AN ACT concerning education.

# Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 5. The Critical Health Problems and Comprehensive Health Education Act is amended by changing Section 3 as follows:

(105 ILCS 110/3)

Sec. 3. Comprehensive Health Education Program. The program established under this Act shall include, but not be limited to, the following major educational areas as a basis for curricula in all elementary and secondary schools in this State: human ecology and health; human growth and development; the emotional, psychological, physiological, hygienic, and social responsibilities of family life, including sexual abstinence until marriage; the prevention and control of disease, including instruction in grades 6 through 12 on the prevention, transmission, and spread of AIDS; age-appropriate sexual abuse and assault awareness and prevention education in grades pre-kindergarten through 12; public and environmental health; consumer health; safety education and disaster survival; mental health and illness; personal health habits; alcohol and drug use and abuse, including the medical and legal ramifications of alcohol, drug, and tobacco use; abuse

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during pregnancy; evidence-based and medically accurate information regarding sexual abstinence; tobacco and e-cigarettes and other vapor devices; nutrition; and dental health. The instruction on mental health and illness must evaluate the multiple dimensions of health by reviewing the relationship between physical and mental health so as to enhance student understanding, attitudes, and behaviors that promote health, well-being, and human dignity and must include how and where to find mental health resources and specialized treatment in the State. The program shall also provide course material and instruction to advise pupils of the Abandoned Newborn Infant Protection Act. The program shall include information about cancer, including, without limitation, types of cancer, signs and symptoms, risk factors, the importance of early prevention and detection, and information on where to go for help. Notwithstanding the above educational areas, the following areas may also be included as a basis for curricula in all elementary and secondary schools in this State: basic first aid (including, but not limited to, cardiopulmonary resuscitation and the Heimlich maneuver), heart disease, diabetes, stroke, the prevention of child abuse, neglect, and suicide, and teen dating violence in grades 7 through 12. Beginning with the 2014-2015 school year, training on how to properly administer cardiopulmonary resuscitation (which training must be in accordance with standards of the American Red Cross, the American Heart Association, or another

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nationally recognized certifying organization) and how to use an automated external defibrillator shall be included as a basis for curricula in all secondary schools in this State.

Beginning with the 2024-2025 school year in grades 9 through 12, the program shall include instruction, study, and discussion on the dangers of allergies. Information for the instruction, study, and discussion shall come from information provided by the Department of Public Health and the federal Centers for Disease Control and Prevention. This instruction, study, and discussion shall include, at a minimum:

(1) recognizing the signs and symptoms of an allergic reaction, including anaphylaxis;

(2) the steps to take to prevent exposure to allergens; and

(3) safe emergency epinephrine administration.

<u>No later than 30 days after the first day of each school</u> <u>year, the</u> The school board of each public elementary and secondary school in the State shall <u>provide</u> encourage all teachers, <u>administrators</u>, and other school personnel, <u>as</u> <u>determined by school officials</u>, with information regarding <u>emergency procedures and to acquire</u>, <u>develop</u>, and <u>maintain the</u> <u>knowledge</u> and <u>skills</u> <u>necessary</u> to <u>properly</u> <u>administer</u> life-saving techniques, including, without limitation, the Heimlich maneuver, <u>hands-only cardiopulmonary resuscitation</u>, <u>and use of the school district's automated external</u> <u>defibrillator</u> and rescue breathing. The <u>information</u> training

shall be in accordance with standards of the American Red Cross, the American Heart Association, or another nationally recognized certifying organization. A school board may use the services of non-governmental entities whose personnel have expertise in life-saving techniques to instruct teachers, administrators, and other school personnel in these techniques. Each school board is encouraged to have in its employ, or on its volunteer staff, at least one person who is certified, by the American Red Cross or by another qualified certifying agency, as qualified to administer first aid and cardiopulmonary resuscitation. In addition, each school board is authorized to allocate appropriate portions of its institute or inservice days to conduct training programs for teachers and other school personnel who have expressed an in becoming certified qualified to administer interest emergency first aid or cardiopulmonary resuscitation. School boards are urged to encourage their teachers and other school personnel who coach school athletic programs and other extracurricular school activities to acquire, develop, and maintain the knowledge and skills necessary to properly administer first aid and cardiopulmonary resuscitation in accordance with standards and requirements established by the American Red Cross or another qualified certifying agency. Subject to appropriation, the State Board of Education shall establish and administer a matching grant program to pay for half of the cost that a school district incurs in training

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those teachers and other school personnel who express an interest in becoming qualified to administer <u>first aid or</u> cardiopulmonary resuscitation (which training must be in accordance with standards of the American Red Cross, the American Heart Association, or another nationally recognized certifying organization) <del>or in learning how to use an</del> <del>automated external defibrillator</del>. A school district that applies for a grant must demonstrate that it has funds to pay half of the cost of the training for which matching grant money is sought. The State Board of Education shall award the grants on a first-come, first-serve basis.

No pupil shall be required to take or participate in any class or course on AIDS or family life instruction or to receive training on how to properly administer cardiopulmonary resuscitation or how to use an automated external defibrillator if his or her parent or guardian submits written objection thereto, and refusal to take or participate in the course or program or the training shall not be reason for suspension or expulsion of the pupil.

Curricula developed under programs established in accordance with this Act in the major educational area of alcohol and drug use and abuse shall include classroom instruction in grades 5 through 12. The instruction, which shall include matters relating to both the physical and legal effects and ramifications of drug and substance abuse, shall be integrated into existing curricula; and the State Board of

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Education shall develop and make available to all elementary and secondary schools in this State instructional materials and guidelines which will assist the schools in incorporating the instruction into their existing curricula. In addition, school districts may offer, as part of existing curricula during the school day or as part of an <u>after-school</u> <del>after</del> <del>school</del> program, support services and instruction for pupils or pupils whose parent, parents, or guardians are chemically dependent. Curricula developed under programs established in accordance with this Act in the major educational area of alcohol and drug use and abuse shall include the instruction, study, and discussion required under subsection (c) of Section 27-13.2 of the School Code.

(Source: P.A. 102-464, eff. 8-20-21; 102-558, eff. 8-20-21; 102-1034, eff. 1-1-23; 103-212, eff. 1-1-24; 103-365, eff. 1-1-24; revised 12-12-23.)

Section 10. The School Safety Drill Act is amended by changing Section 25 and by adding Section 60 as follows:

(105 ILCS 128/25)

Sec. 25. Annual review.

(a) Each public school district, through its school board or the board's designee, shall conduct a minimum of one annual meeting at which it will review each school building's emergency and crisis response plans, protocols, and

procedures, including procedures regarding the school district's threat assessment team, procedures regarding the school district's cardiac emergency response plan, the efficacy and effects of law enforcement drills, and each building's compliance with the school safety drill programs. The purpose of this annual review shall be to review and update the emergency and crisis response plans, protocols, and procedures and the school safety drill programs of the district and each of its school buildings. This review must be at no cost to the school district. In updating a school building's emergency and crisis response plans, consideration may be given to making the emergency and crisis response plans available to first responders, administrators, and teachers implementation and utilization through the use of for electronic applications on electronic devices, including, but not limited to, smartphones, tablets, and laptop computers.

(b) Each school board or the board's designee is required to participate in the annual review and to invite each of the following parties to the annual review and provide each party with a minimum of 30 days' notice before the date of the annual review:

(1) The principal of each school within the school district or his or her official designee.

(2) Representatives from any other education-related organization or association deemed appropriate by the school district.

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(3) Representatives from all local first responder organizations to participate, advise, and consult in the review process, including, but not limited to:

(A) the appropriate local fire department or district;

(B) the appropriate local law enforcement agency;

(C) the appropriate local emergency medical services agency if the agency is a separate, local first responder unit; and

(D) any other member of the first responder or emergency management community that has contacted the district superintendent or his or her designee during the past year to request involvement in a school's emergency planning or drill process.

(4) The school board or its designee may also choose to invite to the annual review any other persons whom it believes will aid in the review process, including, but not limited to, any members of any other education-related organization or the first responder or emergency management community.

(c) Upon the conclusion of the annual review, the school board or the board's designee shall sign a one page report, which may be in either a check-off format or a narrative format, that does the following:

(1) summarizes the review's recommended changes to the existing school safety plans and drill plans;

(2) lists the parties that participated in the annual review, and includes the annual review's attendance record;

(3) certifies that an effective review of the emergency and crisis response plans, protocols, and procedures and the school safety drill programs of the district and each of its school buildings has occurred;

(4) states that the school district will implement those plans, protocols, procedures, and programs, during the academic year; and

(5) includes the authorization of the school board or the board's designee.

(d) The school board or its designee shall send a copy of the report to each party that participates in the annual review process and to the appropriate regional superintendent of schools. If any of the participating parties have comments on the certification document, those parties shall submit their comments in writing to the appropriate regional superintendent. The regional superintendent shall maintain a record of these comments. The certification document may be in a check-off format or narrative format, at the discretion of the district superintendent.

(e) The review must occur at least once during the fiscal year, at a specific time chosen at the school district superintendent's discretion.

(f) A private school shall conduct a minimum of one annual

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meeting at which the school must review each school building's emergency and crisis response plans, protocols, and procedures, including procedures regarding the school's <u>cardiac emergency response plan</u>, and each building's compliance with the school safety drill programs of the school. The purpose of this annual review shall be to review and update the emergency and crisis response plans, protocols, and procedures and the school safety drill programs of the school. This review must be at no cost to the private school.

The private school shall invite representatives from all local first responder organizations to participate, advise, and consult in the review process, including, but not limited to, the following:

(1) the appropriate local fire department or fire protection district;

(2) the appropriate local law enforcement agency;

(3) the appropriate local emergency medical services agency if the agency is a separate, local first responder unit; and

(4) any other member of the first responder or emergency management community that has contacted the school's chief administrative officer or his or her designee during the past year to request involvement in the school's emergency planning or drill process.

(Source: P.A. 101-455, eff. 8-23-19; 102-395, eff. 8-16-21.)

(105 ILCS 128/60 new)

Sec. 60. Cardiac emergency response plan.

(a) A school district and a private school shall develop a cardiac emergency response plan in place in accordance with guidelines set forth by either the American Heart Association or other nationally recognized, evidence-based standards that addresses the appropriate response to incidents involving an individual experiencing sudden cardiac arrest or a similar life-threatening emergency while at a school or at a school-sponsored activity or event. The plan must be distributed to all teachers, administrators, school support personnel, coaches, and other school staff identified by school administrators at each school.

(b) A cardiac emergency response plan shall include, but is not limited to, the following:

(1) Procedures to follow in the event of a cardiac emergency at a school.

(2) A listing of every automated external defibrillator that is present and clearly marked or easily accessible at school athletic venues and events and at school and the maintenance schedule for the automated external defibrillator. The automated external defibrillators shall be installed in accordance with the Physical Fitness Facility Medical Emergency Preparedness Act, guidelines from the American Heart Association, or other nationally recognized guidelines focused on

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emergency cardiovascular care.

(3) Information on hands-only cardiopulmonary resuscitation and use of automated external defibrillators to teachers, administrators, coaches, assistant coaches, and other school staff identified by school administrators, in accordance with Section 3 of the Critical Health Problems and Comprehensive Health Education Act.