




Illinois State Board of Education

Dr. Tony Sanders, State Superintendent of Education
Dr. Steven Isoye, Chair of the Board

100 N. First Street • Springfield, IL 62777 • isbe.net

MEMORANDUM

TO: The Honorable Tony McCombie, House Minority Leader
The Honorable Don Harmon, Senate President
The Honorable John Curran, Senate Minority Leader
The Honorable Emanuel "Chris" Welch, Speaker of the House
Director Doctor Sameer Vohra, Illinois Department of Public Health

FROM: Dr. Tony Sanders 
State Superintendent of Education

DATE: September 26, 2023

SUBJECT: The Administration of Undesignated Opioid Antagonist Report, School Year 2022-23

"The Administration of Undesignated Opioid Antagonist Report, School Year 2022-23" is issued pursuant to Section 22-30 of the Illinois School Code [105 ILCS 5/22-30]. This report summarizes the characteristics of cases and dosages of undesignated opioid antagonist administrations reported to the Illinois State Board of Education during the 2022-23 school year.

A summary of the major findings:

- There were nine public schools and one charter school across 10 districts that reported administrations of undesignated opioid antagonist during the 2022-23 school year. No one school reported more than one administration for the school year.
- Undesignated opioid antagonist was administered to a student in each of the 10 reported incidents.
- All 10 administrations of undesignated opioid antagonists were done during regular school hours.

This report is transmitted on behalf of the state superintendent of education. Please contact Dana Stoerger, executive director of Legislative Affairs, at 217-782-4338 or dstoerge@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 Opioid Antagonist, School Year 2022-23

Illinois State Board of Education

Center for Safe and Healthy Climate

Wellness Department

September 26, 2023

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Foreword

The administration of an antidote (antagonist) from a stock supply for an overdose of an opioid-containing drug to persons who may be experiencing an overdose is permitted according to Illinois School Code (105 ILCS 5/22-30). The Act requires a report to be provided to the Illinois State Board of Education (ISBE) by each Illinois public and nonpublic school that administers a dose under this Act. This report is to be provided to ISBE within three days of the incident that necessitated use of the antidote drug.

This report is a compilation of data on the frequency and circumstances of opioid antidote administration during the preceding academic year. The report is provided based on the available data and does not necessarily reflect the official position or policy of ISBE. Inquiries regarding this report may be directed to Rebecca Doran in the Wellness Department at 217-782-5270.

Background

Any Illinois school may obtain a medical order for one or more doses of a drug that is intended to reverse an overdose from an opioid-containing drug. The antidote most often is naloxone, which is delivered either by injection or nasal inhalation. Schools may maintain a supply of the drug and have trained personnel to recognize and respond to an overdose of an opioid drug. ISBE shall submit an annual report to the General Assembly by Oct. 1 every year and publish the report online on the day of its submission. This report summarizes the data reported to ISBE during the 2022-23 school year.

Methodology

Data collection instruments and procedures used by schools to report data on the use of an opioid antidote were developed by ISBE staff in the Wellness Department in accordance with the formal rules process ([Rule 1.540](#)).

The 2022-23 data collection was conducted using the [Undesignated Opioid Antagonist Reporting Form](#) (ISBE 34-20A).

Schools were to email the forms to opioid@isbe.net or submit using an online submission portal. The shared email account is accessible by Wellness Department management, nursing personnel, and an ISBE clerical support staff member who assisted with cross referencing emails and online report submissions to avoid duplication. Reports from online submission are retrieved by staff from the ISBE Communications Department and provided to Wellness Department personnel.

Limitations

- The reporting requirement of this Act pertains to the school year 2022-23, which ended June 30, 2023.

- The validity of the data reported is subject to the limitations of the online report collection.
- Having two submission options required staff to cross reference to ensure compilation of all applicable data and avoid duplication.
- A declaration of a pandemic emergency through May 11, 2023, due to COVID-19 may have influenced the health and well-being of students, staff, and families.
- Schools or districts are not required to adopt a policy for maintaining a supply of undesignated opioid antagonist and there is not a requirement for schools to notify ISBE of the supply, so it is not known how many districts or schools have the policy in place.
- Incidents of administration of opioid antagonist at a school, on school property, or during a school event from a supply maintained by emergency medical personnel, law enforcement officers, or fire department responders are not required to be reported.

School Year 2022-23 Results

ISBE received 10 reports for uses of an opioid antagonist on a student during the 2022-23 school year. The first reported use of an opioid antagonist occurred on September 12, 2022, and the last on March 1, 2023.

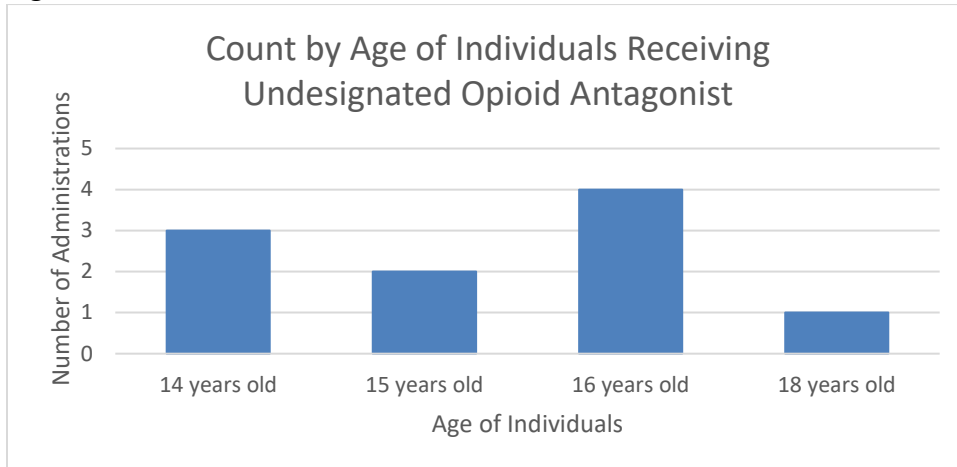
There were nine public schools and one charter school that reported on the administrations. None of the reporting schools were from the same district as any other reporting school. No school experienced more than one administration for the 2022-23 school year.

Background and Age

There were nine reported administrations of a single dose of an opioid antagonist; one report did not indicate how many doses were administered. In each of the 10 cases, an opioid antagonist was administered to a student.

Data collection for use of an opioid antagonist began in the 2015-16 school year. Since that time, ISBE has received reports of one occurrence (in 2016-17 and in 2021-22) or two occurrences (in 2019-20) for a single school year. An uptick in reported use of opioid antagonist has resulted in the revision of Illinois School Code (105 ILCS 5/22-30), which will be implemented as Public Act 103-348 on January 1, 2024. It states: “The 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, unless there is a shortage of opioid antagonists ...”

Figure 1.



- The figure above shows age 16 had the highest total for reported dose administrations of undesignated opioid antagonist, with four administrations reported.
- The figure also shows age 18 had the lowest total for reported dose administrations of undesignated opioid antagonist, with one administration reported.
- Age 14 and 15 had three and two doses administered, respectively.

Location when Symptoms Developed

The location of a student when symptoms developed was listed as within a school building in all 10 cases.

Time of Day for Reported Cases

All 10 administrations of undesignated opioid antagonists were done during regular school hours. One (10 percent) was administered between the hours of 8 and 9:59 a.m. Three (30 percent) were administered between the hours of 10 and 11:59 a.m. Five (50 percent) were administered between the hours of noon and 1:59 p.m. Finally, one (10 percent) was administered between the hours of 2 and 3:59 p.m.

Number of Undesignated Opioid Antagonist Doses Administered per Report

A single dose of undesignated opioid antagonist was administered in nine of the reports. One report did not indicate how many doses were administered.

Person Administering the Undesignated Opioid Antagonist

Registered nurses administered the undesignated opioid antagonist in eight (80 percent) of the reported administrations. Trained personnel administered the undesignated opioid antagonist in one (10 percent) of the reported administrations. Finally, resource officers administered the undesignated opioid antagonist in one (10 percent) of the reported administrations.