

99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

HB4462

by Rep. Michelle Mussman

SYNOPSIS AS INTRODUCED:

105 ILCS 5/22-30

Amends the School Code. In provisions concerning the self-administration and self-carry of asthma medication and epinephrine auto-injectors and the administration of undesignated epinephrine auto-injectors or an opioid antagonist, provides that the term "trained personnel" includes a school bus driver employed by an independent contractor and that, with respect to asthma medication and epinephrine auto-injectors, before and after normal school activities includes while being transported on a school bus. Provides that the secure location for a supply of undesignated epinephrine auto-injectors must be accessible before, during, and after school. Provides that if a supply of undesignated epinephrine auto-injectors is maintained, then the school district, public school, or nonpublic school must annually report that information to the State Board of Education; makes related changes.

LRB099 16680 NHT 41018 b

FISCAL NOTE ACT
MAY APPLY

STATE MANDATES
ACT MAY REQUIRE
REIMBURSEMENT

A BILL FOR

1 AN ACT concerning public health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 90. 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 auto-injectors; administration of
9 undesignated epinephrine auto-injectors; administration of an
10 opioid antagonist.

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

13 "Asthma inhaler" means a quick reliever asthma inhaler.

14 "Epinephrine auto-injector" means a single-use device used
15 for the automatic injection of a pre-measured dose of
16 epinephrine into the human body.

17 "Asthma medication" means a medicine, prescribed by (i) a
18 physician licensed to practice medicine in all its branches,
19 (ii) a licensed physician assistant ~~prescriptive authority~~, or
20 (iii) a licensed advanced practice nurse ~~prescriptive~~
21 ~~authority~~ for a pupil that pertains to the pupil's asthma and
22 that has an individual prescription label.

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

7 "Self-administration" means a pupil's discretionary use of
8 his or her prescribed asthma medication or epinephrine
9 auto-injector.

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

12 "Standing protocol" may be issued by (i) a physician
13 licensed to practice medicine in all its branches, (ii) a
14 licensed physician assistant ~~prescriptive authority~~, or (iii)
15 a licensed advanced practice nurse ~~prescriptive~~.

16 "Trained personnel" means any school employee, school bus
17 driver employed by an independent contractor, or volunteer
18 personnel authorized in Sections 10-22.34, 10-22.34a, and
19 10-22.34b of this Code who has completed training under
20 subsection (g) of this Section to recognize and respond to
21 anaphylaxis.

22 "Undesignated epinephrine auto-injector" means an
23 epinephrine auto-injector prescribed in the name of a school
24 district, public school, or nonpublic school.

25 (b) A school, whether public or nonpublic, must permit the
26 self-administration and self-carry of asthma medication by a

1 pupil with asthma or the self-administration and self-carry of
2 an epinephrine auto-injector by a pupil, provided that:

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

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

21 (A) the name and purpose of the epinephrine
22 auto-injector;

23 (B) the prescribed dosage; and

24 (C) the time or times at which or the special
25 circumstances under which the epinephrine
26 auto-injector is to be administered.

1 The information provided shall be kept on file in the office of
2 the school nurse or, in the absence of a school nurse, the
3 school's administrator.

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

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

1 1973 that authorizes the use of an epinephrine auto-injector;
2 (iii) administer an undesignated epinephrine auto-injector to
3 any person that the school nurse or trained personnel in good
4 faith believes is having an anaphylactic reaction; and (iv)
5 administer an opioid antagonist to any person that the school
6 nurse or trained personnel in good faith believes is having an
7 opioid overdose.

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

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

12 (c-5) When a school nurse or trained personnel administers
13 an undesignated epinephrine auto-injector to a person whom the
14 school nurse or trained personnel in good faith believes is
15 having an anaphylactic reaction⁷ or administers an opioid
16 antagonist to a person whom the school nurse or trained
17 personnel in good faith believes is having an opioid overdose,
18 notwithstanding the lack of notice to the parents or guardians
19 of the pupil or the absence of the parents or guardians signed
20 statement acknowledging no liability, except for willful and
21 wanton conduct, the school district, public school, or
22 nonpublic school and its employees and agents, and a physician,
23 a physician assistant, or an advanced practice nurse providing
24 standing protocol or prescription for undesignated epinephrine
25 auto-injectors, are to incur no liability or professional
26 discipline, except for willful and wanton conduct, as a result

1 of any injury arising from the use of an undesignated
2 epinephrine auto-injector or the use of an opioid antagonist
3 regardless of whether authorization was given by the pupil's
4 parents or guardians or by the pupil's physician, physician
5 assistant, or advanced practice nurse.

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

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

21 (e-5) Provided that the requirements of this Section are
22 fulfilled, a school nurse or trained personnel may administer
23 an undesignated epinephrine auto-injector to any person whom
24 the school nurse or trained personnel in good faith believes to
25 be having an anaphylactic reaction (i) while in school, (ii)
26 while at a school-sponsored activity, (iii) while under the

1 supervision of school personnel, or (iv) before or after normal
2 school activities, such as while in before-school or
3 after-school care on school-operated property or while being
4 transported on a school bus. A school nurse or trained
5 personnel may carry undesignated epinephrine auto-injectors on
6 his or her person while in school or at a school-sponsored
7 activity.

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

19 (f) The school district, public school, or nonpublic school
20 may maintain a supply of undesignated epinephrine
21 auto-injectors in any secure location that is accessible
22 before, during, and after school where an allergic person is
23 most at risk, including, but not limited to, classrooms and
24 lunchrooms. A physician, a physician assistant who has been
25 delegated prescriptive authority in accordance with Section
26 7.5 of the Physician Assistant Practice Act of 1987, or an

1 advanced practice nurse who has been delegated prescriptive
2 authority in accordance with Section 65-40 of the Nurse
3 Practice Act may prescribe undesignated epinephrine
4 auto-injectors in the name of the school district, public
5 school, or nonpublic school to be maintained for use when
6 necessary. Any supply of epinephrine auto-injectors shall be
7 maintained in accordance with the manufacturer's instructions.

8 The school district, public school, or nonpublic school may
9 maintain a supply of an opioid antagonist in any secure
10 location where an individual may have an opioid overdose. A
11 health care professional who has been delegated prescriptive
12 authority for opioid antagonists in accordance with Section
13 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act
14 may prescribe opioid antagonists in the name of the school
15 district, public school, or nonpublic school, to be maintained
16 for use when necessary. Any supply of opioid antagonists shall
17 be maintained in accordance with the manufacturer's
18 instructions.

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

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

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

11 (g) Prior to the administration of an undesignated
12 epinephrine auto-injector, trained personnel must submit to
13 their ~~his or her~~ school's administration proof of completion of
14 a training curriculum to recognize and respond to anaphylaxis
15 that meets the requirements of subsection (h) of this Section.
16 Training must be completed annually. Trained personnel must
17 also submit to their ~~his or her~~ school's administration proof
18 of cardiopulmonary resuscitation and automated external
19 defibrillator certification. The school district, public
20 school, or nonpublic school must maintain records related to
21 the training curriculum and trained personnel.

22 Prior to the administration of an opioid antagonist,
23 trained personnel must submit to their school's administration
24 proof of completion of a training curriculum to recognize and
25 respond to an opioid overdose, which curriculum must meet the
26 requirements of subsection (h-5) of this Section. Training must

1 be completed annually. Trained personnel must also submit to
2 the school's administration proof of cardiopulmonary
3 resuscitation and automated external defibrillator
4 certification. The school district, public school, or
5 nonpublic school must maintain records relating to the training
6 curriculum and the trained personnel.

7 (h) A training curriculum to recognize and respond to
8 anaphylaxis, including the administration of an undesignated
9 epinephrine auto-injector, may be conducted online or in
10 person. It must include, but is not limited to:

- 11 (1) how to recognize symptoms of an allergic reaction;
- 12 (2) a review of high-risk areas within the school and
13 its related facilities;
- 14 (3) steps to take to prevent exposure to allergens;
- 15 (4) how to respond to an emergency involving an
16 allergic reaction;
- 17 (5) how to administer an epinephrine auto-injector;
- 18 (6) how to respond to a student with a known allergy as
19 well as a student with a previously unknown allergy;
- 20 (7) a test demonstrating competency of the knowledge
21 required to recognize anaphylaxis and administer an
22 epinephrine auto-injector; and
- 23 (8) other criteria as determined in rules adopted
24 pursuant to this Section.

25 In consultation with statewide professional organizations
26 representing physicians licensed to practice medicine in all of

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

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

- 19 (1) how to recognize symptoms of an opioid overdose;
20 (2) information on drug overdose prevention and
21 recognition;
22 (3) how to perform rescue breathing and resuscitation;
23 (4) how to respond to an emergency involving an opioid
24 overdose;
25 (5) opioid antagonist dosage and administration;
26 (6) the importance of calling 911;

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

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

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

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

14 (1) age and type of person receiving epinephrine
15 (student, staff, visitor);

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

17 (3) trigger that precipitated allergic episode;

18 (4) location where symptoms developed;

19 (5) number of doses administered;

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

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

23 If a school district, public school, or nonpublic school
24 maintains a supply of undesignated epinephrine auto-injectors
25 as authorized under subsection (f) of this Section, then the
26 school district, public school, or nonpublic school must

1 annually report that information to the State Board of
2 Education, in a manner as prescribed by the State Board. The
3 report must include the number of undesignated epinephrine
4 auto-injectors in 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, in a form and manner prescribed
8 by the State Board, the following information:

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

11 (2) the location where symptoms developed;

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

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

15 (j) By October 1, 2015 and every year thereafter, the State
16 Board of Education shall submit a report to the General
17 Assembly identifying the frequency and circumstances of
18 epinephrine administration during the preceding academic year.
19 Beginning with the 2017 report, the report shall also contain
20 information on which school districts, public schools, and
21 nonpublic schools maintain a supply of undesignated
22 epinephrine auto-injectors as authorized under subsection (f)
23 of this Section. This report shall be published on the State
24 Board's Internet website on the date the report is delivered to
25 the General Assembly.

26 On or before October 1, 2016 and every year thereafter, the

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

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

9 (Source: P.A. 98-795, eff. 8-1-14; 99-173, eff. 7-29-15;
10 99-480, eff. 9-9-15; revised 10-13-15.)