

HB3926



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB3926

Introduced 2/17/2023, by Rep. Janet Yang Rohr

SYNOPSIS AS INTRODUCED:

105 ILCS 5/22-30

Amends the General Provisions Article of the School Code. In provisions concerning administration of an opioid antagonist, provides that a school district, public school, charter school, or nonpublic school shall maintain a supply of an opioid antagonist in any secure location where an individual may have an opioid overdose (instead of may maintain a supply of an opioid antagonist in any secure location where an individual may have an opioid overdose). Makes a conforming change.

LRB103 27612 RJT 53988 b

A BILL FOR

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. A health care professional who has been
19 delegated prescriptive authority for opioid antagonists in
20 accordance with Section 5-23 of the Substance Use Disorder Act
21 shall ~~may~~ prescribe opioid antagonists in the name of the
22 school district, public school, charter school, or nonpublic
23 school, to be maintained for use when necessary. Any supply of
24 opioid antagonists shall be maintained in accordance with the
25 manufacturer's instructions.

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

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

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

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

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

1 (f-10) Within 24 hours of the administration of an
2 undesignated epinephrine injector, a school district, public
3 school, charter school, or nonpublic school must notify the
4 physician, physician assistant, or advanced practice
5 registered nurse who provided the standing protocol and a
6 prescription for the undesignated epinephrine injector of its
7 use.

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

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

24 (g) Prior to the administration of an undesignated
25 epinephrine injector, trained personnel must submit to the
26 school's administration proof of completion of a training

1 curriculum to recognize and respond to anaphylaxis that meets
2 the requirements of subsection (h) of this Section. Training
3 must be completed annually. The school district, public
4 school, charter school, or nonpublic school must maintain
5 records related to the training curriculum and trained
6 personnel.

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

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

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

4 Training shall include, but is not limited to:

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

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

8 (3) a test demonstrating competency of the knowledge
9 required to recognize anaphylaxis and administer an
10 epinephrine injector.

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

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

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

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

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

20 (E) other criteria as determined in rules adopted
21 pursuant to this Section; and

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

24 In consultation with statewide professional organizations
25 representing physicians licensed to practice medicine in all
26 of its branches, registered nurses, and school nurses, the

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

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

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

1 of the overdose antagonist;

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

5 (9) other criteria as determined in rules adopted
6 pursuant to this Section.

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

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

14 (2) how to respond to an emergency involving
15 respiratory distress;

16 (3) asthma medication dosage and administration;

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

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

22 (6) other criteria as determined in rules adopted
23 under this Section.

24 (i) Within 3 days after the administration of an
25 undesignated epinephrine injector by a school nurse, trained
26 personnel, or a student at a school or school-sponsored

1 activity, the school must report to the State Board of
2 Education in a form and manner prescribed by the State Board
3 the following information:

4 (1) age and type of person receiving epinephrine
5 (student, staff, visitor);

6 (2) any previously known diagnosis of a severe
7 allergy;

8 (3) trigger that precipitated allergic episode;

9 (4) location where symptoms developed;

10 (5) number of doses administered;

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

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

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

25 (i-5) Within 3 days after the administration of an opioid
26 antagonist by a school nurse or trained personnel, the school

1 must report to the State Board of Education, in a form and
2 manner prescribed by the State Board, the following
3 information:

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

6 (2) the location where symptoms developed;

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

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

10 (i-10) Within 3 days after the administration of
11 undesignated asthma medication 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, on a form and in a manner prescribed by the State
15 Board of Education, the following information:

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

18 (2) any previously known diagnosis of asthma for the
19 person;

20 (3) the trigger that precipitated respiratory
21 distress, if identifiable;

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

23 (5) the number of doses administered;

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

26 (7) the outcome of the asthma medication

1 administration; and

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

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

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

25 (j-10) To assist schools with emergency response
26 procedures for asthma, the State Board of Education, in

1 consultation with statewide professional organizations with
2 expertise in asthma management and a statewide organization
3 representing school administrators, shall develop a model
4 asthma episode emergency response protocol before September 1,
5 2016. Each school district, charter school, and nonpublic
6 school shall adopt an asthma episode emergency response
7 protocol before January 1, 2017 that includes all of the
8 components of the State Board's model protocol.

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

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

26 (k) The State Board of Education may adopt rules necessary

1 to implement this Section.

2 (1) Nothing in this Section shall limit the amount of
3 epinephrine injectors that any type of school or student may
4 carry or maintain a supply of.

5 (Source: P.A. 101-81, eff. 7-12-19; 102-413, eff. 8-20-21;
6 102-813, eff. 5-13-22.)