Implementation Guidance for Quick-Relief Stock Asthma Medication

RESPIRATORY HEALTH ASSOCIATION®

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IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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Justine Britten MPH, RDN, LDN
Chronic Conditions Specialist
Office of Student Health and Wellness | Chicago Public Schools

Reagan Nelson, MPA, AE-C
Program Director
Asthma & Allergy Foundation of America, St. Louis Chapter

Andrea A. Pappalardo, MD, FAAAAI
Assistant Professor of Medicine and Pediatrics
University of Illinois Health

Robin Adair Shannon, DNP, RN, NCSN, PHNA-BC
Clinical Assistant Professor
University of Illinois at Chicago, College of Nursing

Anna Volerman, MD
Assistant Professor of Medicine
University of Chicago Medicine

Nikki Woolverton, MPH
Program Manager
Illinois Department of Public Health

Amy Zimmerman, JD
Director Children and Families Partnerships
Legal Council for Health Justice

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I. Introduction

In 2017, approximately 22% of Illinois high school students surveyed reported having been told by a doctor that they had asthma. Because Illinois children spend an average of 176 days (over 1,000 hours) in school annually, it is imperative that schools be prepared to respond to the needs of students living with asthma. Between 2013 and 2018 there were 4,844 emergency medical services (EMS) responses to school settings for presumptive asthma emergencies across the state.

In 2016, the General Assembly passed Public Act 99-0843 to enhance the capacity of Illinois public (including charter) and non-public schools to respond to students with asthma symptoms. The Act requires all Illinois school districts to implement an asthma emergency protocol by January 1, 2017 and all Illinois school staff who work with students to asthma complete emergency response training every two years.

In August 2018, Illinois became the 11th state to pass stock asthma medication legislation when Senate Bill 3015 was signed into law. The resulting statute, Public Act 100-0726, allows all schools to stock "undesignated" asthma rescue medication and authorizes school nurses and other trained school staff to administer the medication in the event of respiratory distress or other asthma symptoms. Asthma is the leading cause of school absence due to chronic illness, and this policy aims to reduce the number of 911 calls, EMS transports, and missed school days as a result of asthma attacks by better equipping schools to handle respiratory emergencies. Public Act 100-0726 permits *a school nurse or trained personnel* to:

- Provide undesignated asthma medication to a student for self-administration in accordance with that student's individual health care action plan or asthma action plan;
- Administer undesignated asthma medication to any student who has an individual health care action plan Action Plan or asthma action plan;
- Administer undesignated asthma medication to any person who they believe in good faith is experiencing respiratory distress.

Undesignated asthma medication may be administered to a student:

- While in school,
- At a school-sponsored activity,
- While under the supervision of school personnel, or
- Prior to or following normal school activities (including before-school or after-school care) on school-operated property.

This toolkit is designed to provide participating schools or school districts with guidelines to implement Illinois' stock albuterol policy (Public Act 100-0726), focusing on medication storage, training guidelines/requirements, symptom recognition and emergency response protocols. It also includes samples of a prescription request and various documentation forms, as well as resources for quick reference.

II. Medication Administration Procedural Guidelines

A. Storage Protocols and Location

The undesignated albuterol or other asthma medication should be stored in a secure location that is inaccessible to students or undesignated personnel, but ***should not*** be locked during the school day. The medication should be stored in and made available daily at one or more designated secure locations that is a clearly marked and readily accessible location under the supervision of the school nurse. In the absence of a school nurse, it should be monitored by designated personnel who have been trained in accordance with Public Act 100-0726 (h)(10).

The undesignated asthma medication should be stored in a place that is protected from direct sunlight and freezing temperatures. In general, the medication should be kept between 36 to 77 degrees Fahrenheit.

School leadership, in consultation with the school nurse, should notify all trained personnel on the appointed location of the school's undesignated asthma medication.

Considerations in determining an accessible, secure location for stock albuterol storage may include:

- General safety and compliance standards for storage of medication,
- Size of the school building,
- Age and developmental stage of the students,
- Availability of a full-time school nurse in the school building.
- Availability of communication devices between school personnel who are inside the building or outside on school grounds and the school nurse,
- School nurse response time from the health office to the classroom, and
- Accessibility to additional school personnel for help.

B. Administration

In the absence of a licensed school nurse, only personnel who have been trained to recognize the symptoms of respiratory distress/asthma symptoms and correctly administer asthma medication may administer undesignated asthma medication with a spacer. This is to be given to a person that they believe in good faith to be experiencing respiratory distress while in school, at a school-sponsored activity, while under the supervision of school personnel, or before or after normal school activities (including before-school or after-school care) on school-operated property.

Any administration of undesignated asthma medication must be reported to the State Board of Education within *three days* thereafter. The Stock Albuterol Reporting Form can be found in the appendices.

C. Training

Public Act 100-0726 requires that personnel designated to administer asthma medication are trained annually. Prior to any administration of undesignated asthma medication, trained personnel must submit proof of completion of a training curriculum to school administration, which must maintain these records. A sample form for documentation training is included in the appendices.

Training may be conducted online or in person, and must address, at a minimum:

- Where the undesignated asthma medications are stored and how to access them;
- The method by which the school nurse or trained personnel will be notified of an incident that could require the administration of undesignated asthma medication for acute respiratory distress;
- The school's written Asthma Episode Emergency Response Protocol;
- The process for administering the undesignated asthma medication and delivery identified in the standing order;
- Assurance that the personnel agreeing to perform in the role of "trained personnel" has completed training on asthma.;
- How to recognize symptoms of respiratory distress ("caution and danger zones") and how to distinguish respiratory distress from anaphylaxis;
- How to respond to respiratory distress;
- Asthma medication dosage and administration;
- The importance of calling 911 or other local emergency medical services, and;
- A test demonstrating competency of the knowledge required to recognize respiratory distress and administer asthma medication.

If the training is presented via a webinar, another online format, or through a video, a school administrator or school nurse must be available to answer questions from training participants.

D. Returning to Class After an Emergency

One goal of the undesignated asthma medication policy is that an asthma flare-up can be addressed swiftly within the school with as little disruption to the student's day as possible. If an asthma flare up is mild and effectively managed with quick-relief medication, the school should follow their standard protocol to determine if the student should return to class.

It should be noted that in some cases trained staff may administer stock albuterol to a student who while not in an emergency situation will nonetheless benefit from medication. In these instances it is probable that the student with asthma can receive the medication and resume their normal school day activities and/or return to their classroom.

III. Immunity from Civil Liability

Pursuant to Section (c-5) of Public Act 100-0726 , when a school nurse or trained personnel administers undesignated asthma medication to a person who they in good faith believe is having respiratory distress, the school district, school, and school employees or agents, as well as the physician, physician's assistant, or nurse who provided the standing protocol or prescription for the undesignated asthma medication are immune from civil liability or professional discipline, except in cases of willful and wanton conduct, for any injury arising from this use.

IV. Emergency Stock Albuterol Treatment and Considerations

A. What is Respiratory Distress?

Respiratory distress is the presence of wheezing, coughing, shortness of breath, chest tightness or any other symptoms consistent with asthma. **Asthma** is a chronic lung disease that affects airways in the lungs. The airways be come inflamed and produce extra mucus, making breathing difficult. Asthma cannot be outgrown or cured, but it can be controlled.

B. Symptoms

The signs and symptoms of respiratory distress may vary among individuals. The progression of symptoms is also not always linear, so it is very important to monitor the child, know the different levels of warning signs, and respond promptly.

Early warning signs of respiratory distress include:

- ◊ Exposure to known trigger
- ◊ Shortness of breath
- ◊ Cough
- ◊ Wheeze
- ◊ Tight chest
- ◊ Trouble breathing with exercise

Respiratory distress is getting worse if you observe:

- ◊ Breathing is hard and fast
- ◊ Nostrils opened wide
- ◊ Trouble walking
- ◊ Trouble talking
- ◊ Retraction (sucking in at ribs and neck)
- ◊ Blue or gray lips and nail beds
- ◊ Medication is not helping within 15-20 minutes

C. Treatment

Quick-relief medication can help relieve the squeezing of the airways that happens during respiratory distress by relaxing the muscles in the bronchi. Quick-relief medication, including albuterol (also known as a bronchodilator), can be delivered in a number of ways.

The **metered dose inhaler (MDI)**—also called an asthma pump—is the most common form of quick-relief medication. It can be used with a reusable or disposable **spacer**, which is a chamber or tube that helps quick-relief medication reach airways and lungs. Albuterol can also be delivered through a **nebulizer**, which is a device that delivers the medication in the form of a mist to be inhaled through a mask or mouthpiece.

Some students may also be prescribed **long-term controller medication**, a type of asthma medication that is taken every day, whether or not they feel symptoms. This medication prevents asthma episodes by reducing inflammation and mucus. One type of controller medication is a **dry powder inhaler**, which delivers medication through a disk or another similar device. This must be inhaled rapidly. Long-term asthma controller medications do NOT help respiratory distress.

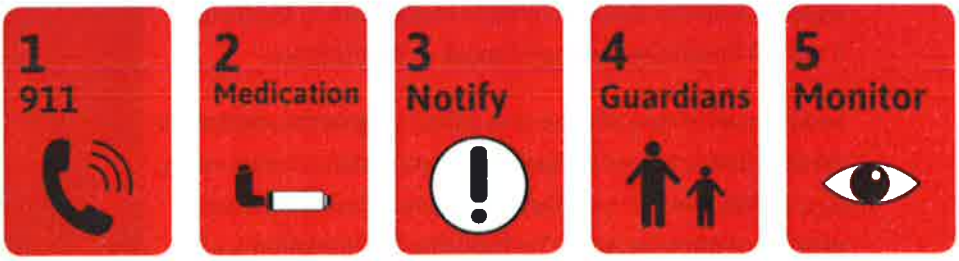
D. Standard Procedures and Protocols for Emergency Use

If a student presents with symptoms in the caution zone:

1. Assess the student for asthma episode symptoms;
2. Call the student's parent or guardian;
3. **Notify** the school nurse or appropriate administrator of student's condition;
4. **Move** the student the shortest distance possible away from their triggers.;
5. Administer quick-relief **medication**.;
6. **Monitor** the student—Do not leave them alone for 30 minutes or until improved;
7. If not improved or worsening after 30 minutes, re-administer medication.; and
8. If no improvement 30 minutes after re-administration of medication, **call 911.**

If a student presents with one or more symptoms in the danger zone

1. **Call 911 immediately** and administer quick-relief **medication**.;
2. Call the student's parent or guardian;
3. **Notify** the school nurse or appropriate administrator; and
4. **Monitor** the student—never leave him/her alone while waiting for 911 response.



V. Getting Started

A. Standing Protocol

Each school district shall implement a standing protocol for the administration of undesignated asthma medication and provide it to the school nurse and trained personnel, as well as have a copy of the protocol kept near the medication.

The protocol shall identify the hours of the day, the days of the week, and the school-sponsored activities during which the undesignated asthma medication will be available. A school is not required to have a school nurse or trained personnel available at all times to administer the asthma medication.

The protocol shall include a written order for the undesignated asthma medication. The written order is valid for the school year in which it was provided and must be renewed each school year.

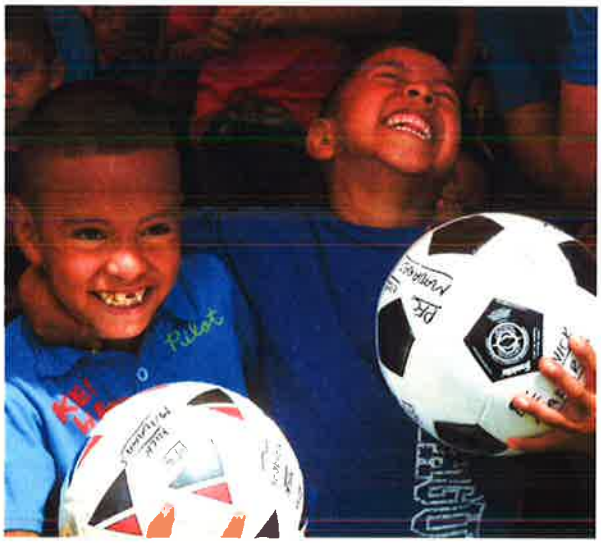
B. Parental Notification

To administer undesignated asthma medication, schools must notify the parents or guardians of each student that a standing protocol has been established and a student may be administered asthma medication under the conditions described above.

Parental notification should be issued at the start of each school year, or at the time of enrollment for students enrolling for the first time. The parent must sign and return the notification or may request in writing that his or her student not be administered the medication.

C. Obtaining Undesignated Albuterol

Based on reporting from other states that have implemented similar policies, the annual per school cost of maintaining undesignated albuterol and asthma spaces if less than $150. Currently, no state funding has been made available for the purchase of undesignated albuterol, and each district is responsible for obtaining the medication. Respiratory Health Association is leading efforts to secure funding in the state budget to cover all Illinois schools. If funding is not available in local school budgets, it is recommended that districts seek out partnerships with local pharmacies or pharmaceutical companies to obtain donated or discounted medications.



Appendices

- Emergency Response Protocol (Chart)
- Stock Albuterol Reporting Form
- Sample Standing Order for the Administration of School Supplied (Undesignated) Asthma Medication
- Sample Prescription for Quick-Relief Medication
- Sample Documentation of Training Form
- ISBE Legislative Implementation Rules (Excerpt)
- Frequently Asked Questions
- Resources

Caution

If a student presents with symptoms in the Yellow "Caution" zone:

1 Assess

Assess the student for asthma episode symptoms.

2 Notify

If applicable, notify the school nurse or appropriate administrator of student's conditions.

3 Move

Move the student away from their triggers.

4 Medication

Administer quick-relief medication.

5 Monitor

Monitor the student —never leave them alone.

Danger

If a student presents with one ore more symptoms in the Red "Danger" zone:

1 911

Call 911 immediately.

2 Medication

If it hasn't already been done, administer quick-relief medication.

3 Notify

If applicable, notify the school nurse or appropriate administrator of student's conditions.

4 Guardians

Call the student's parent or guardian.

5 Monitor

Monitor the student —never leave them alone.

STOCK ALBUTEROL REPORTING FORM

This form must be completed within three (3) calendar days after the administration of any stock albuterol. All completed forms must be e-mailed to asthma@isbe.net.

School District:	Name of School:
Address (Street, City, State, Zip Code):	Name of Person Completing Form:
Telephone of Person Completing Form:	E-Mail of Person Completing Form:
Date of Incident:	Time of Incident: _____ a.m. _____p.m.
Location of Incident (e.g., gymnasium, classroom):	

1. Age of individual receiving quick relief asthma medication:_____

2. Description of person receiving the medication:

   ☐ Student
   ☐ Staff member
   ☐ Visitor
   ☐ Other (please specify) _____

3. Did this individual have a previously known diagnosis of asthma?

   ☐ No
   ☐ Yes. If yes:
   Did the student have an Asthma Action Plan? ☐ Yes ☐ No
   Did the student have an IEP or 504 plan that includes asthma accommodations ☐ Yes ☐ No

4. Symptoms of respiratory distress that were noted: (***Check all that apply)***

   ☐ Presence of wheezing (actual or perceived)
   ☐ Coughing
   ☐ Shortness of breath (actual or perceived)
   ☐ Chest tightness (actual or perceived)
   ☐ Breathing difficulty

5. What trigger precipitated this episode?

   ☐ Allergens (e.g., pollen, dust, animal dander)

   ☐ Irritants (e.g., smoke exposure, air pollution, hot/cold weather)

   ☐ Exercise-induced

   ☐ Unknown

   ☐ Other (please describe)_____

6. Location where symptoms developed ***(Check on only)***

   ☐ Within school building

   ☐ On school grounds

   ☐ Other (e.g., school activity location, field trip location, etc.) _____

7. Equipment used (please check all that apply):

   ☐ Metered dose inhaler

      ☐ Spacer and/or spacer mask

   ☐ Nebulizer/tubing

      ☐ Peak flow meter

8. Name of drug administered

   ☐ Albuterol via multi dose inhaler (MDI)

   ☐ Albuterol via nebulizer

   ☐ Other (please specify drug and route) _____

9. Type of person who administered the albuterol:

   ☐ Registered Nurse

   ☐Other nurse

   ☐ Trained personnel (as described in P.A. 100-0726)

   ☐ Other (Please specify) _____

10. Outcome:

   ☐ Returned to class

   ☐ Sent home with caregiver

   ☐ Called 911 and NO EMS transport

   ☐ Called 911 and transported via EMS

11. Additional notes:

Standing Order for the Administration of School Supplied (Undesignated) Asthma Medication Pursuant to Public Act 100-0726

ISSUED TO:

_____

NAME OF SCHOOL DISTRICT (PUBLIC) OR NAME OF SCHOOL (NONPUBLIC)

_____

STREET ADDRESS

_____

CITY, ZIP CODE

STANDING ORDER:
Any Registered Nurse working within the Illinois school system (school nurse) or designated personnel who have been trained pursuant to Public Act 100-0726 may administer asthma medication via an undesignated stock medication to a student or any person who in the school nurse's professional judgment is experiencing respiratory distress. The school nurse must be licensed to practice under the Nurse Practice Act, 225 ILCS 65/50-1 *et seq*.

ASSESSMENT:
The possibility of respiratory distress will be considered when individuals present with any of the following symptoms, or any combination thereof: The first sign of a cold, exposure to a known trigger, shortness of breath, coughing, an itchy chin or throat, watery eyes, a stomach ache, wheeze, a tight chest, coughing at night, breathing is hard and fast, nose opening wide, retractions (sucking in skin at ribs and neck), blue or gray lips and/or nail beds and trouble breathing while walking and talking.

IMPLEMENTATION AND PHYSICIAN ORDER:
The school nurse or designated personnel will assess the student, staff or visitor's symptoms and history. If, in the reasonable opinion of the school nurse or designated personnel, respiratory distress is likely, the school nurse or designated personnel will obtain the undesignated asthma medication.

The school nurse or designated personnel will administer the undesignated asthma medication. The time of administration and number of doses administered will be noted.

In the event that a student, staff or visitor presents with symptoms indicating they are in the Red "Danger" zone or quick-relief medication is not helping within 15-20 minutes of first administration, activate emergency medical services using available 911 or other municipal service. The student, staff or visitor's emergency contacts will be called.

The student, staff or visitor will be moved away from their triggers. The school nurse or designated personnel will monitor the student, staff or visitor for changes in their symptoms.

The responsibility for care is transferred from the school nurse to EMS upon arrival. The designated school personnel will accompany the student in the ambulance as permitted by the local Emergency Medical Services System protocol or follow the ambulance to the emergency department and remain until a parent, guardian, or emergency contact arrives. It is not recommended (unless it is absolutely necessary) that the school nurse accompany the student, thus leaving the students on campus without nursing care.

QUALITY ASSURANCE:
The school nurse or designated personnel will complete a written report detailing the age, gender and race the student, staff or visitor; date, time and location of the incident; any previously known diagnosis of asthma or an existing asthma action plan on file; reason for use of the medication; number of doses administered and all equipment used; type of person administering the medication; outcome of the intervention; and any other observations, to be completed and filed with the Illinois State Board of Education **within three calendar days** after the administration of any undesignated asthma medication. Parents should be notified as soon as possible and **within 24 hours** after administration, the physician, physician assistant or advanced practice nurse who provided the standing protocol or prescription for the undesignated asthma medication should be notified.

EXPIRATION AND DISPOSAL OF UNUSED ASTHMA MEDICATION:
The school nurse or designated personnel shall check the expiration date located on the undesignated asthma medication monthly and obtain a new prescription for replacement medication prior to that expiration date.

The school nurse or designated personnel shall dispose of expired asthma medication in a manner consistent with current school medication policies. An inventory log shall be kept by the school nurse or designated personnel indicating the date of receipt of undesignated asthma medication and the date of administration or disposal of the medication.

EFFECTIVE DATE: _____

RENEWAL DATE *(One year from effective date)*: _____

PHYSICIAN SIGNATURE: _____

PHYSICIAN NAME *(Printed)*: _____

PHYSICIAN CONTACT NUMBER: _____

PHYSICIAN LICENSE NUMBER: _____

Prescription for Undesignated Asthma Medication for School Use Pursuant to Public Act 100-0726

PHYSICIAN:

_____
NAME

_____
STREET ADDRESS

_____
CITY, ZIP CODE

_____
PHONE NUMBER

_____
DEA NUMBER

ISSUED TO:

_____
NAME OF SCHOOL DISTRICT (PUBLIC) OR NAME OF SCHOOL (NONPUBLIC)

_____
STREET ADDRESS

_____
CITY, ZIP CODE

_____
QUANTITY

MEDICATION:

_____
MEDICATION NAME/ROUTE

SIG/DIRECTIONS

_____ _____
QUANTITY REFILLS

INSTRUCTIONS:
To be administered, as needed, to a student, staff or visitor exhibiting symptoms of respiratory distress in accordance with the "Standing Order for the Administration of School Supplied (Undesignated) Asthma Medication Pursuant to Public Act 100-0726."

Must be administered by a school nurse or designated personnel trained pursuant to Public Act 100-0726.

_____ _____
DATE ISSUED PHYSICIAN SIGNATURE

Undesignated Asthma Medication
Documentation of Training for School Staff | 2019-2020 School Year

The following individuals have been trained to recognize the symptoms of respiratory distress and correctly administer asthma medication in accordance with Public Act 100-0726. **Training must be renewed annually, whether online or in person, and certified in writing by a school nurse or physician.**

Trained Staff			
Last Name:		First Name:	
Title:			
Phone Number:			
E-Mail Address:			
Certification by:			

Trained Staff			
Last Name:		First Name:	
Title:			
Phone Number:			
E-Mail Address:			
Certification by:			

All trained staff must submit this completion of a training curriculum to school administration, which will maintain these records.

Illinois State Register, January 24, 2020
Volume 44, Issue 4

Excerpt of
Section 1.540 Undesignated Emergency Medications in Schools: Epinephrine Auto- injectors; Opioid Antagonists; Asthma Medication

Full rules can be found at link

https://www.cyberdriveillinois.com/departments/index/register/volume44/register_volume44_issue_4.pdf

SUBPART E: SUPPORT SERVICES

Section 1.540 Undesignated Emergency Medications in Schools: Epinephrine ~~Auto-injectors~~; Opioid Antagonists; Asthma Medication

This Section establishes requirements in addition to those set forth at Section 22-30 of the School Code [105 ILCS 5/~~22-30~~] for a school nurse or other trained school personnel *to administer an undesignated epinephrine auto-injector, an ~~or any~~* opioid antagonist, or asthma medication *to any person whom the school nurse or trained personnel in good faith believes to be having an anaphylactic reaction, ~~or any~~* opioid overdose, or acute asthma episode, respectively, *while in school, while at a school-sponsored activity, while under the supervision of school personnel, or before or after normal school activities, such as while in before-school or after-school care on school-operated property.*

a) Definitions
For the purposes of this Section:

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

2) "Code" means the School Code [105 ILCS 5].

~~3~~1) "School" means~~shall be understood to mean~~ a school district, public school or nonpublic school, as may be applicable.

~~4~~2) "School nurse" has the meaning ascribed~~shall have the meaning prescribed~~ in Section 22-30(a) of the ~~School~~ Code.

b) Parental Notification
In addition to the provisions of Section 22-30(c) and (c-5) of the ~~School~~ Code, a school that has a standing protocol, as defined in Section 22-30 of the ~~School~~ Code, to administer undesignated epinephrine, an ~~auto-injectors and/or~~ opioid antagonist, or asthma medication ~~antagonists~~ shall notify the parents or guardians of each student that the school has instituted the standing protocol and that a student may be administered any one or more of those drugs~~epinephrine and/or any opioid antagonist~~ under the circumstances described in Section 22-30(e-5), ~~or~~ (e-10), or (e-15) of the ~~School~~ Code.

1) The school shall provide the notification of the standing protocol to the parents or guardian at the start of each school year or, for students enrolling for the first time, at the time of enrollment. The parent guardian shall acknowledge the notification by signing it and returning it to the school.

2) A school also shall accept a written request from a parent or guardian

stating that his or her student shall not be administered any or all of these drugsepinephrine and/or any opioid antagonist under any circumstances. The school shall provide the name of any student whose parent or guardian submits notification under this subsection (b)(2) to the school nurse and to any trained personnel, as defined under Section 22-30(a) of the School Code.

c) Standing Protocol

1) A standing protocol for administering undesignated epinephrine, an auto-injectors or any opioid antagonist, and/or asthma medication, as applicable, shall be provided to the school nurse and trained personnel, as well as kept with or near the undesignated epinephrine, auto-injectors or any opioid antagonist, or asthma medication, as applicable.

2) The standing protocol shall state the hours of the day, days of the week and the school-sponsored activities during which the undesignated epinephrine, auto-injectors or any opioid antagonist, or asthma medication, as applicable, will be available. A school is not required to have a school nurse or trained personnel available at all times nor at all school-sponsored activities to administer theundesignated epinephrine, auto-injectors or any opioid antagonist, or asthma medication, as applicable.

3) The standing protocol shall provide that the undesignated epinephrine, auto-injectors or any opioid antagonist, or asthma medication, as applicable, be stored in and available daily at one or more designated, secure locations. For the purposes of this Section, "secure location" means an unlocked location that is inaccessible to students and/or is visually monitored by an adult during the normal school day under routine circumstances.

4) The standing protocol shall include a written order for the undesignated epinephrine, auto-injectors or any opioid antagonist, or asthma medication that meets the requirements of Section 22-30(f)(b) of the School Code The written order required under this subsection (c)(4) is valid for the school year in which it was provided and must be renewed each school year. (See Section 22-30(f)(d) of the School Code.)

d) Notification of Administration of an Undesignated Epinephrine, Auto-Injector or Opioid Antagonist, or Asthma Medication
Any school whose school nurse or trained personnel administered an undesignated epinephrine, auto-injector or any opioid antagonist, or asthma medication, as applicable, shall meet the notification requirements of Section 22-30(f-5) and (f-10) of the School Code.

e) Personnel Training
Only trained personnel or a school nurse shall administer an undesignated

epinephrine, ~~auto-injector or any~~ opioid antagonist, or asthma medication, as applicable.

1) Certification courses required under Section 22-30(g) of the ~~School~~ Code in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED) shall be conducted by a trainer who is certified in CPR/AED by the American Heart Association, American Red Cross or similar certifying body. Trained personnel shall renew any certification issued in accordance with the requirements of the certifying body and present the certification to his or her school.

2) A school administrator or a school nurse shall be available to answer questions from training participants if the training for administering undesignated epinephrine,~~anaphylaxis or~~ opioid antagonist, or asthma medication ~~training~~ is presented via a webinar or online format or through a video supplied by an epinephrine, ~~or~~ opioid antagonist, or asthma medication manufacturer. Training provided in one of the formats listed in this subsection (e)(2) shall not be considered complete unless an opportunity for questions is provided.In addition to the curricular content listed in Section 22-30(h) of the ~~School~~ Code, anaphylaxis training also shall include information about:

   A) where the undesignated epinephrine medications~~auto-injectors~~ are stored and how to access them;

   B) the method by which the school nurse or trained personnel will be notified of an incident that could require the administration of ~~an~~ undesignated epinephrine ~~auto-injector~~;

   C) the school's written plan to prevent exposure to allergens; ~~and~~

   D) the process for administering the specific undesignated epinephrine device~~auto-injector devices~~ identified in the standing order; and

   E) the restrictions, if any, on the school personnel who may administer epinephrine. Use of pre-filled or user-filled syringes containing epinephrine are limited to a nurse holding an RN or LPN license or the person experiencing the reaction.

3) In addition to the curricular content listed in Section 22-30(h-5) of the ~~School~~ Code, opioid antagonist training also shall meet the requirements of Section 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301/~~5-23~~] and training requirements set forth at 77 Ill. Adm. Code 2060 (Alcoholism and Substance Abuse Treatment and Intervention Licenses) and include information about:

   A) where the opioid antagonist is stored and how to access the drug;

   B) the method by which the school nurse or trained personnel will be notified of an incident that could require the administration of any

opioid antagonist; and

C) the process for administering the specific opioid antagonist identified in the standing order.

4) In addition to the curricular content listed in Section 22-30(h-10) of the Code, asthma medication training also shall include the following information:

A) where the undesignated medications to treat respiratory distress are stored and how to access them;

B) the method by which the school nurse or trained personnel will be notified of an incident that could require the administration of medication for acute respiratory distress;

C) the school's written Asthma Episode Emergency Response Protocol;

D) assurance that the personnel agreeing to perform in the role of "trained personnel" has completed training on asthma; and

E) the process for administering the specific undesignated asthma medication and delivery device identified in the standing order.

5) A school nurse or physician with knowledge of allergies and anaphylaxis and CPR and AED certification who possesses skill in administering or demonstrating the use of ~~an~~ epinephrine injector devices~~auto-injector~~ shall certify by written signature that the personnel being trained passed the test required under Section 22-30(h)(7) of the ~~School~~ Code.

76) An individual familiar with the use of an opioid antagonist who has CPR and AED certification (e.g., healthcare provider, police officer, paramedic) shall certify by written signature that the personnel being trained passed the test required under Section 22-30(h-5)(8) of the ~~School~~ Code.

8) A school administrator, school nurse or physician, with knowledge of asthma and symptoms of respiratory distress, who holds CPR and AED certifications, and who possesses skill in administering or demonstrating the use of asthma medications for acute respiratory distress and delivery device, shall certify by written signature that the personnel being trained passed the test required by Section 22-30(h)(10) of the Code.

97) Each statement of certification issued under subsection (e)(65) or (e)(76) ~~of this Section~~ shall be maintained by the school in accordance with Section 22-30(g) of the ~~School~~ Code.

108) The names of trained personnel shall be provided to the school nurse and school administrator, indicating whether the person received training specific to anaphylaxis, opioid antagonist, and/or asthma ~~antagonist antagonists~~ medication~~or both~~.

f) Reporting
Each school shall submit a report regarding the administration of ~~an~~ undesignated epinephrine, ~~auto-injector or~~ opioid antagonist, or undesignated asthma medication electronically in a format prescribed by the State Superintendent of Education within the timeline specified in Section 22-30(i), ~~or~~ (i-5), or (i-10), respectively, of the ~~School~~ Code.

g) Allergen Reduction Plan
Each school shall develop a written plan to reduce the risk of accidental exposure to allergens that addresses, at a minimum, lunchroom safeguards, classroom food policies, and identification of areas of the playground that are known concerns, such as those with insect colonies. A separate plan is not required if the school has addressed reducing the risk of accidental exposure to allergens in the plan adopted pursuant to Section 2-3.149(b) of the ~~School~~ Code ~~[105 ILCS 5/2-3.149(b)]~~.

h) In accordance with Section 22-30(h) of the ~~School~~ Code, the State Superintendent of Education shall post on the agency's website, by January 1, 2019,~~2016~~ a list of resource materials about how *to recognize and respond to anaphylaxis*, opioid overdose, or respiratory distress.

(Source: Amended at 44 Ill. Reg. 1929, effective January 13, 2020)

Frequently Asked Questions

1. *Who is allowed to administer undesignated asthma medication?*

   Licensed school nurses are allowed to administer undesignated asthma medication. In the absence of a licensed school nurse, personnel who have been trained to recognize the symptoms of respiratory distress and correctly administer asthma medication may also administer undesignated asthma medication.

2. *What training will be given?*

   Training can be conducted in-person or online. The training must cover how to recognize symptoms of respiratory distress, how to distinguish respiratory distress from anaphylaxis, how to respond to an emergency involving respiratory distress, correct asthma medication dosage and administration, and the importance of calling 911. Training should also include information on storage, reporting , and liability.

3. *How many people must be trained per school?*

   While this will be determined at the district level, depending on the school census and staffing available, it is recommended that enough staff be trained so there are at least two persons present on a given day who are able to respond to a student in respiratory distress.

4. *How often must designated personnel be trained?*

   Training must be received and certified annually.

5. *Will the stock emergency medication be available for before/after school events and school-sponsored events?*

   Undesignated asthma medication can be administered while in school, at a school-sponsored activity or before or after normal school activities (including before-school or after-school care) on school-property. However, a school is not required to have a school nurse or trained personnel available at all time, nor at all school-sponsored activities.

6. *What type of quick-relief medication will be stocked?*

   The public act does not specify a specific formulation of asthma medication that must be stocked. This is determined by the standing medical order from the prescribing licensed health care provider with input from the school nurse, if applicable.

7. *How is the undesignated asthma medication funded?*

   There is currently no designated source of funding to support the undesignated asthma medication, although there are some efforts underway to identify resources. Research of other states where similar laws have been implemented suggest that the annual per school cost of albuterol and an asthma spacer ranges from $80 to $114.

Frequently Asked Questions

8. *Will the standing order allow the administration of the undesignated asthma medication to school staff and visitors*

   Undesignated asthma medication may be administered to any person who is experiencing respiratory distress based on a good faith assessment by the school nurse or other trained personnel.

9. *What happens when the undesignated asthma medication expires?*

   The school nurse is responsible for the supervision of the undesignated asthma medication, including ensuring that medication that is past its expiration date is not administered and is disposed of properly. In the absence of a school nurse, this responsibility is assumed by designated trained personnel.

Resources

The following resources may be helpful for learning more about asthma and asthma management.

Asthma Management for School Staff: https://resphealth.org/what-we-offer/our-programs-initiatives/asthma-management/asthma-management-for-school-staff-webinar/ developed by Respiratory Health Association in collaboration with the Illinois Department of Public Health and Illinois State Board of Education

If your school is interested in a school-based asthma management program for students or an interactive training that engages your entire school staff, contact Mary Rosenwinkel, Program Coordinator, via email at mrosenwinkel@resphealth.org or by phone at 312-628-0227.