



Sen. Julie A. Morrison

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10400SB3051sam001

LRB104 16562 LNS 34404 a

1 AMENDMENT TO SENATE BILL 3051

2 AMENDMENT NO. _____. Amend Senate Bill 3051 by replacing
3 everything after the enacting clause with the following:

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

1 pupil's medical provider to help control the pupil's asthma.
2 The goal of an asthma action plan is to reduce or prevent
3 flare-ups and emergency department visits through day-to-day
4 management and to serve as a student-specific document to be
5 referenced in the event of an asthma episode.

6 "Asthma episode emergency response protocol" means a
7 procedure to provide assistance to a pupil experiencing
8 symptoms of wheezing, coughing, shortness of breath, chest
9 tightness, or breathing difficulty.

10 "Epinephrine injector" includes an auto-injector approved
11 by the United States Food and Drug Administration for the
12 administration of epinephrine and a pre-filled syringe
13 approved by the United States Food and Drug Administration and
14 used for the administration of epinephrine that contains a
15 pre-measured dose of epinephrine that is equivalent to the
16 dosages used in an auto-injector.

17 "Asthma medication" means quick-relief asthma medication,
18 including albuterol or other short-acting bronchodilators,
19 that is approved by the United States Food and Drug
20 Administration for the treatment of respiratory distress.
21 "Asthma medication" includes medication delivered through a
22 device, including a metered dose inhaler with a reusable or
23 disposable spacer or a nebulizer with a mouthpiece or mask.

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 or volunteer
21 personnel authorized in Sections 10-22.34, 10-22.34a, and
22 10-22.34b of this Code who has completed training under
23 subsection (g) of this Section to recognize and respond to
24 anaphylaxis, an opioid overdose, ~~or~~ respiratory distress, or a
25 severe hypoglycemia emergency.

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 "Undesignated glucagon" means a glucagon rescue therapy
7 approved by the United States Food and Drug Administration and
8 prescribed in the name of a school district, public school,
9 charter school, or nonpublic school for the treatment of
10 severe hypoglycemia in a dosage form that can be rapidly
11 administered to a person in an emergency, including prefilled
12 or nasally administered glucagon.

13 (b) A school, whether public, charter, or nonpublic, must
14 permit the self-administration and self-carry of asthma
15 medication by a pupil with asthma or the self-administration
16 and self-carry of an epinephrine injector by a pupil, provided
17 that:

18 (1) the parents or guardians of the pupil provide to
19 the school (i) written authorization from the parents or
20 guardians for (A) the self-administration and self-carry
21 of asthma medication or (B) the self-carry of asthma
22 medication or (ii) for (A) the self-administration and
23 self-carry of an epinephrine injector or (B) the
24 self-carry of an epinephrine injector, written
25 authorization from the pupil's physician, physician
26 assistant, or advanced practice registered nurse; and

1 (2) the parents or guardians of the pupil provide to
2 the school (i) the prescription label, which must contain
3 the name of the asthma medication, the prescribed dosage,
4 and the time at which or circumstances under which the
5 asthma medication is to be administered, or (ii) for the
6 self-administration or self-carry of an epinephrine
7 injector, a written statement from the pupil's physician,
8 physician assistant, or advanced practice registered nurse
9 containing the following information:

10 (A) the name and purpose of the epinephrine
11 injector;

12 (B) the prescribed dosage; and

13 (C) the time or times at which or the special
14 circumstances under which the epinephrine injector is
15 to be administered.

16 The information provided shall be kept on file in the office of
17 the school nurse or, in the absence of a school nurse, the
18 school's administrator.

19 (b-5) A school district, public school, charter school, or
20 nonpublic school may authorize the provision of a
21 student-specific or undesignated epinephrine injector to a
22 student or any personnel authorized under a student's
23 Individual Health Care Action Plan, allergy emergency action
24 plan, or plan pursuant to Section 504 of the federal
25 Rehabilitation Act of 1973 to administer an epinephrine
26 injector to the student, that meets the student's prescription

1 on file.

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

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

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

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

1 parents or guardians or by the pupil's physician, physician
2 assistant, or advanced practice registered nurse.

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

1 by the pupil's physician, physician assistant, or advanced
2 practice registered nurse.

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

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

18 (e-5) Provided that the requirements of this Section are
19 fulfilled, a school nurse or trained personnel may administer
20 an undesignated epinephrine injector to any person whom the
21 school nurse or trained personnel in good faith believes to be
22 having an anaphylactic reaction (i) while in school, (ii)
23 while at a school-sponsored activity, (iii) while under the
24 supervision of school personnel, or (iv) before or after
25 normal school activities, such as while in before-school or
26 after-school care on school-operated property or while being

1 transported on a school bus. A school nurse or trained
2 personnel may carry undesignated epinephrine injectors on his
3 or her person while in school or at a school-sponsored
4 activity.

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

16 (e-15) If the requirements of this Section are met, a
17 school nurse or trained personnel may administer undesignated
18 asthma medication to any person whom the school nurse or
19 trained personnel in good faith believes to be experiencing
20 respiratory distress (i) while in school, (ii) while at a
21 school-sponsored activity, (iii) while under the supervision
22 of school personnel, or (iv) before or after normal school
23 activities, including before-school or after-school care on
24 school-operated property. A school nurse or trained personnel
25 may carry undesignated asthma medication on his or her person
26 while in school or at a school-sponsored activity.

1 (e-20) A school nurse or trained personnel may carry
2 undesigned glucagon on his or her person while in school or
3 at a school-sponsored activity.

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

19 The school district, public school, charter school, or
20 nonpublic school shall maintain a supply of an opioid
21 antagonist in any secure location where an individual may have
22 an opioid overdose, unless there is a shortage of opioid
23 antagonists, in which case the school district, public school,
24 charter school, or nonpublic school shall make a reasonable
25 effort to maintain a supply of an opioid antagonist. Unless
26 the school district, public school, charter school, or

1 nonpublic school is able to obtain opioid antagonists without
2 a prescription, a health care professional who has been
3 delegated prescriptive authority for opioid antagonists in
4 accordance with Section 5-23 of the Substance Use Disorder Act
5 shall prescribe opioid antagonists in the name of the school
6 district, public school, charter school, or nonpublic school,
7 to be maintained for use when necessary. Any supply of opioid
8 antagonists shall be maintained in accordance with the
9 manufacturer's instructions.

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

24 The school district, public school, charter school, or
25 nonpublic school may maintain a supply of undesignated
26 glucagon in any secure location that is accessible before,

1 during, or after school where a person is most at risk,
2 including, but not limited to, a classroom or the nurse's
3 office. A physician, a physician assistant who has
4 prescriptive authority under Section 7.5 of the Physician
5 Assistant Practice Act of 1987, or an advanced practice
6 registered nurse who has prescriptive authority under Section
7 65-40 of the Nurse Practice Act may prescribe undesignated
8 glucagon in the name of the school district, public school,
9 charter school, or nonpublic school to be maintained for use
10 when necessary. Any supply of undesignated glucagon must be
11 maintained in accordance with the manufacturer's instructions.

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

1 Any supply of oxygen tanks shall be maintained in accordance
2 with the manufacturer's instructions and with the local fire
3 department's rules.

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

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

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

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

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

1 who provided the prescription for the opioid antagonist of its
2 use.

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

14 Within 24 hours after the administration of undesignated
15 glucagon, a school district, public school, charter school, or
16 nonpublic school must notify the student's parent or guardian
17 or emergency contact, if known, and the physician, physician
18 assistant, or advanced practice registered nurse who provided
19 the standing protocol and a prescription for the undesignated
20 glucagon of its use.

21 (g) Prior to the administration of an undesignated
22 epinephrine injector, trained personnel must submit to the
23 school's administration proof of completion of a training
24 curriculum to recognize and respond to anaphylaxis that meets
25 the requirements of subsection (h) of this Section. Training
26 must be completed annually. The school district, public

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

4 Prior to the administration of an opioid antagonist,
5 trained personnel must submit to the school's administration
6 proof of completion of a training curriculum to recognize and
7 respond to an opioid overdose, which curriculum must meet the
8 requirements of subsection (h-5) of this Section. The school
9 district, public school, charter school, or nonpublic school
10 must maintain records relating to the training curriculum and
11 the trained personnel.

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

21 Prior to the administration of undesignated glucagon,
22 trained personnel must submit to the school's administration
23 proof of completion of a training curriculum to recognize and
24 respond to severe hypoglycemia emergencies, which must meet
25 the requirements of subsection (h-15) of this Section.
26 Training must be completed annually, and the school district,

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

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

7 Training shall include, but is not limited to:

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

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

11 (3) a test demonstrating competency of the knowledge
12 required to recognize anaphylaxis and administer an
13 epinephrine injector.

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

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

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

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

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

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

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

1 In consultation with statewide professional organizations
2 representing physicians licensed to practice medicine in all
3 of its branches, registered nurses, and school nurses, the
4 State Board of Education shall make available resource
5 materials consistent with criteria in this subsection (h) for
6 educating trained personnel to recognize and respond to
7 anaphylaxis. The State Board may take into consideration the
8 curriculum on this subject developed by other states, as well
9 as any other curricular materials suggested by medical experts
10 and other groups that work on life-threatening allergy issues.
11 The State Board is not required to create new resource
12 materials. The State Board shall make these resource materials
13 available on its Internet website.

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

- 20 (1) how to recognize symptoms of an opioid overdose;
- 21 (2) information on drug overdose prevention and
22 recognition;
- 23 (3) how to perform rescue breathing and resuscitation;
- 24 (4) how to respond to an emergency involving an opioid
25 overdose;
- 26 (5) opioid antagonist dosage and administration;

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

3 (7) care for the overdose victim after administration
4 of the overdose antagonist;

5 (8) a test demonstrating competency of the knowledge
6 required to recognize an opioid overdose and administer a
7 dose of an opioid antagonist; and

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

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

14 (1) how to recognize symptoms of respiratory distress
15 and how to distinguish respiratory distress from
16 anaphylaxis;

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

19 (3) asthma medication dosage and administration;

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

22 (5) a test demonstrating competency of the knowledge
23 required to recognize respiratory distress and administer
24 asthma medication; and

25 (6) other criteria as determined in rules adopted
26 under this Section.

1 (h-15) A training curriculum to recognize and respond to
2 severe hypoglycemia emergencies, including the administration
3 of undesignated glucagon, may be conducted online or in
4 person. The training must include, but is not limited to:

5 (1) how to recognize the symptoms of severe
6 hypoglycemia emergencies;

7 (2) how to respond to an emergency involving severe
8 hypoglycemia;

9 (3) glucagon dosage and administration;

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

12 (5) a test demonstrating competency of the knowledge
13 required to recognize severe hypoglycemia emergencies and
14 administer glucagon; and

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

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

23 (1) age and type of person receiving epinephrine
24 (student, staff, visitor);

25 (2) any previously known diagnosis of a severe
26 allergy;

- 1 (3) trigger that precipitated allergic episode;
- 2 (4) location where symptoms developed;
- 3 (5) number of doses administered;
- 4 (6) type of person administering epinephrine (school
- 5 nurse, trained personnel, student); and
- 6 (7) any other information required by the State Board.

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

18 (i-5) Within 3 days after the administration of an opioid
19 antagonist by a school nurse or trained personnel, the school
20 must report to the State Board of Education, in a form and
21 manner prescribed by the State Board, the following
22 information:

- 23 (1) the age and type of person receiving the opioid
- 24 antagonist (student, staff, or visitor);
- 25 (2) the location where symptoms developed;
- 26 (3) the type of person administering the opioid

1 antagonist (school nurse or trained personnel); and

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

3 (i-10) Within 3 days after the administration of
4 undesignated asthma medication by a school nurse, trained
5 personnel, or a student at a school or school-sponsored
6 activity, the school must report to the State Board of
7 Education, on a form and in a manner prescribed by the State
8 Board of Education, the following information:

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

11 (2) any previously known diagnosis of asthma for the
12 person;

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

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

16 (5) the number of doses administered;

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

19 (7) the outcome of the asthma medication
20 administration; and

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

22 (i-15) Within 3 days after the administration of
23 undesignated glucagon by a school nurse or trained personnel,
24 the school must report to the State Board of Education, on a
25 form and in a manner prescribed by the State Board of
26 Education, the following information:

1 (1) the age of the student receiving the undesignated
2 glucagon;

3 (2) any previously known diagnosis of severe
4 hypoglycemia for the person;

5 (3) the trigger that precipitated the severe
6 hypoglycemia emergency, if identifiable;

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

8 (5) the number of doses administered;

9 (6) the type of person administering the undesignated
10 glucagon (school nurse or trained personnel);

11 (7) the outcome of the glucagon administration; and

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

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

25 (j-5) Annually, each school district, public school,
26 charter school, or nonpublic school shall request an asthma

1 action plan from the parents or guardians of a pupil with
2 asthma. If provided, the asthma action plan must be kept on
3 file in the office of the school nurse or, in the absence of a
4 school nurse, the school administrator. Copies of the asthma
5 action plan may be distributed to appropriate school staff who
6 interact with the pupil on a regular basis, and, if
7 applicable, may be attached to the pupil's federal Section 504
8 plan or individualized education program plan.

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

19 (j-15) (Blank).

20 (j-20) On or before October 1, 2016 and every year
21 thereafter, the State Board of Education shall submit a report
22 to the General Assembly and the Department of Public Health
23 identifying the frequency and circumstances of opioid
24 antagonist administration during the preceding academic year.
25 This report shall be published on the State Board's Internet
26 website on the date the report is delivered to the General

1 Assembly.

2 (j-25) On or before October 1, 2027 and every year
3 thereafter, the State Board of Education shall submit a report
4 to the General Assembly and the Department of Public Health
5 identifying the frequency and circumstances of undesignated
6 glucagon administration during the preceding school year. This
7 report shall be published on the State Board's Internet
8 website on the date the report is delivered to the General
9 Assembly.

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

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

15 (Source: P.A. 102-413, eff. 8-20-21; 102-813, eff. 5-13-22;
16 103-175, eff. 6-30-23; 103-196, eff. 1-1-24; 103-348, eff.
17 1-1-24; 103-542, eff. 7-1-24 (see Section 905 of P.A. 103-563
18 for effective date of P.A. 103-542); 103-605, eff. 7-1-24.)".