

SB0073



99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

SB0073

Introduced 1/28/2015, by Sen. Michael Connelly

SYNOPSIS AS INTRODUCED:

105 ILCS 5/22-30

Amends the School Code. Allows a school district, public school, or nonpublic school to authorize a school nurse or trained personnel to administer an undesignated dose of an opioid antidote to any person that the school nurse or trained personnel in good faith believes is having an opioid overdose. Sets forth provisions concerning immunity; the administration, supply, and prescription of undesignated doses of an opioid antidote; a training curriculum to recognize and respond to an opioid overdose; reporting to the State Board of Education; and reporting to the General Assembly.

LRB099 03814 NHT 23827 b

FISCAL NOTE ACT
MAY APPLY

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 auto-injectors; administration of
9 undesigned epinephrine auto-injectors; administration of an
10 undesigned dose of an opioid antidote.

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 physician assistant who has been delegated the authority
20 to prescribe asthma medications by his or her supervising
21 physician, or (iii) an advanced practice nurse who has a
22 written collaborative agreement with a collaborating physician
23 that delegates the authority to prescribe asthma medications,

1 for a pupil that pertains to the pupil's asthma and that has an
2 individual prescription label.

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

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

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

10 "Standing protocol" may be issued by (i) a physician
11 licensed to practice medicine in all its branches, (ii) a
12 physician assistant who has been delegated the authority to
13 prescribe asthma medications or epinephrine auto-injectors by
14 his or her supervising physician, or (iii) an advanced practice
15 nurse who has a collaborative agreement with a collaborating
16 physician that delegates authority to issue a standing protocol
17 for asthma medications or epinephrine auto-injectors.

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

23 "Undesignated dose of an opioid antidote" means a dose of
24 naloxone hydrochloride or any other similarly acting and
25 equally safe drug approved by the U.S. Food and Drug
26 Administration, prescribed in the name of a school district,

1 public school, or nonpublic school.

2 "Undesignated epinephrine auto-injector" means an
3 epinephrine auto-injector prescribed in the name of a school
4 district, public school, or nonpublic school.

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

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

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

1 (A) the name and purpose of the epinephrine
2 auto-injector;

3 (B) the prescribed dosage; and

4 (C) the time or times at which or the special
5 circumstances under which the epinephrine
6 auto-injector is to be administered.

7 The information provided shall be kept on file in the office of
8 the school nurse or, in the absence of a school nurse, the
9 school's administrator.

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

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

1 student, that meets the student's prescription on file; (ii)
2 administer an undesignated epinephrine auto-injector that
3 meets the prescription on file to any student who has an
4 Individual Health Care Action Plan, Illinois Food Allergy
5 Emergency Action Plan and Treatment Authorization Form, or plan
6 pursuant to Section 504 of the federal Rehabilitation Act of
7 1973 that authorizes the use of an epinephrine auto-injector;
8 ~~and~~ (iii) administer an undesignated epinephrine auto-injector
9 to any person that the school nurse or trained personnel in
10 good faith believes is having an anaphylactic reaction; and
11 (iv) administer an undesignated dose of an opioid antidote to
12 any person that the school nurse or trained personnel in good
13 faith believes is having an opioid overdose.

14 (c) The school district, public school, or nonpublic school
15 must inform the parents or guardians of the pupil, in writing,
16 that the school district, public school, or nonpublic school
17 and its employees and agents, including a physician, physician
18 assistant, or advanced practice nurse providing standing
19 protocol or a prescription for school epinephrine
20 auto-injectors and including a health care professional
21 providing a prescription for or dispensation of doses of an
22 opioid antidote, are to incur no liability or professional
23 discipline, except for willful and wanton conduct, as a result
24 of any injury arising from the administration of asthma
25 medication, ~~or of~~ an epinephrine auto-injector, or a dose of an
26 opioid antidote regardless of whether authorization was given

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

22 (c-5) ~~When~~ ~~Upon the effective date of this amendatory Act~~
23 ~~of the 98th General Assembly, when~~ a school nurse or trained
24 personnel administers an undesignated epinephrine
25 auto-injector to a person whom the school nurse or trained
26 personnel in good faith believes is having an anaphylactic

1 reaction or administers a dose of an opioid antidote to a
2 person whom the school nurse or trained personnel in good faith
3 believes is having an opioid overdose, notwithstanding the lack
4 of notice to the parents or guardians of the pupil or the
5 absence of the parents or guardians signed statement
6 acknowledging no liability, except for willful and wanton
7 conduct, the school district, public school, or nonpublic
8 school and its employees and agents, ~~7~~ and a physician, a
9 physician assistant, or an advanced practice nurse providing
10 standing protocol or a prescription for undesignated
11 epinephrine auto-injectors or a health care professional
12 providing a prescription for or dispensation of undesignated
13 doses of an opioid antidote, ~~7~~ are to incur no liability or
14 professional discipline, except for willful and wanton
15 conduct, as a result of any injury arising from the use of an
16 undesignated epinephrine auto-injector or the use of an
17 undesignated dose of an opioid antidote 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 nurse, or health care professional.

21 (d) The permission for self-administration and self-carry
22 of asthma medication or the self-administration and self-carry
23 of an epinephrine auto-injector is effective for the school
24 year for which it is granted and shall be renewed each
25 subsequent school year upon fulfillment of the requirements of
26 this Section.

1 (e) Provided that the requirements of this Section are
2 fulfilled, a pupil with asthma may self-administer and
3 self-carry his or her asthma medication or a pupil may
4 self-administer and self-carry an epinephrine auto-injector
5 (i) while in school, (ii) while at a school-sponsored activity,
6 (iii) while under the supervision of school personnel, or (iv)
7 before or after normal school activities, such as while in
8 before-school or after-school care on school-operated
9 property.

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

22 (e-10) Provided that the requirements of this Section are
23 fulfilled, a school nurse or trained personnel may administer
24 an undesignated dose of an opioid antidote to any person whom
25 the school nurse or trained personnel in good faith believes to
26 be having an opioid overdose (i) while in school, (ii) while at

1 a school-sponsored activity, (iii) while under the supervision
2 of school personnel, or (iv) before or after normal school
3 activities, such as while in before-school or after-school care
4 on school-operated property. A school nurse or trained
5 personnel may carry an undesignated dose of an opioid antidote
6 on his or her person while in school or at a school-sponsored
7 activity.

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

24 The school district, public school, or nonpublic school may
25 maintain a supply of undesignated doses of an opioid antidote
26 in any secure location where an individual may have an opioid

1 overdose. A health care professional who has been delegated
2 prescriptive authority for an opioid antidote in accordance
3 with Section 5-23 of the Alcoholism and Other Drug Abuse and
4 Dependency Act may prescribe a supply of undesignated doses of
5 an opioid antidote in the name of the school district, public
6 school, or nonpublic school, to be maintained for use when
7 necessary. Any supply of an opioid antidote must be maintained
8 in accordance with the manufacturer's instructions.

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

13 Upon any administration of a dose of an opioid antidote, a
14 school district, public school, or nonpublic school must
15 immediately activate the EMS system and notify the student's
16 parent, guardian, or emergency contact, if known.

17 (f-10) Within 24 hours of the administration of an
18 undesignated epinephrine auto-injector, a school district,
19 public school, or nonpublic school must notify the physician,
20 physician assistant, or advance practice nurse who provided the
21 standing protocol or prescription for the undesignated
22 epinephrine auto-injector of its use.

23 Within 24 hours after the administration of an undesignated
24 dose of an opioid antidote, a school district, public school,
25 or nonpublic school must notify the health care professional
26 who provided the prescription for or dispensation of the supply

1 of undesignated doses of an opioid antidote of the opioid
2 antidote's use.

3 (g) Prior to the administration of an undesignated
4 epinephrine auto-injector, trained personnel must submit to
5 his or her school's administration proof of completion of a
6 training curriculum to recognize and respond to anaphylaxis
7 that meets the requirements of subsection (h) of this Section.
8 Training must be completed annually. Trained personnel must
9 also submit to his or her school's administration proof of
10 cardiopulmonary resuscitation and automated external
11 defibrillator certification. The school district, public
12 school, or nonpublic school must maintain records related to
13 the training curriculum and trained personnel.

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

25 (h) A training curriculum to recognize and respond to
26 anaphylaxis, including the administration of an undesignated

1 epinephrine auto-injector, may be conducted online or in
2 person. It must include, but is not limited to:

3 (1) how to recognize symptoms of an allergic reaction;

4 (2) a review of high-risk areas within the school and
5 its related facilities;

6 (3) steps to take to prevent exposure to allergens;

7 (4) how to respond to an emergency involving an
8 allergic reaction;

9 (5) how to administer an epinephrine auto-injector;

10 (6) how to respond to a student with a known allergy as
11 well as a student with a previously unknown allergy;

12 (7) a test demonstrating competency of the knowledge
13 required to recognize anaphylaxis and administer an
14 epinephrine auto-injector; and

15 (8) other criteria as determined in rules adopted
16 pursuant to this Section.

17 In consultation with statewide professional organizations
18 representing physicians licensed to practice medicine in all of
19 its branches, registered nurses, and school nurses, the State
20 Board of Education shall make available resource materials
21 consistent with criteria in this subsection (h) for educating
22 trained personnel to recognize and respond to anaphylaxis. The
23 State Board may take into consideration the curriculum on this
24 subject developed by other states, as well as any other
25 curricular materials suggested by medical experts and other
26 groups that work on life-threatening allergy issues. The State

1 Board is not required to create new resource materials. The
2 State Board shall make these resource materials available on
3 its Internet website.

4 (h-5) A training curriculum to recognize and respond to an
5 opioid overdose, including the administration of an
6 undesigned dose of an opioid antidote, may be conducted
7 online or in person. It must include, but is not limited to,
8 the following:

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

10 (2) information on drug overdose prevention and
11 recognition;

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

13 (4) how to respond to an emergency involving an opioid
14 overdose;

15 (5) opioid antidote dosage and administration;

16 (6) the importance of calling 9-1-1;

17 (7) care for the overdose victim after administration
18 of the overdose antidote;

19 (8) a test demonstrating competency of the knowledge
20 required to recognize an opioid overdose and administer a
21 dose of an opioid antidote; and

22 (9) other criteria as determined in rules adopted
23 pursuant to this Section.

24 (i) Within 3 days after the administration of an
25 undesigned epinephrine auto-injector by a school nurse,
26 trained 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 allergy;

7 (3) trigger that precipitated allergic episode;

8 (4) location where symptoms developed;

9 (5) number of doses administered;

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

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

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

18 (1) the age and type of person receiving the dose of an
19 opioid antidote (student, staff, or visitor);

20 (2) the location where symptoms developed;

21 (3) the type of person administering the dose of an
22 opioid antidote (school nurse or trained personnel); and

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

24 (j) By October 1, 2015 and every year thereafter, the State
25 Board of Education shall submit a report to the General
26 Assembly identifying the frequency and circumstances of

1 epinephrine administration during the preceding academic year.
2 This report shall be published on the State Board's Internet
3 website on the date the report is delivered to the General
4 Assembly.

5 On or before October 1, 2016 and every year thereafter, the
6 State Board of Education shall submit a report to the General
7 Assembly identifying the frequency and circumstances of opioid
8 antidote administration during the preceding school year. This
9 report must be published on the State Board's Internet website
10 on the date the report is submitted to the General Assembly.

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

13 (Source: P.A. 97-361, eff. 8-15-11; 98-795, eff. 8-1-14.)