




MEMORANDUM

TO: The Honorable JB Pritzker, Governor
The Honorable Jim Durkin, House Minority Leader
The Honorable Don Harmon, Senate President
The Honorable Dan McConchie, Senate Minority Leader
The Honorable Emanuel “Chris” Welch, Speaker of the House

FROM: Dr. Carmen I. Ayala 
State Superintendent of Education

DATE: September 22, 2022

SUBJECT: The Administration of Undesignated Epinephrine Report, School Year 2021-22

On behalf of the Illinois State Board of Education, which is required under Section 22-30 of the Illinois School Code [[105 ILCS 5/22-30](#)] to issue this report, I am pleased to submit “The Administration of Undesignated Epinephrine Report, School Year 2021-22.” This report summarizes the characteristics of cases and dosages of undesignated epinephrine administrations reported to the Illinois State Board of Education during the 2021-22 school year.

A summary of the major findings:

- There were 113 public schools across 58 districts and four nonpublic schools that reported administrations of undesignated epinephrine during the 2021-22 school year. City of Chicago SD 299 experienced the greatest number with 51 occurrences.
- There were 149 reports of administration of undesignated epinephrine in Illinois schools received for the 2021-22 school year.
- A previously known diagnosis of a severe allergy was indicated in 82 of the reports.

This report is transmitted on behalf of the State Superintendent of Education. Please contact Amanda Elliott, Executive Director of Legislative Affairs, at 217-782-6510 or aelliott@isbe.net to obtain additional copies of this report or for more specific information.

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

The Administration of Undesignated Epinephrine, School Year 2021-22

**Illinois State Board of Education
Center for Safe and Healthy Climate
Wellness Department
September 2022**

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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. Inquiries regarding this report may be directed to Rebecca Doran at rdoran@isbe.net at the ISBE Wellness Department or by calling 217-782-5270.

Background

Section 22-30 of the Illinois School Code [[105 ILCS 5/22-30](#)] mandates 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 the State Board. The way schools notify ISBE of their undesignated epinephrine policy is discussed in the Methodology section on page 2. The report must include the number of undesignated epinephrine injectors in supply.

ISBE shall submit an annual 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

Data collection instruments and procedures used by schools to report data on the use of undesignated epinephrine are in accordance with the formal rules process ([Rule 1.540](#)). The 2021-22 epinephrine usage data collection was conducted using the [Undesignated Epinephrine Reporting Form](#) (ISBE 34-20). Schools emailed the forms to epinephrine@isbe.net. ISBE staff reviewed the forms and contacted school staff if additional information was needed. Data was then compiled and is presented in this report.

Limitations

The following limitations in the data collection should be noted:

- The validity of the data reported is subject to the limitations of the aggregate nature.
- Reports not submitted via email may not be compiled with electronic data.
- Data is not collected from schools that are not registered with ISBE.
- Missing information on the report form could not be compiled into data tables and charts within this report.
- 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 student's own supply of (designated) epinephrine.

School Year 2021-22 Results

ISBE received 149 reports for instances of administration of undesignated epinephrine during the 2021-22 school year. The first reported use of undesignated epinephrine occurred on Aug. 20, 2021, and the last on Jun. 13, 2022.

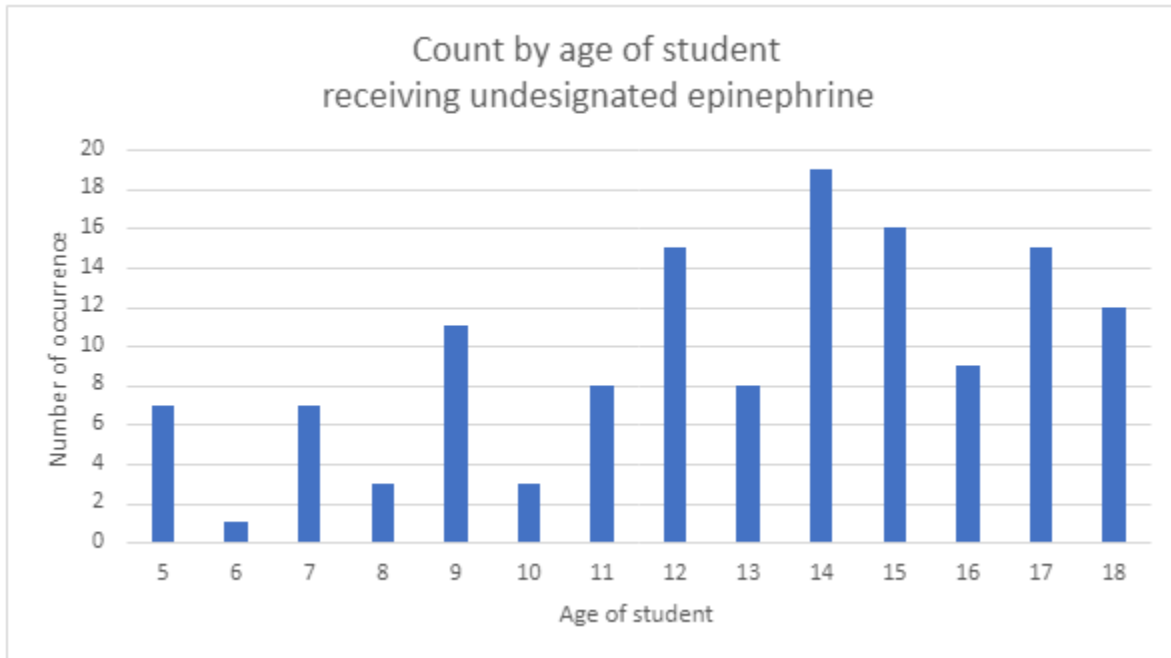
There were 113 public schools across 58 districts and four nonpublic schools that reported administrations of undesignated epinephrine during the 2021-22 school year. City of Chicago SD 299 experienced the greatest number with 51 occurrences and a single building experiencing five occurrences over the course of this school year. The district with the next closest number was Elmhurst SD 205 with five occurrences; a single building experienced four occurrences over the course of this school year. A previously known diagnosis of a severe allergy was indicated in 83 of the reports. No known allergy was marked for 65 of the reports. There were three reports with no indication whether a previous allergy was present.

Background and age

There were 144 reported administrations of a single dose of undesignated epinephrine; two doses were given five times.

Five occurrences involved staff members. An Undesignated epinephrine dose was administered to two visitors. An undesignated epinephrine dose was administered to one parent. An undesignated epinephrine dose was administered to one student-teacher. There were 138 administrations of undesignated epinephrine to students. Two reports did not indicate the role of the person to whom the undesignated epinephrine was administered.

Figure 1.

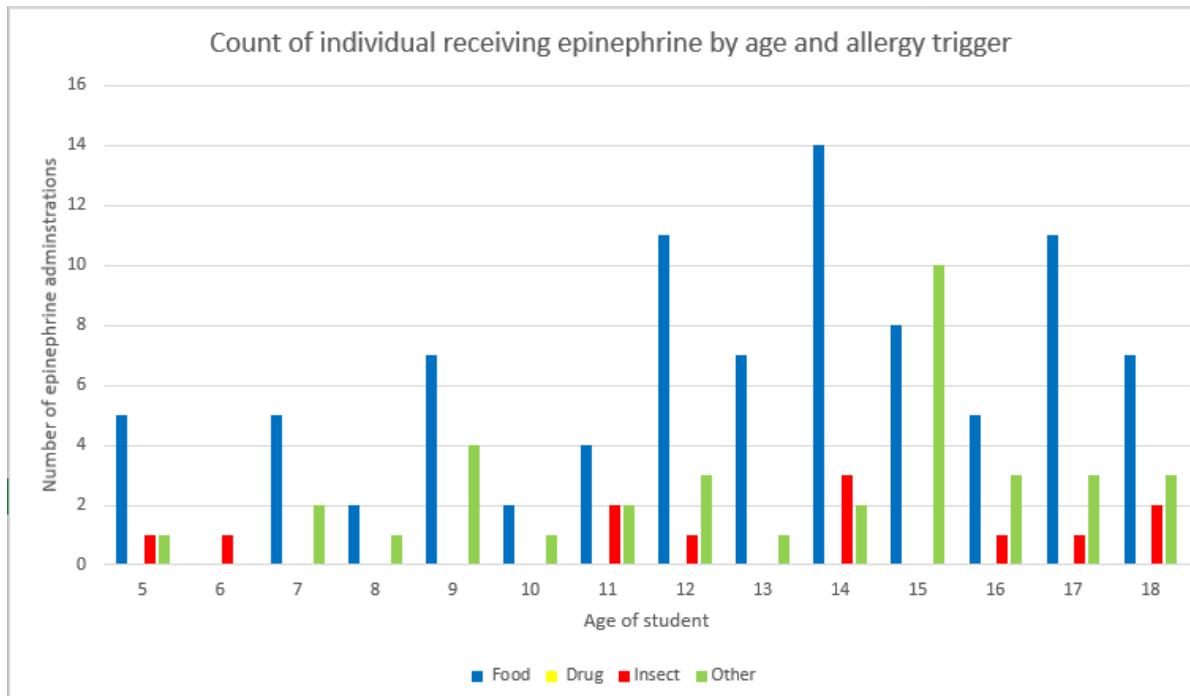


- Figure 1 totals 134 age data points. There were 138 reports of administration to students, four of those omitted the specific age.
- The figure above shows age 14 had highest total for reported administrations of epinephrine (19).

Triggers by category

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

Figure 2.



- Students aged 14 had the most reports (14) of food-related episodes. Students aged 12 and 17 had the second highest number of reports, with the food category being reported 11 times.
- There were ten reports categorizing the trigger as “other” for students aged 15.
- There are two instances for students aged 15 that had more than one trigger marked on the report (food and other categories).
- Three reports categorized the trigger as insect for students aged 14.
- The most frequent trigger was food with 88 occurrences for students.
- There were no reports of instances triggered by drugs for students, visitors, parents, or staff.
- Out of eight reports for adults, there was a single occurrence for an unknown trigger and a single occurrence for a bee-sting trigger. The other six occurrences with adults categorized the trigger as food.
- Seventy-seven of the students had a previously known diagnosis of a severe allergy.
- Nearly half of the adults who required administration of undesignated epinephrine (five out of nine) had a previously known diagnosis of a severe allergy.

Food-related triggers

Details on the type of food trigger: nut, nut products, peanut, tree nuts accounted for 20 percent (n=30) of the reports received. Seven reports indicated granola, protein, energy, or Kind-brand bar as a trigger (less than 1 percent). Unknown food was listed for six of the incidents in this category; four listed kiwis as the trigger. Single reports of triggers include arugula, biscotti, candy, craisins, donut, dried banana, dessert, eggs, fish, homemade cookie, ice cream bar, macaroon, orange puppy chow, plant-based burrito, salmon, sesame seed, shrimp, soy, teriyaki, pesto, yellow cheese, and wheat bagel.

Drug-related triggers

There was zero reported use of undesignated epinephrine for a drug-related trigger during the 2021-22 school year.

Insect-related triggers

There were 10 reports of insect-related triggers; five identified bees as the trigger; three indicated wasps as the trigger; a single report listed bees, hornets, or wasps as the trigger; one other report did not specify the type of insect.

Other triggers

Twenty-eight reports indicated an unknown trigger in the “other” category. Single reports indicated exercise, chemical in auto shop class, leather hat, peppermint-scented spray, and latex balloons.

Location when symptoms developed

The location of a person when symptoms developed was listed primarily as within a school building in 120 cases (80 percent of the time). Fourteen occurred on school grounds. Locations categorized as “other” and listed as home were reported when symptoms began before the student arrived at school (three). Another three were listed as happening while the student was at a school event (Prom). The remaining reports did not indicate a location.

Time of day for reported cases

Approximately 29 percent (n= 44) of the reports occurred between 7 and 10:59 a.m. Thirty-one percent (n=47) of the reports occurred between 11 a.m. - 12:59 p.m. Afternoon reports between 1 - 3:59 p.m. totaled 44 (29 percent). Less than 1 percent occurred between 4 and 8:30 p.m. The remaining reports did not specify a time.

Number of undesignated epinephrine doses administered per report

A single dose of epinephrine was administered in 145 of the reports. Two doses of undesignated epinephrine were administered in five occurrences. There was a single instance in which a student was given their individually prescribed epinephrine pen followed by two doses from the undesignated epinephrine supply.

Person administering the epinephrine

Registered nurses administered the undesignated medication in 124 (86 percent) of the reported administrations. Eleven reports (nearly 8 percent) identified the person administering the epinephrine as trained personnel. Five reports stating administration of the undesignated epinephrine were completed by the student. Personnel listed in the “other” category that administered the dose(s) were licensed practical nurse (two), administrator, and adult self-administered. The remaining reports did not indicate the individual that administered the undesignated dose(s).

Districts reporting use of undesignated epinephrine

Table 1. Districts/schools reporting undesignated epinephrine administration

District Name & Number	District Name & Number	District Name & Number
Adlai Stevenson HSD 125	Elwood CCSD 203	Northfield Twp HSD 225
Arlington Heights SD 25	Flossmoor SD 161	Oswego CUSD 308
Belleville SD 118	Geneva CUSD 304	Palatine CCSD 15
Camelot Northwest Center for Autism (Nonpublic)	Gurnee SD 56	Peoria SD 150
Champaign CUSD 4	High School District 214 (Elk Grove)	Plainfield SD 202
Charleston CUSD 1	Hinsdale Twp HSD 86	Quest Academy (Nonpublic)
Chicago Public Schools 299	Illini Bluffs CUSD 327	Riverside-Brookfield Twp SD 208
Cicero SD 99	Indian Prairie CUSD 204	Rockford SD 205
Community High School District 117	Intrinsic (Nonpublic)	Round Lake CUSD 116
Community Consolidated School District 146	J S Morton HSD 201	Schaumburg CCSD 54
Community High School District 218	Kaneland CUSD 302	SD U-46
Community High School District 128	Kenilworth SD 38	Springfield SD 186
Community High School District 155	Kildeer Countryside CCSD 96	St. Ignatius College Prep (Nonpublic)
Community Unit School District 200	Kinnikinnick CCD 131	Trico CUSD 176

Community Unit School District 300	Lake Park CHSD 108	Twp HSD 113
Decatur SD 61	Lawrence County CUD 20	University of Chicago Laboratory Schools
Dekalb School District 428	Lyons Twp HSD 204	W Harvey-Dixmoor PSD147
Dunlap CUSD 323	Minooka CHSD 111	Waukegan CUSD 60
East Maine SD 63	Morgan Park Academy (Nonpublic)	Woodland District 50
East Moline SD 37	North Shore SD 112	Yorkville CUSD 115
Elmhurst CUSD 205	Northbrook SD 28	

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. Nine districts reported to ISBE of newly adopting an undesignated epinephrine protocol and policy. There were zero reports of districts having independent contractors that provided student transportation and maintained a supply of undesignated epinephrine auto-injectors.