


## **MEMORANDUM**

TO: The Honorable JB Pritzker, Governor  
The Honorable Emanuel “Chris” Welch, Speaker of the House  
The Honorable Tony McCombie, House Minority Leader  
The Honorable Don Harmon, Senate President  
The Honorable John Curran, Senate Minority Leader

FROM: Dr. Tony Sanders   
State Superintendent of Education

DATE: October 1, 2024

SUBJECT: The Administration of Undesignated Epinephrine, School Year 2023-24

The Illinois State Board of Education respectfully submits the “Administration of Undesignated Epinephrine, School Year 2023-24 Report” to the governor and General Assembly to fulfill the requirements of 105 ILCS 5/22-30.

This report is transmitted on behalf of the state superintendent of education. For additional information, please contact Dana Stoerger, executive director of Legislative Affairs, at 217-782-6510 or [dstoerge@isbe.net](mailto:dstoerge@isbe.net).

cc: Secretary of the Senate  
Clerk of the House  
Legislative Research Unit  
State Government Report Center

# The Administration of Undesignated Epinephrine

## School Year 2023-24

Illinois State Board of Education  
Wellness and Student Care Department

October 1, 2024

Dr. Tony Sanders  
State Superintendent of Education

[isbe.net](http://isbe.net)



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## Foreword

[Illinois School Code 105 ILCS 5/22-30](#) permits a school -- whether public, charter, or nonpublic -- to authorize administration of undesignated epinephrine. The administration of epinephrine via auto-injector from a stock supply may be administered to persons who may or may not have had a previous diagnosis of anaphylaxis to an allergen. Within three days of use of the undesignated epinephrine supply, a report is to be sent to the Illinois State Board of Education (ISBE). This report is a compilation of data on the frequency and circumstances of administration of undesignated epinephrine during the preceding academic year and the names of districts or schools that have instituted a policy and procedure for the administration of undesignated epinephrine.

## Background

Section 22-30 of the Illinois School Code [[105 ILCS 5/22-30](#)] provides that a school -- whether public, charter, or nonpublic -- must permit the self-administration and self-carry of an epinephrine injector by a pupil, provided that the parents or guardians of the pupil provide to the school written authorization for the self-administration and self-carry of an epinephrine injector; there is written authorization from the pupil's physician, physician assistant, or advanced practice registered nurse; and there is a written statement from the pupil's physician, physician assistant, or advanced practice registered nurse containing the name and purpose of the epinephrine injector, the prescribed dosage, and the time or times at which or the special circumstances under which the epinephrine injector is to be administered.

School districts, public schools, charter schools, or nonpublic schools may maintain a supply of undesignated epinephrine auto-injectors in any secure location that is accessible before, during, and after school where an allergic person is most at risk, including, but not limited to, classrooms and lunchrooms.

A school district, public school, charter school, or nonpublic school that maintains a supply of undesignated epinephrine injectors or has an independent contractor providing transportation to students who maintains such a supply must report that information to ISBE upon adoption or change of a policy in a manner as prescribed by ISBE. The way schools notify ISBE of their undesignated epinephrine policy is discussed in the Methodology section below. The report must include the number of undesignated epinephrine injectors in supply.

ISBE shall submit a report to the General Assembly by Oct. 1 of each year identifying the frequency and circumstances of undesignated epinephrine administration during the preceding academic year. The report shall also contain information on which school districts, public schools, charter schools, and nonpublic schools maintain or have independent contractors providing transportation to students who maintain a supply of undesignated epinephrine injectors.

## Methodology

The 2023-24 epinephrine usage data collection was conducted using the [Undesignated Epinephrine Reporting Form](#) (ISBE 34-20). Reports were required to be submitted using a [portal](#) accessible on ISBE's website. Data was then compiled and is presented in this report. ISBE staff reviewed the information that was submitted. School staff were contacted if additional information was needed.

## Limitations

The following limitations in the data collection should be noted:

- The validity of the data reported in the aggregate is sometimes impacted by missing data points where schools or districts failed to fully complete the reporting form.
- Data is not collected from nonpublic schools that are not registered with ISBE.
- The potential trigger for the allergic reaction is not necessarily a medical diagnosis, as information on follow-up medical care was not collected.
- Percentages may not equal 100 for all data tables and figures due to rounding.
- This report does not include administration by school staff or by a student from the individual's own supply of (designated) epinephrine.
- Information for the narrative of this report sometimes had missing data points due to a school's or district's failure to fully complete the reporting form.
- Data for charts and data were cleaned prior to publishing graphs for this report.

## School Year 2023-24 Results

ISBE received reports that undesignated epinephrine was administered 228 times during the 2023-24 school year. The first reported use of undesignated epinephrine occurred on July 31, 2023, and the last on June 6, 2024.

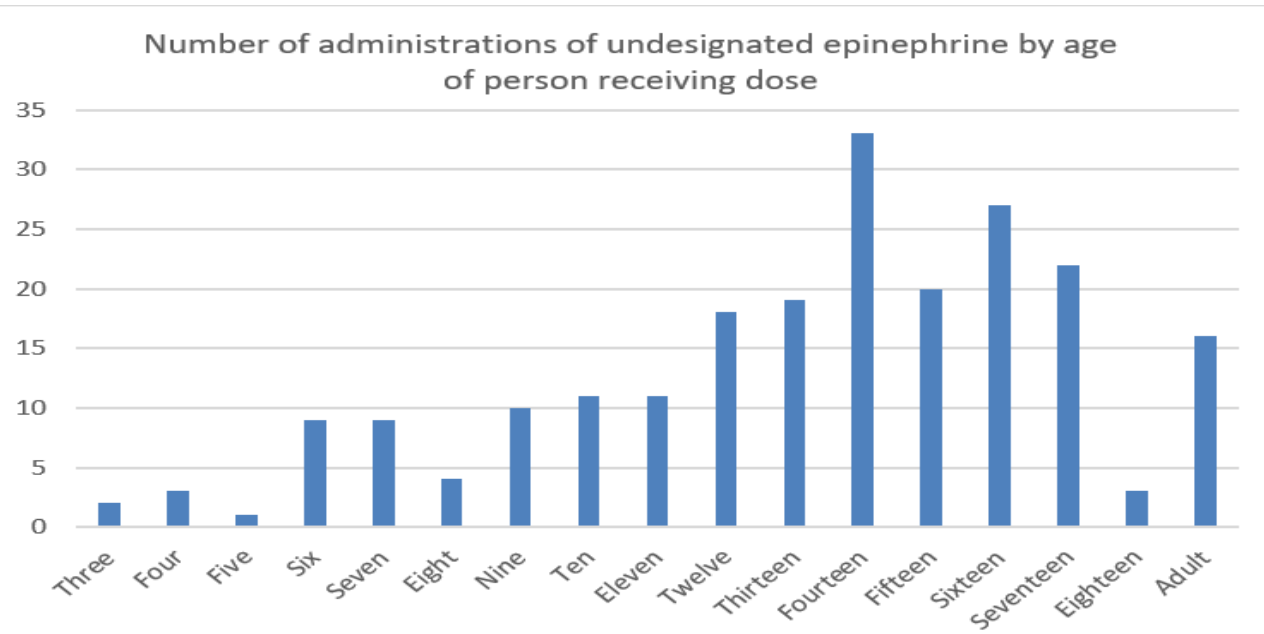
There were 179 public schools across 85 districts and four nonpublic schools that reported administering undesignated epinephrine during the 2023-24 school year.

Chicago SD 299 experienced the most occurrences, with 69 instances across 50 of its buildings over the year. There were six episodes in a single building for that district. The district with the next closest number of occurrences was Plainfield 202 with 11 total instances across six of its buildings. Across the state, a previously known diagnosis of a severe allergy was reported in 128 instances involving students and 12 instances involving a staff member or faculty. There was no previously known diagnosis in 76 instances involving students and four involving staff/faculty.

### *Background and age*

There were 228 doses administered in total. A single dose was administered in 212 of those instances; two doses were given in eight situations. Two hundred incidents (91%) involved students, 16 incidents (7%) involved staff members, and four incidents (2%) involved visitors.

**Figure 1.**

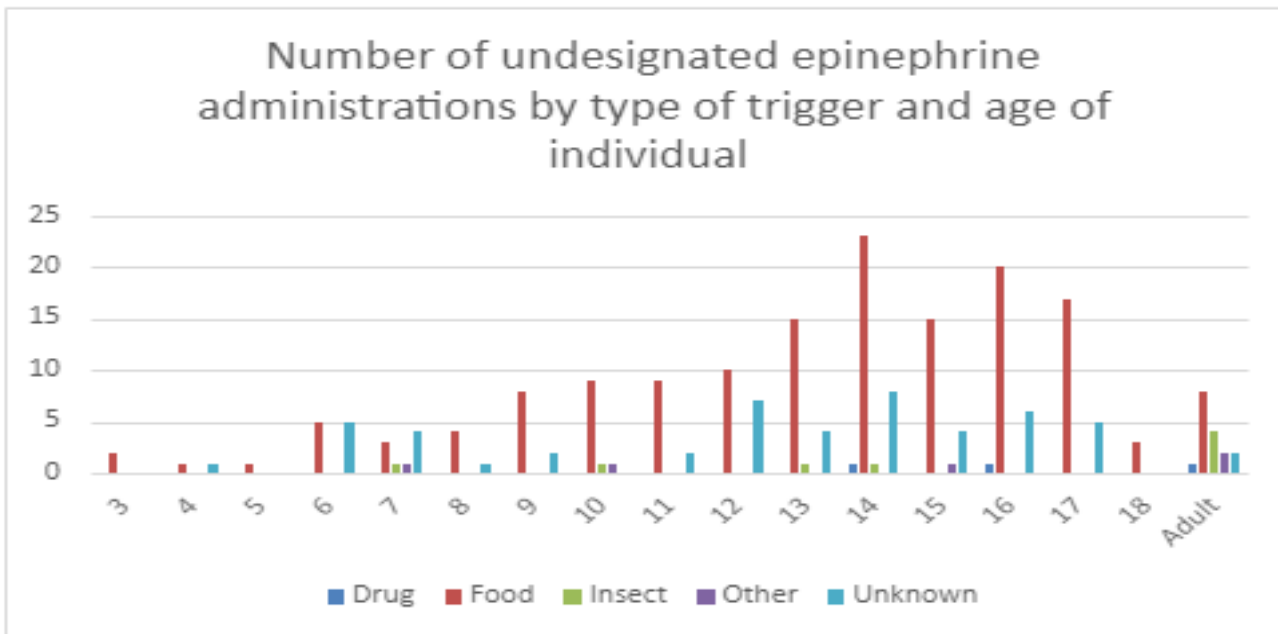


- The figure above shows age 14 had the highest number of student administrations with 33 instances.
  - A 7-year-old, an 8-year-old, a 12-year-old, two 14-year-olds, an 18-year-old, and two adults each received a second dose of epinephrine during incidents.
  - All other ages reported a single-dose administration of epinephrine.

*Triggers by category*

There are four broad categories of triggers -- food, insect, other, and drug -- listed on the reporting form.

**Figure 2.**



- Adults had the most reports of insect triggers (four) and other triggers (two).
- Students aged 14 (23) and 16 (20) had the most reports of food-related triggers.
- Students aged 17 had 17 food-related triggers, and students aged 13 and 15 both had 15 instances of such triggers.
- Students aged 14 had the highest number of triggers listed in the unknown category with eight reports.
- The most frequent trigger was food with 153 incidents reported across all age categories. That accounted for 70% of all episodes for undesignated epinephrine reporting.
- There were three reported instances triggered by drugs with one being an adult and the other two being students aged 14 and 16.
- Insect triggers were reported in eight instances: four with adults and one instance each for students aged 7, 10, 13, and 14.
- Seventy-five percent of the adults who required administration of undesignated epinephrine had a previously known diagnosis of a severe allergy.

#### *Food-related triggers*

Food-related triggers specific to nuts, nut products, peanuts and tree nuts accounted for 43% of the reports received. Other types of food-related reports included sunflower seeds and butter, seafood, dairy, fruit, and unknown specific food.

#### *Drug-related triggers*

Three drug-related instances were reported. There was a reported use of undesignated epinephrine for each of the following drug-related triggers: one related to amoxicillin and two unknown drugs during this report year.

#### *Insect-related triggers*

There were eight reports of insect-related triggers with bees as the known trigger. Three of those were reported as “wasp/bee.”

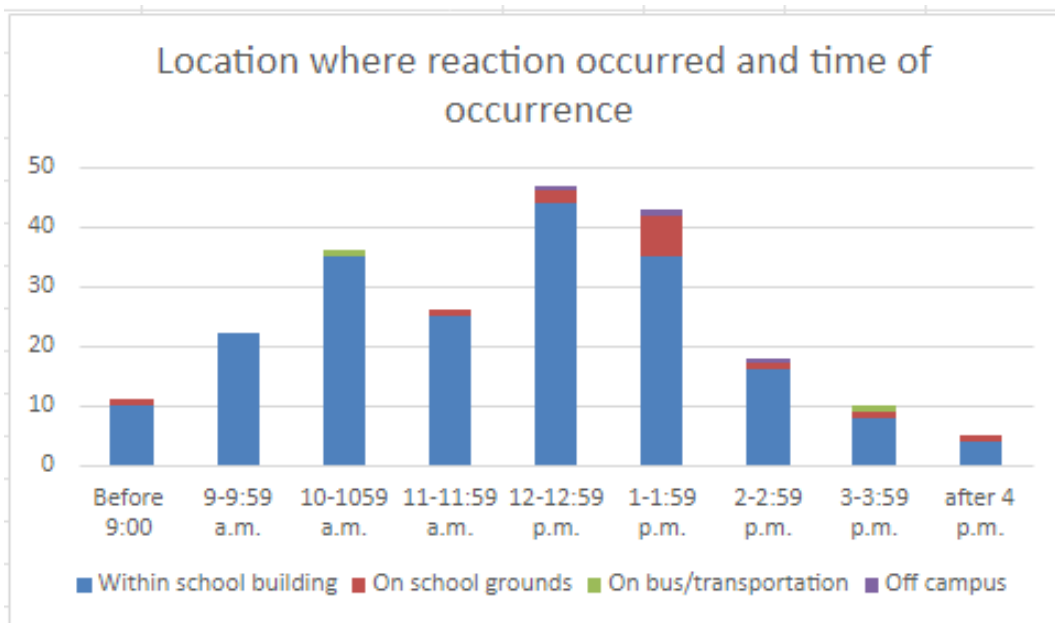
#### *Unknown triggers*

Thirty-three instances were reported as “unknown specific triggers” that were not in the drug, insect, or food categories, which included nearby horses, sweat, outdoor environmental allergies, suspected laundry detergent, and physical exercise.

#### *Location when symptoms developed*

Injection occurrences on school grounds were within the school building 93% of the times (199) when the person developed symptoms. Seven percent of the incidents occurring on school grounds happened outside of the school building (14). A single incident occurred on a school bus and one in another transportation vehicle. Three reports occurred offsite on field trips.

**Figure 3.**



*Time of day for reported cases*

- The highest number of incidents occurred from noon to 2 p.m.
- Forty-eight incidents occurred from noon to 12:59 p.m., which was the highest per hour.
- Five incidents occurred between 4 and 8 p.m.

*Number of undesignated epinephrine doses administered per report*

There were 220 incidents that required use of undesignated epinephrine. A single dose of epinephrine was administered 212 times, according to the reports. Two doses of undesignated epinephrine were administered in eight situations.

*Person administering the epinephrine*

Registered nurses administered the undesignated medication in 183 (83%) of the reported administrations. Twenty-six reports identified the person administering the epinephrine as trained personnel. Four reports stated administration of the undesignated epinephrine was completed by the student. Personnel listed in the “other” category for those who administered the dose(s) were paramedics (one), licensed practical nurses (two), school certified nursing assistant (one), and parents (three).



**Table 1. Districts/schools reporting undesignated epinephrine administration**

<b>District Name &amp; Number</b>	<b>District Name &amp; Number</b>	<b>District Name &amp; Number</b>
Arlington Heights SD 25	Homewood School District 153	Reed-Custer District 255
Beardstown CUSD 15	Indian Prairie CUSD 204	Riverside Brookfield Twp District 208
Belleville 118	JCFS Chicago Knapp School & Yeshiva	Rock Island Milan School District
Bensenville School District 2	Kaneland CUSD 302	Rockford SD 205
Benton Consolidated High School #103	Lake Co High Schools Tech Campus - 849	Rockton School District #140
Berkeley School District 87	Lake Forest High School District 115	Saratoga CCSD 60C
Bloom Township 206	Lake Park CHSD 108	SASED School Association for Special Education in DuPage County
Bremen CHSD 228	Leyden CHSD 212	Schaumburg CCSD 54
Carbondale District 95	Lindop SD 92	School District U-46
CCSD93	Lisle 202	SEDOL 825
Champaign Community School District No. 4	Maine Township District 207	Skokie School District 73.5
Chicago Public Schools 299	Mattoon Community Unit School District #2	Springfield SD 186
Clinton CUSD 15	Midland School District #7	St Charles CUSD 303
Community High School District 155	Mooseheart Child City & School	St George CCSD 258
Community Unit School District 300	Morton Grove School District 70	Summit SD 104
Decatur SD 61	New Berlin CUSD #16	The Latin School of Chicago
Downers Grove GSD 58	New Trier High School District 203	Township HSD 214
DuPage HSD 88	Niles Twp HSD 219	Twp HSD 113
East Maine District 63	Northbrook/Glenview SD 30	University of Chicago Lab Schools
Elmhurst SD 205	Northfield Township District 225	Urbana School District 116
EPCUSD 401	Northfield Township High School District 225	Valley View CUSD 365U
Evanston Skokie School District 65	Oak Park ESD 97	Warren Twp HSD 121
Fenton CHSD 100	Oswego CUSD #308	Wesclin CUSD 3
Flossmoor School District 161	Palatine CCSD15	West Aurora District 129
Francis W Parker School	Palatine Schaumburg Township 211	Wheaton Warrenville Unit School District 200

Freeport School District 145	Pekin District 108	Wheeling CCSD21
Giant Steps Illinois	Plainfield SD 202	Wilmette District 39
Glenbard High School District 87	Pleasantdale School District 107	Wilmette Public School District 39
Hawthorn CCSD 73	Porta CUSD 202	Winnetka SD 36
Hinsdale Twp HSD 86	Rantoul Township High School Dist. # 193	

*Epinephrine policy reports*

A school or district that institutes a policy or program offering undesignated epinephrine, revises an existing policy or program, or contracts with a student transportation company that has instituted such a policy and program must notify ISBE. Districts or schools that had neither a program to provide undesignated epinephrine nor a separate contracted student bus transportation company that offered the same did not need to report. Five schools reported to ISBE of newly adopting an undesignated epinephrine protocol and policy. None of these schools reported having independent contractors that provided student transportation and maintained a supply of undesignated epinephrine auto-injectors.