



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB3051

Introduced 1/28/2026, by Sen. Julie A. Morrison

SYNOPSIS AS INTRODUCED:

105 ILCS 5/22-30

Amends the School Code. Allows a school district, public school, charter school, or nonpublic school to authorize a school nurse or trained personnel to: (1) provide undesignated ready-to-use glucagon to authorized personnel to administer ready-to-use glucagon to a student that meets the student's prescription on file; (2) administer undesignated ready-to-use glucagon that meets the prescription on file to any student who has a plan that authorizes the use of ready-to-use glucagon; and (3) administer undesignated ready-to-use glucagon to any person that the school nurse or trained personnel believes in good faith is having a severe hypoglycemia emergency. Makes conforming changes regarding liability, where and when the undesignated ready-to-use glucagon may be administered, supply maintenance, notification of administration to the student's parent or guardian or emergency contact, training, and reports of administration to the State Board of Education, General Assembly, and Department of Public Health.

LRB104 16562 LNS 29960 b

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. Administration and carry of
8 ~~Self-administration and self-carry of asthma medication and~~
9 ~~epinephrine injectors; administration of undesignated~~
10 ~~epinephrine injectors; administration of an opioid antagonist;~~
11 ~~administration of undesignated asthma~~ medication; supply of
12 undesignated oxygen tanks; asthma episode emergency response
13 protocol.

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

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

22 "Asthma episode emergency response protocol" means a
23 procedure to provide assistance to a pupil experiencing

1 symptoms of wheezing, coughing, shortness of breath, chest
2 tightness, or breathing difficulty.

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

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

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

17 "Opioid antagonist" means a drug that binds to opioid
18 receptors and blocks or inhibits the effect of opioids acting
19 on those receptors, including, but not limited to, naloxone
20 hydrochloride or any other similarly acting drug approved by
21 the U.S. Food and Drug Administration.

22 "Respiratory distress" means the perceived or actual
23 presence of wheezing, coughing, shortness of breath, chest
24 tightness, breathing difficulty, or any other symptoms
25 consistent with asthma. Respiratory distress may be
26 categorized as "mild-to-moderate" or "severe".

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

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

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

8 "Standing protocol" may be issued by (i) a physician
9 licensed to practice medicine in all its branches, (ii) a
10 licensed physician assistant with prescriptive authority, or
11 (iii) a licensed advanced practice registered nurse with
12 prescriptive authority.

13 "Trained personnel" means any school employee or volunteer
14 personnel authorized in Sections 10-22.34, 10-22.34a, and
15 10-22.34b of this Code who has completed training under
16 subsection (g) of this Section to recognize and respond to
17 anaphylaxis, an opioid overdose, ~~or~~ respiratory distress, or a
18 severe hypoglycemia emergency.

19 "Undesignated asthma medication" means asthma medication
20 prescribed in the name of a school district, public school,
21 charter school, or nonpublic school.

22 "Undesignated epinephrine injector" means an epinephrine
23 injector prescribed in the name of a school district, public
24 school, charter school, or nonpublic school.

25 "Undesignated ready-to-use glucagon" means a glucagon
26 rescue therapy approved by the United States Food and Drug

1 Administration and prescribed in the name of a school
2 district, public school, charter school, or nonpublic school
3 that does not require reconstitution for the treatment of
4 severe hypoglycemia in a dosage form that can be rapidly
5 administered to a person in an emergency, including prefilled
6 or nasally administered glucagon.

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

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

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

1 injector, a written statement from the pupil's physician,
2 physician assistant, or advanced practice registered nurse
3 containing the following information:

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

6 (B) the prescribed dosage; and

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

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

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

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

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

1 federal Rehabilitation Act of 1973, or individualized
2 education program plan that authorizes the use of asthma
3 medication; ~~and~~ (vii) administer undesignated asthma
4 medication to any person that the school nurse or trained
5 personnel believes in good faith is having respiratory
6 distress; (viii) provide undesignated ready-to-use glucagon to
7 any personnel authorized under a student's Individual Health
8 Care Action Plan, plan pursuant to Section 504 of the federal
9 Rehabilitation Act of 1973, or individualized education
10 program plan to administer ready-to-use glucagon to the
11 student that meets the student's prescription on file; (ix)
12 administer undesignated ready-to-use glucagon that meets the
13 prescription on file to any student who has an Individual
14 Health Care Action Plan, plan pursuant to Section 504 of the
15 federal Rehabilitation Act of 1973, or individualized
16 education program plan that authorizes the use of ready-to-use
17 glucagon; and (x) administer undesignated ready-to-use
18 glucagon to any person that the school nurse or trained
19 personnel believes in good faith is having a severe
20 hypoglycemia emergency.

21 (c) The school district, public school, charter school, or
22 nonpublic school must inform the parents or guardians of the
23 pupil, in writing, that the school district, public school,
24 charter school, or nonpublic school and its employees and
25 agents, including a physician, physician assistant, or
26 advanced practice registered nurse providing standing protocol

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

4 (c-5) When a school nurse or trained personnel administers
5 an undesignated epinephrine injector to a person whom the
6 school nurse or trained personnel in good faith believes is
7 having an anaphylactic reaction, administers an opioid
8 antagonist to a person whom the school nurse or trained
9 personnel in good faith believes is having an opioid overdose,
10 ~~or~~ administers undesignated asthma medication to a person whom
11 the school nurse or trained personnel in good faith believes
12 is having respiratory distress, or administers undesignated
13 ready-to-use glucagon to a person whom the school nurse or
14 trained personnel in good faith believes is having a severe
15 hypoglycemia emergency, notwithstanding the lack of notice to
16 the parents or guardians of the pupil or the absence of the
17 parents or guardians signed statement acknowledging no
18 liability, except for willful and wanton conduct, the school
19 district, public school, charter school, or nonpublic school
20 and its employees and agents, and a physician, a physician
21 assistant, or an advanced practice registered nurse providing
22 standing protocol and a prescription for undesignated
23 epinephrine injectors, an opioid antagonist, ~~or~~ undesignated
24 asthma medication, or undesignated ready-to-use glucagon are
25 to incur no liability or professional discipline, except for
26 willful and wanton conduct, as a result of any injury arising

1 from the use of an undesignated epinephrine injector, the use
2 of an opioid antagonist, ~~or~~ the use of undesignated asthma
3 medication, or the use of undesignated ready-to-use glucagon,
4 regardless of whether authorization was given by the pupil's
5 parents or guardians or by the pupil's physician, physician
6 assistant, or advanced practice registered nurse.

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

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

22 (e-5) Provided that the requirements of this Section are
23 fulfilled, a school nurse or trained personnel may administer
24 an undesignated epinephrine injector to any person whom the
25 school nurse or trained personnel in good faith believes to be
26 having an anaphylactic reaction (i) while in school, (ii)

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

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

20 (e-15) If the requirements of this Section are met, a
21 school nurse or trained personnel may administer undesignated
22 asthma medication to any person whom the school nurse or
23 trained personnel in good faith believes to be experiencing
24 respiratory distress (i) while in school, (ii) while at a
25 school-sponsored activity, (iii) while under the supervision
26 of school personnel, or (iv) before or after normal school

1 activities, including before-school or after-school care on
2 school-operated property. A school nurse or trained personnel
3 may carry undesignated asthma medication on his or her person
4 while in school or at a school-sponsored activity.

5 (e-20) If the requirements of this Section are met, a
6 school nurse or trained personnel may administer undesignated
7 ready-to-use glucagon to any person whom the school nurse or
8 trained personnel in good faith believes to be experiencing a
9 severe hypoglycemia emergency (i) while in school, (ii) while
10 at a school-sponsored activity, (iii) while under the
11 supervision of school personnel, or (iv) before or after
12 normal school activities, including before-school or
13 after-school care on school-operated property. A school nurse
14 or trained personnel may carry undesignated ready-to-use
15 glucagon on his or her person while in school or at a
16 school-sponsored activity.

17 (f) The school district, public school, charter school, or
18 nonpublic school may maintain a supply of undesignated
19 epinephrine injectors in any secure location that is
20 accessible before, during, and after school where an allergic
21 person is most at risk, including, but not limited to,
22 classrooms and lunchrooms. A physician, a physician assistant
23 who has prescriptive authority in accordance with Section 7.5
24 of the Physician Assistant Practice Act of 1987, or an
25 advanced practice registered nurse who has prescriptive
26 authority in accordance with Section 65-40 of the Nurse

1 Practice Act may prescribe undesignated epinephrine injectors
2 in the name of the school district, public school, charter
3 school, or nonpublic school to be maintained for use when
4 necessary. Any supply of epinephrine injectors shall be
5 maintained in accordance with the manufacturer's instructions.

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

23 The school district, public school, charter school, or
24 nonpublic school may maintain a supply of asthma medication in
25 any secure location that is accessible before, during, or
26 after school where a person is most at risk, including, but not

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

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

26 A school district that provides special educational

1 facilities for children with disabilities under Section
2 14-4.01 of this Code may maintain a supply of undesignated
3 oxygen tanks in any secure location that is accessible before,
4 during, and after school where a person with developmental
5 disabilities is most at risk, including, but not limited to,
6 classrooms and lunchrooms. A physician, a physician assistant
7 who has prescriptive authority in accordance with Section 7.5
8 of the Physician Assistant Practice Act of 1987, or an
9 advanced practice registered nurse who has prescriptive
10 authority in accordance with Section 65-40 of the Nurse
11 Practice Act may prescribe undesignated oxygen tanks in the
12 name of the school district that provides special educational
13 facilities for children with disabilities under Section
14 14-4.01 of this Code to be maintained for use when necessary.
15 Any supply of oxygen tanks shall be maintained in accordance
16 with the manufacturer's instructions and with the local fire
17 department's rules.

18 (f-3) Whichever entity initiates the process of obtaining
19 undesignated epinephrine injectors and providing training to
20 personnel for carrying and administering undesignated
21 epinephrine injectors shall pay for the costs of the
22 undesignated epinephrine injectors.

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

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

5 (f-10) Within 24 hours of the administration of an
6 undesignated epinephrine injector, a school district, public
7 school, charter school, or nonpublic school must notify the
8 physician, physician assistant, or advanced practice
9 registered nurse who provided the standing protocol and a
10 prescription for the undesignated epinephrine injector of its
11 use.

12 Within 24 hours after the administration of an opioid
13 antagonist, a school district, public school, charter school,
14 or nonpublic school must notify the health care professional
15 who provided the prescription for the opioid antagonist of its
16 use.

17 Within 24 hours after the administration of undesignated
18 asthma medication, a school district, public school, charter
19 school, or nonpublic school must notify the student's parent
20 or guardian or emergency contact, if known, and the physician,
21 physician assistant, or advanced practice registered nurse who
22 provided the standing protocol and a prescription for the
23 undesignated asthma medication of its use. The district or
24 school must follow up with the school nurse, if available, and
25 may, with the consent of the child's parent or guardian,
26 notify the child's health care provider of record, as

1 determined under this Section, of its use.

2 Within 24 hours after the administration of undesignated
3 ready-to-use glucagon, a school district, public school,
4 charter school, or nonpublic school must notify the student's
5 parent or guardian or emergency contact, if known, and the
6 physician, physician assistant, or advanced practice
7 registered nurse who provided the standing protocol and a
8 prescription for the undesignated ready-to-use glucagon of its
9 use.

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

19 Prior to the administration of an opioid antagonist,
20 trained personnel must submit to the school's administration
21 proof of completion of a training curriculum to recognize and
22 respond to an opioid overdose, which curriculum must meet the
23 requirements of subsection (h-5) of this Section. The school
24 district, public school, charter school, or nonpublic school
25 must maintain records relating to the training curriculum and
26 the trained personnel.

1 Prior to the administration of undesignated asthma
2 medication, trained personnel must submit to the school's
3 administration proof of completion of a training curriculum to
4 recognize and respond to respiratory distress, which must meet
5 the requirements of subsection (h-10) of this Section.
6 Training must be completed annually, and the school district,
7 public school, charter school, or nonpublic school must
8 maintain records relating to the training curriculum and the
9 trained personnel.

10 Prior to the administration of undesignated ready-to-use
11 glucagon, trained personnel must submit to the school's
12 administration proof of completion of a training curriculum to
13 recognize and respond to severe hypoglycemia emergencies,
14 which must meet the requirements of subsection (h-15) of this
15 Section. Training must be completed annually, and the school
16 district, public school, charter school, or nonpublic school
17 must maintain records relating to the training curriculum and
18 the trained personnel.

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

22 Training shall include, but is not limited to:

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

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

26 (3) a test demonstrating competency of the knowledge

1 required to recognize anaphylaxis and administer an
2 epinephrine injector.

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

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

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

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

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

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

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

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

1 materials. The State Board shall make these resource materials
2 available on its Internet website.

3 (h-5) A training curriculum to recognize and respond to an
4 opioid overdose, including the administration of an opioid
5 antagonist, may be conducted online or in person. The training
6 must comply with any training requirements under Section 5-23
7 of the Substance Use Disorder Act and the corresponding rules.
8 It must include, but is not limited to:

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 antagonist dosage and administration;

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

18 (7) care for the overdose victim after administration
19 of the overdose antagonist;

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

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

25 (h-10) A training curriculum to recognize and respond to
26 respiratory distress, including the administration of

1 undesignated asthma medication, may be conducted online or in
2 person. The training must include, but is not limited to:

3 (1) how to recognize symptoms of respiratory distress
4 and how to distinguish respiratory distress from
5 anaphylaxis;

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

8 (3) asthma medication dosage and administration;

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

11 (5) a test demonstrating competency of the knowledge
12 required to recognize respiratory distress and administer
13 asthma medication; and

14 (6) other criteria as determined in rules adopted
15 under this Section.

16 (h-15) A training curriculum to recognize and respond to
17 severe hypoglycemia emergencies, including the administration
18 of undesignated ready-to-use glucagon, may be conducted online
19 or in person. The training must include, but is not limited to:

20 (1) how to recognize the symptoms of severe
21 hypoglycemia emergencies;

22 (2) how to respond to an emergency involving severe
23 hypoglycemia;

24 (3) ready-to-use glucagon dosage and administration;

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

1 (5) a test demonstrating competency of the knowledge
2 required to recognize severe hypoglycemia emergencies and
3 administer ready-to-use glucagon; and

4 (6) other criteria as determined in rules adopted
5 under this Section.

6 (i) Within 3 days after the administration of an
7 undesigned epinephrine injector by a school nurse, trained
8 personnel, or a student at a school or school-sponsored
9 activity, the school must report to the State Board of
10 Education in a form and manner prescribed by the State Board
11 the following information:

12 (1) age and type of person receiving epinephrine
13 (student, staff, visitor);

14 (2) any previously known diagnosis of a severe
15 allergy;

16 (3) trigger that precipitated allergic episode;

17 (4) location where symptoms developed;

18 (5) number of doses administered;

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

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

22 If a school district, public school, charter school, or
23 nonpublic school maintains or has an independent contractor
24 providing transportation to students who maintains a supply of
25 undesigned epinephrine injectors, then the school district,
26 public school, charter school, or nonpublic school must report

1 that information to the State Board of Education upon adoption
2 or change of the policy of the school district, public school,
3 charter school, nonpublic school, or independent contractor,
4 in a manner as prescribed by the State Board. The report must
5 include the number of undesignated epinephrine injectors in
6 supply.

7 (i-5) Within 3 days after the administration of an opioid
8 antagonist by a school nurse or trained personnel, the school
9 must report to the State Board of Education, in a form and
10 manner prescribed by the State Board, the following
11 information:

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

14 (2) the location where symptoms developed;

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

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

18 (i-10) Within 3 days after the administration of
19 undesignated asthma medication by a school nurse, trained
20 personnel, or a student at a school or school-sponsored
21 activity, the school must report to the State Board of
22 Education, on a form and in a manner prescribed by the State
23 Board of Education, the following information:

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

26 (2) any previously known diagnosis of asthma for the

1 person;

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

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

5 (5) the number of doses administered;

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

8 (7) the outcome of the asthma medication
9 administration; and

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

11 (i-15) Within 3 days after the administration of
12 undesigned ready-to-use glucagon by a school nurse or
13 trained personnel, the school must report to the State Board
14 of Education, on a form and in a manner prescribed by the State
15 Board of Education, the following information:

16 (1) the age and type of person receiving the
17 undesigned ready-to-use glucagon (student, staff, or
18 visitor);

19 (2) any previously known diagnosis of severe
20 hypoglycemia for the person;

21 (3) the trigger that precipitated the severe
22 hypoglycemia emergency, if identifiable;

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

24 (5) the number of doses administered;

25 (6) the type of person administering the undesigned
26 ready-to-use glucagon (school nurse or trained personnel);

1 (7) the outcome of the ready-to-use
2 glucagon administration; and

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

4 (j) By October 1, 2015 and every year thereafter, the
5 State Board of Education shall submit a report to the General
6 Assembly identifying the frequency and circumstances of
7 undesigned epinephrine and undesigned asthma medication
8 administration during the preceding academic year. Beginning
9 with the 2017 report, the report shall also contain
10 information on which school districts, public schools, charter
11 schools, and nonpublic schools maintain or have independent
12 contractors providing transportation to students who maintain
13 a supply of undesigned epinephrine injectors. This report
14 shall be published on the State Board's Internet website on
15 the date the report is delivered to the General Assembly.

16 (j-5) Annually, each school district, public school,
17 charter school, or nonpublic school shall request an asthma
18 action plan from the parents or guardians of a pupil with
19 asthma. If provided, the asthma action plan must be kept on
20 file in the office of the school nurse or, in the absence of a
21 school nurse, the school administrator. Copies of the asthma
22 action plan may be distributed to appropriate school staff who
23 interact with the pupil on a regular basis, and, if
24 applicable, may be attached to the pupil's federal Section 504
25 plan or individualized education program plan.

26 (j-10) To assist schools with emergency response

1 procedures for asthma, the State Board of Education, in
2 consultation with statewide professional organizations with
3 expertise in asthma management and a statewide organization
4 representing school administrators, shall develop a model
5 asthma episode emergency response protocol before September 1,
6 2016. Each school district, charter school, and nonpublic
7 school shall adopt an asthma episode emergency response
8 protocol before January 1, 2017 that includes all of the
9 components of the State Board's model protocol.

10 (j-15) (Blank).

11 (j-20) On or before October 1, 2016 and every year
12 thereafter, the State Board of Education shall submit a report
13 to the General Assembly and the Department of Public Health
14 identifying the frequency and circumstances of opioid
15 antagonist administration during the preceding academic year.
16 This report shall be published on the State Board's Internet
17 website on the date the report is delivered to the General
18 Assembly.

19 (j-25) On or before October 1, 2027 and every year
20 thereafter, the State Board of Education shall submit a report
21 to the General Assembly and the Department of Public Health
22 identifying the frequency and circumstances of undesignated
23 ready-to-use glucagon administration during the preceding
24 school year. This report shall be published on the State
25 Board's Internet website on the date the report is delivered
26 to the General Assembly.

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

3 (1) Nothing in this Section shall limit the amount of
4 epinephrine injectors that any type of school or student may
5 carry or maintain a supply of.

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