



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB2837

Introduced 1/13/2026, by Sen. Adriane Johnson

SYNOPSIS AS INTRODUCED:

105 ILCS 5/22-30

Amends the School Code. In provisions concerning the administration of asthma medication, epinephrine injectors, opioid antagonists, and oxygen tanks, provides that "trained personnel" includes athletic coaches and trainers. Allows a pupil with asthma to self-administer and self-carry the pupil's asthma medication at a school-sponsored athletic practice or game. Allows a school nurse or trained personnel to administer undesignated asthma medication to a person at a school-sponsored athletic practice or game. Makes a change to provide that a school district, public school, charter school, or nonpublic school may maintain a supply of asthma medication in the nurse's office. Requires a school district, public school, charter school, or nonpublic school to maintain a supply of asthma medication in a secure location that is accessible before, during, and after school where a person is most at risk on account of physical activity. Requires at least one member of an athletic coach's staff at a school and any athletic trainers at that school to complete the training curriculum relating to the administration of undesignated asthma medication.

LRB104 17109 LNS 30528 b

STATE MANDATES
ACT MAY REQUIRE
REIMBURSEMENT

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 injectors; administration of
9 undesignated epinephrine injectors; administration of an
10 opioid antagonist; administration of undesignated asthma
11 medication; supply of undesignated oxygen tanks; asthma
12 episode emergency response protocol.

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

15 "Asthma action plan" means a written plan developed with a
16 pupil's medical provider to help control the pupil's asthma.
17 The goal of an asthma action plan is to reduce or prevent
18 flare-ups and emergency department visits through day-to-day
19 management and to serve as a student-specific document to be
20 referenced in the event of an asthma episode.

21 "Asthma episode emergency response protocol" means a
22 procedure to provide assistance to a pupil experiencing
23 symptoms of wheezing, coughing, shortness of breath, chest

1 tightness, or breathing difficulty.

2 "Epinephrine injector" includes an auto-injector approved
3 by the United States Food and Drug Administration for the
4 administration of epinephrine and a pre-filled syringe
5 approved by the United States Food and Drug Administration and
6 used for the administration of epinephrine that contains a
7 pre-measured dose of epinephrine that is equivalent to the
8 dosages used in an auto-injector.

9 "Asthma medication" means quick-relief asthma medication,
10 including albuterol or other short-acting bronchodilators,
11 that is approved by the United States Food and Drug
12 Administration for the treatment of respiratory distress.

13 "Asthma medication" includes medication delivered through a
14 device, including a metered dose inhaler with a reusable or
15 disposable spacer or a nebulizer with a mouthpiece or mask.

16 "Athletic coach" means an individual hired by or
17 volunteering for a school district, public school, charter
18 school, or nonpublic school to oversee and direct school
19 athletic teams.

20 "Athletic trainer" means an individual hired by a school
21 district, public school, charter school, or nonpublic school
22 to aid school athletics in the prevention, examination,
23 diagnosis, treatment, and rehabilitation of injuries.

24 "Opioid antagonist" means a drug that binds to opioid
25 receptors and blocks or inhibits the effect of opioids acting
26 on those receptors, including, but not limited to, naloxone

1 hydrochloride or any other similarly acting drug approved by
2 the U.S. Food and Drug Administration.

3 "Respiratory distress" means the perceived or actual
4 presence of wheezing, coughing, shortness of breath, chest
5 tightness, breathing difficulty, or any other symptoms
6 consistent with asthma. Respiratory distress may be
7 categorized as "mild-to-moderate" or "severe".

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

10 "Self-administration" means a pupil's discretionary use of
11 his or her prescribed asthma medication or epinephrine
12 injector.

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

15 "Standing protocol" may be issued by (i) a physician
16 licensed to practice medicine in all its branches, (ii) a
17 licensed physician assistant with prescriptive authority, or
18 (iii) a licensed advanced practice registered nurse with
19 prescriptive authority.

20 "Trained personnel" means any school employee, athletic
21 coach, athletic trainer, or volunteer personnel authorized in
22 Sections 10-22.34, 10-22.34a, and 10-22.34b of this Code who
23 has completed training under subsection (g) of this Section to
24 recognize and respond to anaphylaxis, an opioid overdose, or
25 respiratory distress.

26 "Undesignated asthma medication" means asthma medication

1 prescribed in the name of a school district, public school,
2 charter school, or nonpublic school.

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

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

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

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

1 physician assistant, or advanced practice registered nurse
2 containing the following information:

3 (A) the name and purpose of the epinephrine
4 injector;

5 (B) the prescribed dosage; and

6 (C) the time or times at which or the special
7 circumstances under which the epinephrine injector is
8 to be administered.

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

12 (b-5) A school district, public school, charter school, or
13 nonpublic school may authorize the provision of a
14 student-specific or undesignated epinephrine injector to a
15 student or any personnel authorized under a student's
16 Individual Health Care Action Plan, allergy emergency action
17 plan, or plan pursuant to Section 504 of the federal
18 Rehabilitation Act of 1973 to administer an epinephrine
19 injector to the student, that meets the student's prescription
20 on file.

21 (b-10) The school district, public school, charter school,
22 or nonpublic school may authorize a school nurse or trained
23 personnel to do the following: (i) provide an undesignated
24 epinephrine injector to a student for self-administration only
25 or any personnel authorized under a student's Individual
26 Health Care Action Plan, allergy emergency action plan, plan

1 pursuant to Section 504 of the federal Rehabilitation Act of
2 1973, or individualized education program plan to administer
3 to the student that meets the student's prescription on file;
4 (ii) administer an undesignated epinephrine injector that
5 meets the prescription on file to any student who has an
6 Individual Health Care Action Plan, allergy emergency action
7 plan, plan pursuant to Section 504 of the federal
8 Rehabilitation Act of 1973, or individualized education
9 program plan that authorizes the use of an epinephrine
10 injector; (iii) administer an undesignated epinephrine
11 injector to any person that the school nurse or trained
12 personnel in good faith believes is having an anaphylactic
13 reaction; (iv) administer an opioid antagonist to any person
14 that the school nurse or trained personnel in good faith
15 believes is having an opioid overdose; (v) provide
16 undesignated asthma medication to a student for
17 self-administration only or to any personnel authorized under
18 a student's Individual Health Care Action Plan or asthma
19 action plan, plan pursuant to Section 504 of the federal
20 Rehabilitation Act of 1973, or individualized education
21 program plan to administer to the student that meets the
22 student's prescription on file; (vi) administer undesignated
23 asthma medication that meets the prescription on file to any
24 student who has an Individual Health Care Action Plan or
25 asthma action plan, plan pursuant to Section 504 of the
26 federal Rehabilitation Act of 1973, or individualized

1 education program plan that authorizes the use of asthma
2 medication; and (vii) administer undesignated asthma
3 medication to any person that the school nurse or trained
4 personnel believes in good faith is having respiratory
5 distress.

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

12 (c-5) When a school nurse or trained personnel administers
13 an undesignated epinephrine injector to a person whom the
14 school nurse or trained personnel in good faith believes is
15 having an anaphylactic reaction, 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 or administers undesignated asthma medication to a person whom
19 the school nurse or trained personnel in good faith believes
20 is having respiratory distress, notwithstanding the lack of
21 notice to the parents or guardians of the pupil or the absence
22 of the parents or guardians signed statement acknowledging no
23 liability, except for willful and wanton conduct, the school
24 district, public school, charter school, or nonpublic school
25 and its employees and agents, and a physician, a physician
26 assistant, or an advanced practice registered nurse providing

1 standing protocol and a prescription for undesignated
2 epinephrine injectors, an opioid antagonist, or undesignated
3 asthma medication, are to incur no liability or professional
4 discipline, except for willful and wanton conduct, as a result
5 of any injury arising from the use of an undesignated
6 epinephrine injector, the use of an opioid antagonist, or the
7 use of undesignated asthma medication, regardless of whether
8 authorization was given by the pupil's parents or guardians or
9 by the pupil's physician, physician assistant, or advanced
10 practice registered nurse.

11 (d) The permission for self-administration and self-carry
12 of asthma medication or the self-administration and self-carry
13 of an epinephrine injector is effective for the school year
14 for which it is granted and shall be renewed each subsequent
15 school year upon fulfillment of the requirements of this
16 Section.

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

1 (e-5) Provided that the requirements of this Section are
2 fulfilled, a school nurse or trained personnel may administer
3 an undesignated epinephrine injector to any person whom the
4 school nurse or trained personnel in good faith believes to be
5 having an anaphylactic reaction (i) while in school, (ii)
6 while at a school-sponsored activity, (iii) while under the
7 supervision of school personnel, or (iv) before or after
8 normal school activities, such as while in before-school or
9 after-school care on school-operated property or while being
10 transported on a school bus. A school nurse or trained
11 personnel may carry undesignated epinephrine injectors on his
12 or her person while in school or at a school-sponsored
13 activity.

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

25 (e-15) If the requirements of this Section are met, a
26 school nurse or trained personnel may administer undesignated

1 asthma medication to any person whom the school nurse or
2 trained personnel in good faith believes to be experiencing
3 respiratory distress (i) while in school, (ii) while at a
4 school-sponsored activity, (iii) while under the supervision
5 of school personnel, or (iv) before or after normal school
6 activities, including before-school or after-school care on
7 school-operated property or at a school-sponsored athletic
8 practice or game. A school nurse or trained personnel may
9 carry undesignated asthma medication on his or her person
10 while in school or at a school-sponsored activity.

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

26 The school district, public school, charter school, or

1 nonpublic school shall maintain a supply of an opioid
2 antagonist in any secure location where an individual may have
3 an opioid overdose, unless there is a shortage of opioid
4 antagonists, in which case the school district, public school,
5 charter school, or nonpublic school shall make a reasonable
6 effort to maintain a supply of an opioid antagonist. Unless
7 the school district, public school, charter school, or
8 nonpublic school is able to obtain opioid antagonists without
9 a prescription, a health care professional who has been
10 delegated prescriptive authority for opioid antagonists in
11 accordance with Section 5-23 of the Substance Use Disorder Act
12 shall prescribe opioid antagonists in the name of the school
13 district, public school, charter school, or nonpublic school,
14 to be maintained for use when necessary. Any supply of opioid
15 antagonists shall be maintained in accordance with the
16 manufacturer's instructions.

17 The school district, public school, charter school, or
18 nonpublic school may maintain a supply of asthma medication in
19 any secure location that is accessible before, during, or
20 after school where a person is most at risk, including, but not
21 limited to, a classroom, or the nurse's office. The school
22 district, public school, charter school, or nonpublic school
23 must maintain a supply of asthma medication in a secure
24 location that is accessible before, during, and after school
25 where a person is most at risk on account of physical activity,
26 including, but not limited to, a practice field, track, or

1 gym. A physician, a physician assistant who has prescriptive
2 authority under Section 7.5 of the Physician Assistant
3 Practice Act of 1987, or an advanced practice registered nurse
4 who has prescriptive authority under Section 65-40 of the
5 Nurse Practice Act may prescribe undesignated asthma
6 medication in the name of the school district, public school,
7 charter school, or nonpublic school to be maintained for use
8 when necessary. Any supply of undesignated asthma medication
9 must be maintained in accordance with the manufacturer's
10 instructions.

11 A school district that provides special educational
12 facilities for children with disabilities under Section
13 14-4.01 of this Code may maintain a supply of undesignated
14 oxygen tanks in any secure location that is accessible before,
15 during, and after school where a person with developmental
16 disabilities is most at risk, including, but not limited to,
17 classrooms and lunchrooms. A physician, a physician assistant
18 who has prescriptive authority in accordance with Section 7.5
19 of the Physician Assistant Practice Act of 1987, or an
20 advanced practice registered nurse who has prescriptive
21 authority in accordance with Section 65-40 of the Nurse
22 Practice Act may prescribe undesignated oxygen tanks in the
23 name of the school district that provides special educational
24 facilities for children with disabilities under Section
25 14-4.01 of this Code to be maintained for use when necessary.
26 Any supply of oxygen tanks shall be maintained in accordance

1 with the manufacturer's instructions and with the local fire
2 department's rules.

3 (f-3) Whichever entity initiates the process of obtaining
4 undesignated epinephrine injectors and providing training to
5 personnel for carrying and administering undesignated
6 epinephrine injectors shall pay for the costs of the
7 undesignated epinephrine injectors.

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

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

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

23 Within 24 hours after the administration of an opioid
24 antagonist, a school district, public school, charter school,
25 or nonpublic school must notify the health care professional
26 who provided the prescription for the opioid antagonist of its

1 use.

2 Within 24 hours after the administration of undesignated
3 asthma medication, a school district, public school, charter
4 school, or nonpublic school must notify the student's parent
5 or guardian or emergency contact, if known, and the physician,
6 physician assistant, or advanced practice registered nurse who
7 provided the standing protocol and a prescription for the
8 undesignated asthma medication of its use. The district or
9 school must follow up with the school nurse, if available, and
10 may, with the consent of the child's parent or guardian,
11 notify the child's health care provider of record, as
12 determined under this Section, of its use.

13 (g) Prior to the administration of an undesignated
14 epinephrine injector, trained personnel must submit to the
15 school's administration proof of completion of a training
16 curriculum to recognize and respond to anaphylaxis that meets
17 the requirements of subsection (h) of this Section. Training
18 must be completed annually. The school district, public
19 school, charter school, or nonpublic school must maintain
20 records related to the training curriculum and trained
21 personnel.

22 Prior to the administration of an opioid antagonist,
23 trained personnel must submit to the 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. The school

1 district, public school, charter school, or nonpublic school
2 must maintain records relating to the training curriculum and
3 the trained personnel.

4 Prior to the administration of undesignated asthma
5 medication, trained personnel must submit to the school's
6 administration proof of completion of a training curriculum to
7 recognize and respond to respiratory distress, which must meet
8 the requirements of subsection (h-10) of this Section.
9 Training must be completed annually, and the school district,
10 public school, charter school, or nonpublic school must
11 maintain records relating to the training curriculum and the
12 trained personnel. At least one member of an athletic coach's
13 staff at the school and any athletic trainers at the school
14 must complete the training curriculum.

15 (h) A training curriculum to recognize and respond to
16 anaphylaxis, including the administration of an undesignated
17 epinephrine injector, may be conducted online or in person.

18 Training shall include, but is not limited to:

19 (1) how to recognize signs and symptoms of an allergic
20 reaction, including anaphylaxis;

21 (2) how to administer an epinephrine injector; and

22 (3) a test demonstrating competency of the knowledge
23 required to recognize anaphylaxis and administer an
24 epinephrine injector.

25 Training may also include, but is not limited to:

26 (A) a review of high-risk areas within a school and

1 its related facilities;

2 (B) steps to take to prevent exposure to allergens;

3 (C) emergency follow-up procedures, including the
4 importance of calling 9-1-1 or, if 9-1-1 is not available,
5 other local emergency medical services;

6 (D) how to respond to a student with a known allergy,
7 as well as a student with a previously unknown allergy;

8 (E) other criteria as determined in rules adopted
9 pursuant to this Section; and

10 (F) any policy developed by the State Board of
11 Education under Section 2-3.190.

12 In consultation with statewide professional organizations
13 representing physicians licensed to practice medicine in all
14 of its branches, registered nurses, and school nurses, the
15 State Board of Education shall make available resource
16 materials consistent with criteria in this subsection (h) for
17 educating trained personnel to recognize and respond to
18 anaphylaxis. The State Board may take into consideration the
19 curriculum on this subject developed by other states, as well
20 as any other curricular materials suggested by medical experts
21 and other groups that work on life-threatening allergy issues.
22 The State Board is not required to create new resource
23 materials. The State Board shall make these resource materials
24 available on its Internet website.

25 (h-5) A training curriculum to recognize and respond to an
26 opioid overdose, including the administration of an opioid

1 antagonist, may be conducted online or in person. The training
2 must comply with any training requirements under Section 5-23
3 of the Substance Use Disorder Act and the corresponding rules.
4 It must include, but is not limited to:

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

6 (2) information on drug overdose prevention and
7 recognition;

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

9 (4) how to respond to an emergency involving an opioid
10 overdose;

11 (5) opioid antagonist dosage and administration;

12 (6) the importance of calling 9-1-1 or, if 9-1-1 is
13 not available, other local emergency medical services;

14 (7) care for the overdose victim after administration
15 of the overdose antagonist;

16 (8) a test demonstrating competency of the knowledge
17 required to recognize an opioid overdose and administer a
18 dose of an opioid antagonist; and

19 (9) other criteria as determined in rules adopted
20 pursuant to this Section.

21 (h-10) A training curriculum to recognize and respond to
22 respiratory distress, including the administration of
23 undesignated asthma medication, may be conducted online or in
24 person. The training must include, but is not limited to:

25 (1) how to recognize symptoms of respiratory distress
26 and how to distinguish respiratory distress from

1 anaphylaxis;

2 (2) how to respond to an emergency involving
3 respiratory distress;

4 (3) asthma medication dosage and administration;

5 (4) the importance of calling 9-1-1 or, if 9-1-1 is
6 not available, other local emergency medical services;

7 (5) a test demonstrating competency of the knowledge
8 required to recognize respiratory distress and administer
9 asthma medication; and

10 (6) other criteria as determined in rules adopted
11 under this Section.

12 (i) Within 3 days after the administration of an
13 undesignated epinephrine injector by a school nurse, trained
14 personnel, or a student at a school or school-sponsored
15 activity, 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) age and type of person receiving epinephrine
19 (student, staff, visitor);

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

22 (3) trigger that precipitated allergic episode;

23 (4) location where symptoms developed;

24 (5) number of doses administered;

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

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

2 If a school district, public school, charter school, or
3 nonpublic school maintains or has an independent contractor
4 providing transportation to students who maintains a supply of
5 undesignated epinephrine injectors, then the school district,
6 public school, charter school, or nonpublic school must report
7 that information to the State Board of Education upon adoption
8 or change of the policy of the school district, public school,
9 charter school, nonpublic school, or independent contractor,
10 in a manner as prescribed by the State Board. The report must
11 include the number of undesignated epinephrine injectors in
12 supply.

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

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

20 (2) the location where symptoms developed;

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

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

24 (i-10) Within 3 days after the administration of
25 undesignated asthma medication by a school nurse, trained
26 personnel, or a student at a school or school-sponsored

1 activity, the school must report to the State Board of
2 Education, on a form and in a manner prescribed by the State
3 Board of Education, the following information:

4 (1) the age and type of person receiving the asthma
5 medication (student, staff, or visitor);

6 (2) any previously known diagnosis of asthma for the
7 person;

8 (3) the trigger that precipitated respiratory
9 distress, if identifiable;

10 (4) the location of where the symptoms developed;

11 (5) the number of doses administered;

12 (6) the type of person administering the asthma
13 medication (school nurse, trained personnel, or student);

14 (7) the outcome of the asthma medication
15 administration; and

16 (8) any other information required by the State Board.

17 (j) By October 1, 2015 and every year thereafter, the
18 State Board of Education shall submit a report to the General
19 Assembly identifying the frequency and circumstances of
20 undesignated epinephrine and undesignated asthma medication
21 administration during the preceding academic year. Beginning
22 with the 2017 report, the report shall also contain
23 information on which school districts, public schools, charter
24 schools, and nonpublic schools maintain or have independent
25 contractors providing transportation to students who maintain
26 a supply of undesignated epinephrine injectors. This report

1 shall be published on the State Board's Internet website on
2 the date the report is delivered to the General Assembly.

3 (j-5) Annually, each school district, public school,
4 charter school, or nonpublic school shall request an asthma
5 action plan from the parents or guardians of a pupil with
6 asthma. If provided, the asthma action plan must be kept on
7 file in the office of the school nurse or, in the absence of a
8 school nurse, the school administrator. Copies of the asthma
9 action plan may be distributed to appropriate school staff who
10 interact with the pupil on a regular basis, and, if
11 applicable, may be attached to the pupil's federal Section 504
12 plan or individualized education program plan.

13 (j-10) To assist schools with emergency response
14 procedures for asthma, the State Board of Education, in
15 consultation with statewide professional organizations with
16 expertise in asthma management and a statewide organization
17 representing school administrators, shall develop a model
18 asthma episode emergency response protocol before September 1,
19 2016. Each school district, charter school, and nonpublic
20 school shall adopt an asthma episode emergency response
21 protocol before January 1, 2017 that includes all of the
22 components of the State Board's model protocol.

23 (j-15) (Blank).

24 (j-20) On or before October 1, 2016 and every year
25 thereafter, the State Board of Education shall submit a report
26 to the General Assembly and the Department of Public Health

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

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

8 (l) Nothing in this Section shall limit the amount of
9 epinephrine injectors that any type of school or student may
10 carry or maintain a supply of.

11 (Source: P.A. 102-413, eff. 8-20-21; 102-813, eff. 5-13-22;
12 103-175, eff. 6-30-23; 103-196, eff. 1-1-24; 103-348, eff.
13 1-1-24; 103-542, eff. 7-1-24 (see Section 905 of P.A. 103-563
14 for effective date of P.A. 103-542); 103-605, eff. 7-1-24.)