



## 100TH GENERAL ASSEMBLY

### State of Illinois

2017 and 2018

SB2889

Introduced 2/14/2018, by Sen. Chapin Rose

#### SYNOPSIS AS INTRODUCED:

New Act  
105 ILCS 5/22-30

Creates the Epinephrine Administration Act. Provides that a health care practitioner may prescribe epinephrine pre-filled syringes in the name of an authorized entity where allergens capable of causing anaphylaxis may be present. Provides that an authorized entity may acquire and stock a supply of undesignated epinephrine pre-filled syringes provided the undesignated epinephrine pre-filled syringes are stored in a specified location. Requires each employee, agent, or other individual of the authorized entity to complete a specified training program before using a pre-filled syringe to administer epinephrine. Provides that a trained employee, agent, or other individual of the authorized entity may either provide or administer an epinephrine pre-filled syringe to a person whom the employee, agent, or other individual believes in good faith is experiencing anaphylaxis. Provides that training under the Act shall be valid for 2 years. Requires the Department of Public Health to approve training programs, to list the approved programs on the Department's website, and to include links to training providers' websites on the Department's website. Contains provisions concerning costs, limitations, and rulemaking. Defines terms. Amends the School Code. In provisions concerning epinephrine administration, provides that epinephrine may be administered with a pre-filled syringe. Makes conforming changes.

LRB100 19109 MJP 34369 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the  
5 Epinephrine Administration Act.

6 Section 5. Definitions. As used in this Act:

7 "Authorized entity" means any entity or organization,  
8 other than a school covered under Section 22-30 of the School  
9 Code, in connection with or at which allergens capable of  
10 causing anaphylaxis may be present, including, but not limited  
11 to, independent contractors who provide student transportation  
12 to schools, recreation camps, colleges and universities, day  
13 care facilities, youth sports leagues, amusement parks,  
14 restaurants, sports arenas, and places of employment. The  
15 Department shall, by rule, determine what constitutes a day  
16 care facility under this definition.

17 "Department" means the Department of Public Health.

18 "Epinephrine pre-filled syringe" means a pre-filled  
19 syringe of epinephrine used for the administration of a  
20 pre-measured dose of epinephrine into the human body that is  
21 equivalent to the dosages used in an auto-injector.

22 "Health care practitioner" means a physician licensed to  
23 practice medicine in all its branches under the Medical

1 Practice Act of 1987, a physician assistant under the Physician  
2 Assistant Practice Act of 1987 with prescriptive authority, or  
3 an advanced practice nurse with prescribing authority under  
4 Article 65 of the Nurse Practice Act.

5 "Pharmacist" has the meaning given to that term under  
6 subsection (k-5) of Section 3 of the Pharmacy Practice Act.

7 "Undesignated epinephrine pre-filled syringe" means an  
8 epinephrine pre-filled syringe prescribed in the name of an  
9 authorized entity.

10 Section 10. Prescription to authorized entity; use;  
11 training.

12 (a) A health care practitioner may prescribe epinephrine  
13 pre-filled syringes in the name of an authorized entity for use  
14 in accordance with this Act, and pharmacists may dispense  
15 epinephrine pre-filled syringes in accordance with a  
16 prescription issued in the name of an authorized entity. Such  
17 prescriptions shall be valid for a period of 2 years.

18 (b) An authorized entity may acquire and stock a supply of  
19 undesignated epinephrine pre-filled syringes in accordance  
20 with a prescription issued under subsection (a) of this  
21 Section. Such undesignated epinephrine pre-filled syringes  
22 shall be stored in a location readily accessible in an  
23 emergency and in accordance with the instructions for use of  
24 the epinephrine pre-filled syringes. The Department may  
25 establish any additional requirements an authorized entity

1 must follow under this Act.

2 (c) An employee or agent of an authorized entity or other  
3 individual who has completed training under subsection (d) of  
4 this Section may:

5 (1) provide an epinephrine pre-filled syringe to any  
6 individual on the property of the authorized entity whom  
7 the employee, agent, or other individual believes in good  
8 faith is experiencing anaphylaxis, or to the parent,  
9 guardian, or caregiver of such individual, for immediate  
10 administration, regardless of whether the individual has a  
11 prescription for an epinephrine pre-filled syringe or has  
12 previously been diagnosed with an allergy; or

13 (2) administer epinephrine from a pre-filled syringe  
14 to any individual on the property of the authorized entity  
15 whom the employee, agent, or other individual believes in  
16 good faith is experiencing anaphylaxis, regardless of  
17 whether the individual has a prescription for an  
18 epinephrine pre-filled syringe or has previously been  
19 diagnosed with an allergy.

20 The employee or agent of an authorized entity or other  
21 individual under this subsection must be at least 18 years old  
22 to provide an epinephrine pre-filled syringe or administer  
23 epinephrine from a pre-filled syringe under this subsection.

24 (d) An employee, agent, or other individual authorized must  
25 complete an anaphylaxis training program before he or she is  
26 able to provide or administer epinephrine from a pre-filled

1 syringe under this Section. Such training shall be valid for a  
2 period of 2 years and shall be conducted by a nationally  
3 recognized organization experienced in training laypersons in  
4 emergency health treatment. The Department shall include links  
5 to training providers' websites on its website.

6 Training shall include, but is not limited to:

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

9 (2) how to administer epinephrine from a pre-filled  
10 syringe; and

11 (3) a test demonstrating competency of the knowledge  
12 required to recognize anaphylaxis and administer  
13 epinephrine from a pre-filled syringe.

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

15 (A) a review of high-risk areas on the authorized  
16 entity's property and its related facilities;

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

18 (C) emergency follow-up procedures; and

19 (D) other criteria as determined in rules adopted  
20 pursuant to this Act.

21 Training may be conducted either online or in person. The  
22 Department shall approve training programs and list permitted  
23 training programs on the Department's Internet website.

24 (e) A health care practitioner providing a prescription for  
25 epinephrine in accordance with this Act shall incur no  
26 liability or professional discipline, except for willful and

1 wanton misconduct, as a result of any injury arising from the  
2 use of epinephrine under this Act.

3 Section 15. Costs. Whichever entity initiates the process  
4 of obtaining undesignated epinephrine pre-filled syringes and  
5 providing training to personnel for carrying and administering  
6 epinephrine from undesignated epinephrine pre-filled syringes  
7 shall pay for the costs of the undesignated epinephrine  
8 pre-filled syringes.

9 Section 20. Limitations. The use of an undesignated  
10 epinephrine pre-filled syringe in accordance with the  
11 requirements of this Act does not constitute the practice of  
12 medicine or any other profession that requires medical  
13 licensure.

14 Nothing in this Act shall limit the amount of epinephrine  
15 pre-filled syringes that an authorized entity or individual may  
16 carry or maintain a supply of.

17 Section 85. Rulemaking. The Department shall adopt any  
18 rules necessary to implement and administer this Act.

19 Section 90. The School Code is amended by changing Section  
20 22-30 as follows:

21 (105 ILCS 5/22-30)

1           Sec. 22-30. Self-administration and self-carry of asthma  
2 medication and epinephrine injectors ~~auto-injectors~~;  
3 administration of undesignated epinephrine injectors  
4 ~~auto-injectors~~; administration of an opioid antagonist; asthma  
5 episode emergency response protocol.

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

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

14           "Asthma episode emergency response protocol" means a  
15 procedure to provide assistance to a pupil experiencing  
16 symptoms of wheezing, coughing, shortness of breath, chest  
17 tightness, or breathing difficulty.

18           "Asthma inhaler" means a quick reliever asthma inhaler.

19           ~~"Epinephrine auto injector" means a single use device used~~  
20 ~~for the automatic injection of a pre-measured dose of~~  
21 ~~epinephrine into the human body.~~

22           "Epinephrine injector" includes an auto-injector for the  
23 administration of epinephrine or a pre-filled syringe used for  
24 the administration of epinephrine that contain a pre-measured  
25 dose of epinephrine that is equivalent to the dosages used in  
26 an auto-injector.

1 "Asthma medication" means a medicine, prescribed by (i) a  
2 physician licensed to practice medicine in all its branches,  
3 (ii) a licensed physician assistant with prescriptive  
4 authority, or (iii) a licensed advanced practice registered  
5 nurse with prescriptive authority for a pupil that pertains to  
6 the pupil's asthma and that has an individual prescription  
7 label.

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

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

15 "Self-administration" means a pupil's discretionary use of  
16 his or her prescribed asthma medication or epinephrine injector  
17 ~~auto-injector~~.

18 "Self-carry" means a pupil's ability to carry his or her  
19 prescribed asthma medication or epinephrine injector  
20 ~~auto-injector~~.

21 "Standing protocol" may be issued by (i) a physician  
22 licensed to practice medicine in all its branches, (ii) a  
23 licensed physician assistant with prescriptive authority, or  
24 (iii) a licensed advanced practice registered nurse with  
25 prescriptive authority.

26 "Trained personnel" means any school employee or volunteer



1 personnel authorized in Sections 10-22.34, 10-22.34a, and  
2 10-22.34b of this Code who has completed training under  
3 subsection (g) of this Section to recognize and respond to  
4 anaphylaxis.

5 "Undesignated epinephrine injector ~~auto injector~~" means an  
6 epinephrine injector ~~auto injector~~ prescribed in the name of a  
7 school district, public school, or nonpublic school.

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

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

23 (2) the parents or guardians of the pupil provide to  
24 the school (i) the prescription label, which must contain  
25 the name of the asthma medication, the prescribed dosage,  
26 and the time at which or circumstances under which the

1 asthma medication is to be administered, or (ii) for the  
2 self-administration or self-carry of an epinephrine  
3 injector ~~auto-injector~~, a written statement from the  
4 pupil's physician, physician assistant, or advanced  
5 practice registered nurse containing the following  
6 information:

7 (A) the name and purpose of the epinephrine  
8 injector ~~auto-injector~~;

9 (B) the prescribed dosage; and

10 (C) the time or times at which or the special  
11 circumstances under which the epinephrine injector  
12 ~~auto-injector~~ is to be administered.

13 The information provided shall be kept on file in the office of  
14 the school nurse or, in the absence of a school nurse, the  
15 school's administrator.

16 (b-5) A school district, public school, or nonpublic school  
17 may authorize the provision of a student-specific or  
18 undesignated epinephrine injector ~~auto-injector~~ to a student  
19 or any personnel authorized under a student's Individual Health  
20 Care Action Plan, Illinois Food Allergy Emergency Action Plan  
21 and Treatment Authorization Form, or plan pursuant to Section  
22 504 of the federal Rehabilitation Act of 1973 to administer an  
23 epinephrine injector ~~auto-injector~~ to the student, that meets  
24 the student's prescription on file.

25 (b-10) The school district, public school, or nonpublic  
26 school may authorize a school nurse or trained personnel to do

1 the following: (i) provide an undesignated epinephrine  
2 injector ~~auto-injector~~ to a student for self-administration  
3 only or any personnel authorized under a student's Individual  
4 Health Care Action Plan, Illinois Food Allergy Emergency Action  
5 Plan and Treatment Authorization Form, or plan pursuant to  
6 Section 504 of the federal Rehabilitation Act of 1973 to  
7 administer to the student, that meets the student's  
8 prescription on file; (ii) administer an undesignated  
9 epinephrine injector ~~auto-injector~~ that meets the prescription  
10 on file to any student who has an Individual Health Care Action  
11 Plan, Illinois Food Allergy Emergency Action Plan and Treatment  
12 Authorization Form, or plan pursuant to Section 504 of the  
13 federal Rehabilitation Act of 1973 that authorizes the use of  
14 an epinephrine injector ~~auto-injector~~; (iii) administer an  
15 undesignated epinephrine injector ~~auto-injector~~ to any person  
16 that the school nurse or trained personnel in good faith  
17 believes is having an anaphylactic reaction; and (iv)  
18 administer an opioid antagonist to any person that the school  
19 nurse or trained personnel in good faith believes is having an  
20 opioid overdose.

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

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

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

22 (d) The permission for self-administration and self-carry  
23 of asthma medication or the self-administration and self-carry  
24 of an epinephrine injector ~~auto-injector~~ is effective for the  
25 school year for which it is granted and shall be renewed each  
26 subsequent school year upon fulfillment of the requirements of

1 this Section.

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

12 (e-5) Provided that the requirements of this Section are  
13 fulfilled, a school nurse or trained personnel may administer  
14 an undesignated epinephrine injector ~~auto-injector~~ to any  
15 person whom the school nurse or trained personnel in good faith  
16 believes to be having an anaphylactic reaction (i) while in  
17 school, (ii) while at a school-sponsored activity, (iii) while  
18 under the supervision of school personnel, or (iv) before or  
19 after normal school activities, such as while in before-school  
20 or after-school care on school-operated property or while being  
21 transported on a school bus. A school nurse or trained  
22 personnel may carry undesignated epinephrine injectors  
23 ~~auto-injectors~~ on his or her person while in school or at a  
24 school-sponsored activity.

25 (e-10) Provided that the requirements of this Section are  
26 fulfilled, a school nurse or trained personnel may administer

1 an opioid antagonist to any person whom the school nurse or  
2 trained personnel in good faith believes to be having an opioid  
3 overdose (i) while in school, (ii) while at a school-sponsored  
4 activity, (iii) while under the supervision of school  
5 personnel, or (iv) before or after normal school activities,  
6 such as while in before-school or after-school care on  
7 school-operated property. A school nurse or trained personnel  
8 may carry an opioid antagonist on their person while in school  
9 or at a school-sponsored activity.

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

26 The school district, public school, or nonpublic school may

1 maintain a supply of an opioid antagonist in any secure  
2 location where an individual may have an opioid overdose. A  
3 health care professional who has been delegated prescriptive  
4 authority for opioid antagonists in accordance with Section  
5 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act  
6 may prescribe opioid antagonists in the name of the school  
7 district, public school, or nonpublic school, to be maintained  
8 for use when necessary. Any supply of opioid antagonists shall  
9 be maintained in accordance with the manufacturer's  
10 instructions.

11 (f-3) Whichever entity initiates the process of obtaining  
12 undesignated epinephrine injectors ~~auto-injectors~~ and  
13 providing training to personnel for carrying and administering  
14 undesignated epinephrine injectors ~~auto-injectors~~ shall pay  
15 for the costs of the undesignated epinephrine injectors  
16 ~~auto-injectors~~.

17 (f-5) Upon any administration of an epinephrine injector  
18 ~~auto-injector~~, a school district, public school, or nonpublic  
19 school must immediately activate the EMS system and notify the  
20 student's parent, guardian, or emergency contact, if known.

21 Upon any administration of an opioid antagonist, a school  
22 district, public school, or nonpublic school must immediately  
23 activate the EMS system and notify the student's parent,  
24 guardian, or emergency contact, if known.

25 (f-10) Within 24 hours of the administration of an  
26 undesignated epinephrine injector ~~auto-injector~~, a school



1 district, public school, or nonpublic school must notify the  
2 physician, physician assistant, or advanced practice  
3 registered nurse who provided the standing protocol or  
4 prescription for the undesignated epinephrine injector  
5 ~~auto-injector~~ of its use.

6 Within 24 hours after the administration of an opioid  
7 antagonist, a school district, public school, or nonpublic  
8 school must notify the health care professional who provided  
9 the prescription for the opioid antagonist of its use.

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

18 Prior to the administration of an opioid antagonist,  
19 trained personnel must submit to their school's administration  
20 proof of completion of a training curriculum to recognize and  
21 respond to an opioid overdose, which curriculum must meet the  
22 requirements of subsection (h-5) of this Section. Training must  
23 be completed annually. Trained personnel must also submit to  
24 the school's administration proof of cardiopulmonary  
25 resuscitation and automated external defibrillator  
26 certification. The school district, public school, or

1 nonpublic school must maintain records relating to the training  
2 curriculum and the trained personnel.

3 (h) A training curriculum to recognize and respond to  
4 anaphylaxis, including the administration of an undesignated  
5 epinephrine injector ~~auto-injector~~, may be conducted online or  
6 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  
11 ~~auto-injector~~; and

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

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

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

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

19 (C) emergency follow-up procedures;

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

22 (E) other criteria as determined in rules adopted  
23 pursuant to this Section.

24 In consultation with statewide professional organizations  
25 representing physicians licensed to practice medicine in all of  
26 its branches, registered nurses, and school nurses, the State

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

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

- 18 (1) how to recognize symptoms of an opioid overdose;
- 19 (2) information on drug overdose prevention and  
20 recognition;
- 21 (3) how to perform rescue breathing and resuscitation;
- 22 (4) how to respond to an emergency involving an opioid  
23 overdose;
- 24 (5) opioid antagonist dosage and administration;
- 25 (6) the importance of calling 911;
- 26 (7) care for the overdose victim after administration

1 of the overdose antagonist;

2 (8) a test demonstrating competency of the knowledge  
3 required to recognize an opioid overdose and administer a  
4 dose of an opioid antagonist; and

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

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

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

15 (2) any previously known diagnosis of a severe 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, or nonpublic school  
23 maintains or has an independent contractor providing  
24 transportation to students who maintains a supply of  
25 undesignated epinephrine injectors ~~auto-injectors~~, then the  
26 school district, public 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 nonpublic school, or independent contractor, in a manner as  
4 prescribed by the State Board. The report must include the  
5 number of undesignated epinephrine injectors ~~auto-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 (j) By October 1, 2015 and every year thereafter, the State  
19 Board of Education shall submit a report to the General  
20 Assembly identifying the frequency and circumstances of  
21 epinephrine administration during the preceding academic year.  
22 Beginning with the 2017 report, the report shall also contain  
23 information on which school districts, public schools, and  
24 nonpublic schools maintain or have independent contractors  
25 providing transportation to students who maintain a supply of  
26 undesignated epinephrine injectors ~~auto-injectors~~. This report

1 shall be published on the State Board's Internet website on the  
2 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 applicable,  
11 may be attached to the pupil's federal Section 504 plan or  
12 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) Every 2 years, school personnel who work with pupils  
24 shall complete an in-person or online training program on the  
25 management of asthma, the prevention of asthma symptoms, and  
26 emergency response in the school setting. In consultation with

1 statewide professional organizations with expertise in asthma  
2 management, the State Board of Education shall make available  
3 resource materials for educating school personnel about asthma  
4 and emergency response in the school setting.

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

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

15 (l) Nothing in this Section shall limit the amount of  
16 epinephrine injectors ~~auto-injectors~~ that any type of school or  
17 student may carry or maintain a supply of.

18 (Source: P.A. 99-173, eff. 7-29-15; 99-480, eff. 9-9-15;  
19 99-642, eff. 7-28-16; 99-711, eff. 1-1-17; 99-843, eff.  
20 8-19-16; 100-201, eff. 8-18-17; 100-513, eff. 1-1-18.)