asthma episode emergency response protocol.

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

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

20 "Asthma episode emergency response protocol" means a  
21 procedure to provide assistance to a pupil experiencing  
22 symptoms of wheezing, coughing, shortness of breath, chest  
23 tightness, or breathing difficulty.

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

8 "Asthma medication" means quick-relief asthma medication,  
9 including albuterol or other short-acting bronchodilators,  
10 that is approved by the United States Food and Drug  
11 Administration for the treatment of respiratory distress.  
12 "Asthma medication" includes medication delivered through a  
13 device, including a metered dose inhaler with a reusable or  
14 disposable spacer or a nebulizer with a mouthpiece or mask.

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

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

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

1 "Self-administration" means a pupil's discretionary use of  
2 his or her prescribed asthma medication or epinephrine  
3 injector.

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

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

11 "Trained personnel" means any school employee or volunteer  
12 personnel authorized in Sections 10-22.34, 10-22.34a, and  
13 10-22.34b of this Code who has completed training under  
14 subsection (g) of this Section to recognize and respond to  
15 anaphylaxis, an opioid overdose, or respiratory distress.

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

19 "Undesignated epinephrine injector" means an epinephrine  
20 injector prescribed in the name of a school district, public  
21 school, charter school, or nonpublic school.

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

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

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

19           (A) the name and purpose of the epinephrine  
20 injector;

21           (B) the prescribed dosage; and

22           (C) the time or times at which or the special  
23 circumstances under which the epinephrine injector is  
24 to be administered.

25 The information provided shall be kept on file in the office of  
26 the school nurse or, in the absence of a school nurse, the

1 school's administrator.

2 (b-5) A school district, public school, charter school, or  
3 nonpublic school may authorize the provision of a  
4 student-specific or undesignated epinephrine injector to a  
5 student or any personnel authorized under a student's  
6 Individual Health Care Action Plan, Illinois Food Allergy  
7 Emergency Action Plan and Treatment Authorization Form, or  
8 plan pursuant to Section 504 of the federal Rehabilitation Act  
9 of 1973 to administer an epinephrine injector to the student,  
10 that meets the student's prescription on file.

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

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

23 (c) The school district, public school, charter school, or  
24 nonpublic school must inform the parents or guardians of the  
25 pupil, in writing, that the school district, public school,  
26 charter school, or nonpublic school and its employees and

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

1 the pupil's parents or guardians or by the pupil's physician,  
2 physician assistant, or advanced practice registered nurse.

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



1 practice registered nurse.

2 (d) The permission for self-administration and self-carry  
3 of asthma medication or the self-administration and self-carry  
4 of an epinephrine injector is effective for the school year  
5 for which it is granted and shall be renewed each subsequent  
6 school year upon fulfillment of the requirements of this  
7 Section.

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

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

1 personnel may carry undesignated epinephrine injectors on his  
2 or her person while in school or at a school-sponsored  
3 activity.

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

15 (e-15) If the requirements of this Section are met, a  
16 school nurse or trained personnel may administer undesignated  
17 asthma medication to any person whom the school nurse or  
18 trained personnel in good faith believes to be experiencing  
19 respiratory distress (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, including before-school or after-school care on  
23 school-operated property. A school nurse or trained personnel  
24 may carry undesignated asthma medication on his or her person  
25 while in school or at a school-sponsored activity.

26 (f) The school district, public school, charter school, or

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

15 The school district, public school, charter school, or  
16 nonpublic school shall ~~may~~ maintain a supply of an opioid  
17 antagonist in any secure location where an individual may have  
18 an opioid overdose, unless there is a shortage of opioid  
19 antagonists, in which case the school district, public school,  
20 charter school, or nonpublic school shall make a reasonable  
21 effort to maintain a supply of an opioid antagonist. Unless  
22 the school district, public school, charter school, or  
23 nonpublic school is able to obtain opioid antagonists without  
24 a prescription, a ~~A~~ health care professional who has been  
25 delegated prescriptive authority for opioid antagonists in  
26 accordance with Section 5-23 of the Substance Use Disorder Act

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

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

20 (f-3) Whichever entity initiates the process of obtaining  
21 undesignated epinephrine injectors and providing training to  
22 personnel for carrying and administering undesignated  
23 epinephrine injectors shall pay for the costs of the  
24 undesignated epinephrine injectors.

25 (f-5) Upon any administration of an epinephrine injector,  
26 a school district, public school, charter school, or nonpublic

1 school must immediately activate the EMS system and notify the  
2 student's parent, guardian, or emergency contact, if known.

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

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

14 Within 24 hours after the administration of an opioid  
15 antagonist, a school district, public school, charter school,  
16 or nonpublic school must notify the health care professional  
17 who provided the prescription for the opioid antagonist of its  
18 use.

19 Within 24 hours after the administration of undesignated  
20 asthma medication, a school district, public school, charter  
21 school, or nonpublic school must notify the student's parent  
22 or guardian or emergency contact, if known, and the physician,  
23 physician assistant, or advanced practice registered nurse who  
24 provided the standing protocol and a prescription for the  
25 undesignated asthma medication of its use. The district or  
26 school must follow up with the school nurse, if available, and

1 may, with the consent of the child's parent or guardian,  
2 notify the child's health care provider of record, as  
3 determined under this Section, of its use.

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

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

24 Prior to the administration of undesignated asthma  
25 medication, trained personnel must submit to the school's  
26 administration proof of completion of a training curriculum to

1 recognize and respond to respiratory distress, which must meet  
2 the requirements of subsection (h-10) of this Section.  
3 Training must be completed annually, and the school district,  
4 public school, charter school, or nonpublic school must  
5 maintain records relating to the training curriculum and the  
6 trained personnel.

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

10 Training shall include, but is not limited to:

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

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

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

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

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

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

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

24 (D) how to respond to a student with a known allergy,  
25 as well as a student with a previously unknown allergy;

26 (E) other criteria as determined in rules adopted

1           pursuant to this Section; and

2           (F) any policy developed by the State Board of  
3           Education under Section 2-3.190.

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

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

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

24                 (2) information on drug overdose prevention and  
25                 recognition;

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



1           (4) how to respond to an emergency involving an opioid  
2 overdose;

3           (5) opioid antagonist dosage and administration;

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

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

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

11           (9) other criteria as determined in rules adopted  
12 pursuant to this Section.

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

17           (1) how to recognize symptoms of respiratory distress  
18 and how to distinguish respiratory distress from  
19 anaphylaxis;

20           (2) how to respond to an emergency involving  
21 respiratory distress;

22           (3) asthma medication dosage and administration;

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

25           (5) a test demonstrating competency of the knowledge  
26 required to recognize respiratory distress and administer

1           asthma medication; and

2           (6) other criteria as determined in rules adopted  
3           under this Section.

4           (i) Within 3 days after the administration of an  
5           undesigned epinephrine injector by a school nurse, trained  
6           personnel, or a student at a school or school-sponsored  
7           activity, the school must report to the State Board of  
8           Education in a form and manner prescribed by the State Board  
9           the following information:

10           (1) age and type of person receiving epinephrine  
11           (student, staff, visitor);

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

14           (3) trigger that precipitated allergic episode;

15           (4) location where symptoms developed;

16           (5) number of doses administered;

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

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

20           If a school district, public school, charter school, or  
21           nonpublic school maintains or has an independent contractor  
22           providing transportation to students who maintains a supply of  
23           undesigned epinephrine injectors, then the school district,  
24           public school, charter school, or nonpublic school must report  
25           that information to the State Board of Education upon adoption  
26           or change of the policy of the school district, public school,

1 charter school, nonpublic school, or independent contractor,  
2 in a manner as prescribed by the State Board. The report must  
3 include the number of undesignated epinephrine injectors in  
4 supply.

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

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

12 (2) the location where symptoms developed;

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

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

16 (i-10) Within 3 days after the administration of  
17 undesignated asthma medication by a school nurse, trained  
18 personnel, or a student at a school or school-sponsored  
19 activity, the school must report to the State Board of  
20 Education, on a form and in a manner prescribed by the State  
21 Board of Education, the following information:

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

24 (2) any previously known diagnosis of asthma for the  
25 person;

26 (3) the trigger that precipitated respiratory

1           distress, if identifiable;

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

3           (5) the number of doses administered;

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

6           (7) the outcome of the asthma medication  
7 administration; and

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

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

21           (j-5) Annually, each school district, public school,  
22 charter school, or nonpublic school shall request an asthma  
23 action plan from the parents or guardians of a pupil with  
24 asthma. If provided, the asthma action plan must be kept on  
25 file in the office of the school nurse or, in the absence of a  
26 school nurse, the school administrator. Copies of the asthma

1 action plan may be distributed to appropriate school staff who  
2 interact with the pupil on a regular basis, and, if  
3 applicable, may be attached to the pupil's federal Section 504  
4 plan or individualized education program plan.

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

15 (j-15) Every 2 years, school personnel who work with  
16 pupils shall complete an in-person or online training program  
17 on the management of asthma, the prevention of asthma  
18 symptoms, and emergency response in the school setting. In  
19 consultation with statewide professional organizations with  
20 expertise in asthma management, the State Board of Education  
21 shall make available resource materials for educating school  
22 personnel about asthma and emergency response in the school  
23 setting.

24 (j-20) On or before October 1, 2016 and every year  
25 thereafter, the State Board of Education shall submit a report  
26 to the General Assembly and the Department of Public Health

1 identifying the frequency and circumstances of opioid  
2 antagonist administration during the preceding academic year.  
3 This report shall be published on the State Board's Internet  
4 website on the date the report is delivered to the General  
5 Assembly.

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

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

11 (Source: P.A. 101-81, eff. 7-12-19; 102-413, eff. 8-20-21;  
12 102-813, eff. 5-13-22.)