

Students

Administrative Procedure – Checklist for District/Cooperative Supply of Undesignated Asthma Medication, Epinephrine Injectors, Opioid Antagonists, and/or Glucagon

- ☐ Undesignated Glucagon (UG)
- ☐ Undesignated Asthma Medication (UAM)
- ☐ Undesignated Epinephrine Injector(s) (UEIs)
- ☐ Undesignated Opioid Antagonist(s) (UOAs)

- ☐ The Executive Director, school nurse, and/or other necessary school officials should consult the Board Attorney to develop a plan to implement 105 ILCS 5/22-30, amended by P.A. 102-413, and 105 ILCS 145/27, added by P.A. 101-428.p
- ☐ Obtain a prescription to maintain a supply of one or all of the following: undesignated asthma medication (UAM), epinephrine injector(s) (UEIs), opioid antagonist(s) (UOAs), and/or undesignated glucagon (UG) in the Cooperative's name pursuant to 105 ILCS 5/22-30(f) and 105 ILCS 145/27, added by P.A. 101-428.
- ☐ Designate a secure location(s) to store undesignated medication. For UAM, UEIs, and/or UOAs, this is where persons needing these medications are most at risk. 105 ILCS 5/22-30(f). For UEIs, this includes, but is not limited to locations accessible before, during, and after school, such as classrooms and lunchrooms. *Id.* For additional storage procedures for UEIs, see 7:285-AP, *Anaphylaxis Prevention, Response, and Management Program*. For UAM, this includes but is not limited to, a classroom or the nurse's office. *Id.* For UG, this is where it is immediately accessible to a school nurse or delegated care aide. 105 ILCS 145/27, added by P.A. 101-428.
- ☐ Develop a method for maintaining an inventory of the UAM, UEIs, UOAs, and UG. The inventory should list the expiration dates of the UAM, UEIs UOAs, and UG.
- ☐ Identify procedures for a log or other recordkeeping of provisions, or administrations of UAM, UEIs, UOAs, and UG.
- ☐ Maintain a list in each building administrator and/or his or her corresponding school nurse's office that includes the names of trained personnel who have received a statement of training pursuant to State law.
- ☐ Develop procedures to implement the prescribing physician's standing protocol for the provision, or administration of the UAM, UEIs, UOAs, and/or UG, including calling 911 and noting any instructions given by Emergency Management Services (EMS). 105 ILCS 5/22-30, amended by P.A. 102-413, and 23 Ill.Admin.Code §1.540(d). Follow 7:285-AP, *Anaphylaxis Prevention, Response, and Management Program*, for UEI administration procedures. Upon any administration of *any* epinephrine injector or opioid antagonist, procedures must include:
 1. Immediate activation of the EMS system, 105 ILCS 5/22-30(f-5).
 2. Notification of the student's parent, guardian, or emergency contact, if known. *Id.*

The following reports and/or notifications by the school nurse (unless otherwise specified) when a(n):

UEI was administered:	UOA was administered:	UAM was administered:	UG was administered:
<p>a. Physician, physician assistant, or advance practice registered nurse who provided the standing protocol or prescription for the UEI within 24 hours. 105 ILCS 5/22-30(f-10).</p> <p>b. Ill. State Board of Education (ISBE) within three (3) days. 105 ILCS 5/22-30(i). Notification will be on an ISBE-prescribed form (www.isbe.net/Documents/34-20-undesignated-epinephrine-rptg.pdf), and will include:</p> <ul style="list-style-type: none"> i. Age and type of person receiving epinephrine (student, staff, visitor); ii. Any previously known diagnosis of a severe allergy; iii. Trigger that precipitated allergic episode; iv. Location where symptoms developed; v. Number of doses administered; vi. Type of person administering epinephrine (school nurse, trained personnel, student); and vii. Any other information 	<p>a. The health care professional (20 ILCS 301/5-23(d)(4) who provided the prescription for the opioid antagonist within 24 hours. 105 ILCS 5/22-30(f-10).</p> <p>b. ISBE within three (3) days. 105 ILCS 5/22-30(i-5). Notification will be on an ISBE-prescribed form (www.isbe.net/Documents/34-20A-opioid-rptg.pdf), and will include:</p> <ul style="list-style-type: none"> i. Age and type of person receiving the opioid antagonist (student, staff, or visitor); ii. Location where symptoms developed; iii. Type of person administering the opioid antagonist (school nurse or trained personnel); and iv. Any other information required by ISBE on the form. 	<p>a. Physician, physician assistant, or advanced practice registered nurse who provided the standing protocol and a prescription for the UAM within 24 hours. 105 ILCS 5/22-30(f-10).</p> <p>b. ISBE within three (3) days. 105 ILCS 5/22-30(i-10). Notification will be on an ISBE-prescribed form (www.isbe.net/Documents/34-22-Undesignated-Asthma-Medication.pdf), and will include:</p> <ul style="list-style-type: none"> i. Age and type of person receiving asthma medication (student, staff, visitor); ii. Any previously known diagnosis of asthma; iii. Trigger that precipitated respiratory distress, if identifiable; iv. Location where symptoms developed; 	<p>Immediately after administering UG to a student, notify the school nurse (if school nurse did not administer the UG to the student). The delegated care aide or school nurse then notifies the student's parent or guardian or emergency contact (if known) and health care provider of its use. 105 ILCS 145/27, added by P.A. 101-428.</p>

UEI was administered:	UOA was administered:	UAM was administered:	UG was administered:
required by ISBE on the form.		v. Number of doses administered; vi. Type of person administering the asthma medication (school nurse, trained personnel or student); vii. Outcome of the asthma medication administration; and viii. Any other information required by ISBE on the form.	

- ☐ Determine how the Cooperative will identify the student populations whose parent(s)/guardian(s):
1. Have not completed and signed a *Medication Authorization Form*, or
 2. Have not provided asthma medication, an epinephrine injector, opioid antagonist, and/or glucagon, as applicable to the student, for a student for use at school, even though they have completed the *Medication Authorization Form*.
- ☐ Determine when the school nurse will provide or administer the UAM, UEIs, UOAs, and/or UG, as applicable, to students.

The school nurse or trained personnel may:

1. Provide an UAM or UEI, as applicable to the situation, that meets the prescription on file in the *Medication Authorization Form* to:
 - a. Any student for his or her self-administration only. 105 ILCS 5/22-30(a); 105 ILCS 5/22-30 (b-10)(i) and (v); 105 ILCS 5/10-22-21b, amended by P.A. 101-205.
 - b. Any personnel authorized under a student's specific Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, Section 504 Plan, or individualized education program (IEP). 105 ILCS 5/22-30(b-5) and (b-10).
2. Administer a UEI to any student that the school nurse or *trained personnel* in good faith believes is having an anaphylactic reaction even though the parent/guardian has not completed and signed a *Medication Authorization Form* or otherwise granted permission to administer the epinephrine injector. 105 ILCS 5/22-30(b-10)(iii). Follow the procedures for administration of UEIs in 7:285-AP, *Anaphylaxis Prevention, Response, and Management Program*. **Note:** Trained personnel are

different than *any personnel authorized* in 1.b., above. 105 ILCS 5/22-30(a). *Trained personnel* means any school employees or volunteer personnel who are (a) authorized in Sections 10-22.34, 10-22.34a, and 10-22.34b of the School Code, (b) annually trained online or in person to recognize and respond to anaphylaxis through a training curriculum developed by the ISBE, and (c) submitting proof to their school's administration that they have completed: (i) the annual training, and (ii) a cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) certification. 105 ILCS 5/22-30(a) and (g); 23 Ill.Admin.Code §1.540(e). For training resources, see the *Allergies & Undesignated Epinephrine* drop down menu at: www.isbe.net/Pages/School-Nursing.aspx.

3. Administer a UOA to any student that the school nurse or *trained personnel* in good faith believes is having an opioid overdose even though the parent/guardian has not completed and signed a *Medication Authorization Form* or otherwise granted permission to administer the opioid antagonist. 105 ILCS 5/22-30(b-10)(iv). **Note:** *Trained personnel* are different than *any personnel authorized*. See number 2, directly above. 105 ILCS 5/22-30(a). *Trained personnel* means any school employees or volunteer personnel who are (a) authorized in 105 ILCS 10-22.34, 10-22.34a, and 10-22.34b, (b) annually trained online or in person to recognize and respond to opioid overdoses through a training curriculum that complies with the Alcoholism and Other Drug Abuse and Dependency Act, 20 ILCS 301/5-23, and (c) who have submitted proof to their school's administration that they have completed: (i) the annual training, and (ii) a cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) certification. 105 ILCS 5/22-30(g); 23 Ill.Admin.Code §1.540(e). The law does not provide a deadline for a training curriculum, but it did require ISBE and the Ill. Dept. of Human Services to develop a three-year heroin and opioid prevention pilot program by 1-1-17. 105 ILCS 5/22-81.
 4. Administer UAM to any student that the school nurse or *trained personnel* in good faith believes is having respiratory distress even though the parent/guardian has not completed and signed an *Medication Authorization Form* or otherwise granted permission to administer the asthma medication. 105 ILCS 5/22-30(b-10)(vii). See numbers 2 and 3, directly above for discussions between *any personnel authorized* and *trained personnel*. For training resources, see www.isbe.net/Pages/School-Nursing.aspx.
 5. Administer UG, as applicable to the situation, for a student with a completed *Medication Authorization Form* granting permission for UG use that matches the prescription listed on the form and is also consistent with the student's diabetes care plan, if the student's prescribed glucagon is not available on-site or has expired. For training resources, see www.isbe.net/Pages/School-Nursing.aspx.
- ☐ Assess how to manage requests from parents/guardians who wish to *opt-out* of the UAM, UEIs, UOAs, or UG being available to their child.
- The School Code does not provide a mechanism for a student or his or her parent/guardian to *opt-out* of the administration of the Cooperative's supply of UAM, UEIs, or UOAs when a nurse and/or *trained personnel* in good faith professionally believe a student is experiencing respiratory distress, having an anaphylactic reaction, or having an opioid overdose, respectively. While there may be religious, health, or other reasons that a student's parent/guardian may wish to *opt-out* of the administration of a UEI to their child, the law does not provide a way for parents/guardians to do so. Management of this issue should be discussed with the Board Attorney. For additional guidance on this issue, see Board policy 7:275, *Orders to Forego Life-Sustaining Treatment*.
- ☐ Determine how to notify all parents/guardians about how UAM, UEIs, and/or UOAs may be provided or administered to students.

If the Cooperative maintains a supply of UAM, UEIs, and/or UOAs, it must notify parents/guardians of the protections from liability granted to it and the prescribing physician by 105 ILCS 5/22-30(c) and (c-5). There are two groups of parents/guardians that the Cooperative must notify: (1) parents/guardians of students who have previously signed a *Medication Authorization Form*, and (2) parents/guardians of all students.

For parents/guardians who have previously signed the *Medication Authorization Form*, 105 ILCS 5/22-30(c), requires the Cooperative to provide additional notice that the physician(s)/individual(s) with prescriptive authority providing the standing protocol and prescription for the Cooperative's supply of UAM, UEIs and UOAs are protected from liability, except for willful or wanton conduct arising from the use of a UAM, UEI, or UOA regardless of whether authorization was given by the student, parent/guardian, or student's physician.

For parents/guardians of all students, 105 ILCS 5/22-30(c) requires parents/guardians to be informed that: (1) the Cooperative maintains a supply of UAM, UEIs, and/or UOAs, and (2) the Cooperative and the prescribing physician(s)/physician assistant(s)/advanced practice registered nurse(s) are protected from liability when the school nurse and/or trained personnel administer UAM, UEI, and/or UOA to any student when these individuals in good faith professionally believe that the student is experiencing respiratory distress, having an anaphylactic reaction, or having an opioid overdose, respectively. There are several methods to inform parent/guardians of this information, e.g., receipt of handbook signature, or see exhibit 7:270-E, *Medication Authorization Form*. Discuss with the Board Attorney the method that works best for the Cooperative.

Implemented: 4/2013

Updated: 4/2015

Updated: 8/2018

Updated: 6/2019

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