

Students

Administrative Procedure - Checklist for District Supply of Undesignated Medication(s)

The District maintains and administers the undesignated medication(s) and treatment identified below in accordance with State and federal law (*check all that apply*):

- Undesignated Glucagon (UG)
- Undesignated Asthma Medication (UAM)
- Undesignated Epinephrine Injector(s) (UEIs)
- Undesignated Opioid Antagonist(s) (UOAs) (required by 105 ILCS 5/22-30(f), amended by P.A. 103-348, unless there is a shortage, in which case the District must make a reasonable effort to maintain a supply)
- Undesignated Oxygen Tank(s) (UOT)
- The Superintendent, school nurse, and/or other necessary school officials should consult the Board Attorney to develop a plan to implement 105 ILCS 5/22-30 and 105 ILCS 145/27.
- 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) (unless the District is able to secure a supply without a prescription), undesignated glucagon (UG), and/or undesignated oxygen tank(s) (UOTs) in the District's name pursuant to 105 ILCS 5/22-30(f), amended by P.A. 103-196, and 105 ILCS 145/27.
- 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 and for UOTs, where a person with developmental disabilities is most at risk. 105 ILCS 5/22-30(f), amended by P.A. 103-196. For UEIs and UOTs, 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. For UOTs, the supply must be maintained in accordance with the manufacturer's instructions and any local fire department rules.
- Develop a method for maintaining an inventory of UAM, UEIs, UOAs, UG, and UOTs. The inventory should list the expiration dates of the UAM, UEIs, UOAs, UG, and UOTs.
- Identify procedures for a log or other recordkeeping of provisions, or administrations of UAM, UEIs, UOAs, UG, and UOTs.
- 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 certification pursuant to State law, or in the case of UOTs, have received appropriate training on the use and storage of emergency oxygen.
- Develop procedures to implement any prescribed standing protocol for the provision, or administration of UAM, UEIs UOAs, UG, and/or UOTs including calling 911 and noting any instructions given by Emergency Management Services (EMS). 105 ILCS 5/22-30, amended by P.A. 103-196 and 23 Ill.Admin.Code §1.540(d). Follow administrative procedure 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). 105 ILCS 5/22-30(f-5) does not address contacting EMS upon the administration of any asthma medication (so asthma medication is excluded from introductory clause above). This may mean that the Ill. General Assembly did not intend for school personnel to notify EMS when administering a student's *prescribed* asthma medication (as opposed to UAM). However, 105 ILCS 5/22-30(j-5) requires asthma action plans. Some attorneys advise that all asthma action plans mandate an immediate 911 call based upon In re Estate of Stewart, 406 Ill.Dec. 345 (2nd Dist. 2016); In re Estate of Stewart, 412 Ill.Dec. 914 (Ill. 2017) (school district's appeal denied) (holding that a teacher's failure to dial 911 immediately upon a student's asthma attack was willful and wanton conduct, subjecting the school district to liability and barring immunity protections under the Local Governmental and Governmental Employees Tort Immunity Act). Consult the Board Attorney about whether to contact EMS when *any* asthma medication is administered and whether to contact EMS when any oxygen is administered, as the School Code also does not address this issue.
2. Notification to the student's parent, guardian, or emergency contact, if known. 105 ILCS 5/22-30(f-5) and 105 ILCS 5/22-30(f), amended by P.A. 103-196, do not address contacting the student's parent, guardian, or emergency contact upon the administration of any asthma medication or undesignated oxygen. See the discussion in number 1, above, about asthma action plans, and consult the Board Attorney.

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> <p>i. Age and type of person receiving epinephrine (student, staff,</p>	<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> <p>i. Age and type of person receiving the opioid antagonist (student, staff, or visitor);</p> <p>ii. Location where symptoms developed;</p> <p>iii. Type of person</p>	<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> <p>i. Age and type of person receiving asthma medication (student, staff, visitor);</p> <p>ii. Any previously known diagnosis of asthma;</p>	<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.</p>

UEI was administered:	UOA was administered:	UAM was administered:	UG was administered:
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 required by ISBE on the form.	administering the opioid antagonist (school nurse or <i>trained personnel</i>); and iv. Any other information required by ISBE on the form.	iii. Trigger that precipitated respiratory distress, if identifiable; iv. Location where symptoms developed; v. Number of doses administered; vi. Type of person administering the asthma medication (school nurse, <i>trained personnel</i> or student); vii. Outcome of the asthma medication administration; and viii. Any other information required by ISBE on the form.	

- Determine how the District will identify the student populations whose parents/guardians:
 1. Have not completed and signed an *SMA Form*, or
 2. Have not provided asthma medication, an epinephrine injector, opioid antagonist, glucagon, and/or oxygen, as applicable to the student, for a student for use at school, even though they have completed the *SMA Form*.
- Determine when the school nurse will provide or administer the UAM, UEIs, UOAs, UG, and/or UOTs 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 *SMA 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.
 - b. Any personnel authorized under a student's specific Individual Health Care Action Plan, emergency allergy action plan, Section 504 plan, or individualized education program plan (IEP). 105 ILCS 5/22-30(b-5) and (b-10), amended by P.A. 103-175.
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 an *SMA 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 administrative procedure 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, an opioid overdose, or respiratory distress through a training curriculum developed by 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 an *SMA 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) 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 the training. 105 ILCS 5/22-30(g), amended by P.A. 103-348; 23 Ill.Admin.Code §1.540(e). The law does not provide a deadline for a training curriculum, but it does require ISBE and the Ill. Dept. of Human Services to develop a Substance Abuse Prevention and Recovery Instruction Resource Guide, available at: www.isbe.net/Pages/Substance-Use-Prevention-and-Recovery-Instruction-Resource-Guide.aspx. 105 ILCS 5/22-81, amended by P.A. 103-399.
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 *SMA 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 *SMA 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.
6. Administer a UOT to any student that the school nurse or other personnel with appropriate training determines requires it even though the parent/guardian has not completed and signed an *SMA Form* or otherwise granted permission to administer the undesignated oxygen.

- Assess how to manage requests from parents/guardians who wish to *opt-out* of the UAM, UEIs, UOAs, UG, or UOTs 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 District'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. Nor does the law address parent/guardian opt-out of the administration of the District's supply of UOTs. While there may be religious, health, or other reasons that a student's parent/guardian may wish to *opt-out* of the administration of UAM, UEI, UOA, or UOT 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 Forgo Life-Sustaining Treatment*.

- Determine how to notify all parents/guardians about how UAM, UEIs, UOAs, and/or UOTs may be provided or administered to students.

If the District 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 District must notify: (1) parents/guardians of students who have previously signed a *SMA Form*, and (2) parents/guardians of all students.

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

For parents/guardians of all students, 105 ILCS 5/22-30(c), requires parents/guardians to be informed that: (1) the District maintains a supply of UAM, UEIs, and/or UOAs, and (2) the District 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. A parent/guardian shall be asked to acknowledge the notification by signing it and returning it to the school, however, a parent/guardian's failure to sign and return the notification shall not preclude a school nurse or other trained personnel from administering UAM, UEIs, or UOAs under the circumstances described in the School Code. Parents/guardians do not have the right to opt out their child from the administration of UAM, UEIs, and/or UOAs. 23 Ill.Admin.Code §1.540(b)(1)-(2). There are several methods to inform parent/guardians of this information, e.g., receipt of handbook signature, or see exhibit 7:270-E1, *School Medication Authorization Form*. Discuss with the Board Attorney the method that works best for the District.

Note: The School Code does not require that the District give parents/guardians notice regarding its supply of UOTs, but it is a best practice to inform them. Consult the Board Attorney regarding the content of any notices about UOTs.

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