

# **School Nurse Bootcamp: Reporting Use of Undesignated Medications**

Presented by ISBE Wellness Team  
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# Presenter:

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Illinois State Board of Education

# Questions

- Questions are welcome during the live presentation. Enter them into the question box.
- A FAQ document, a PowerPoint presentation, and a webinar recording will be made available.

# ISBE Vision & Mission

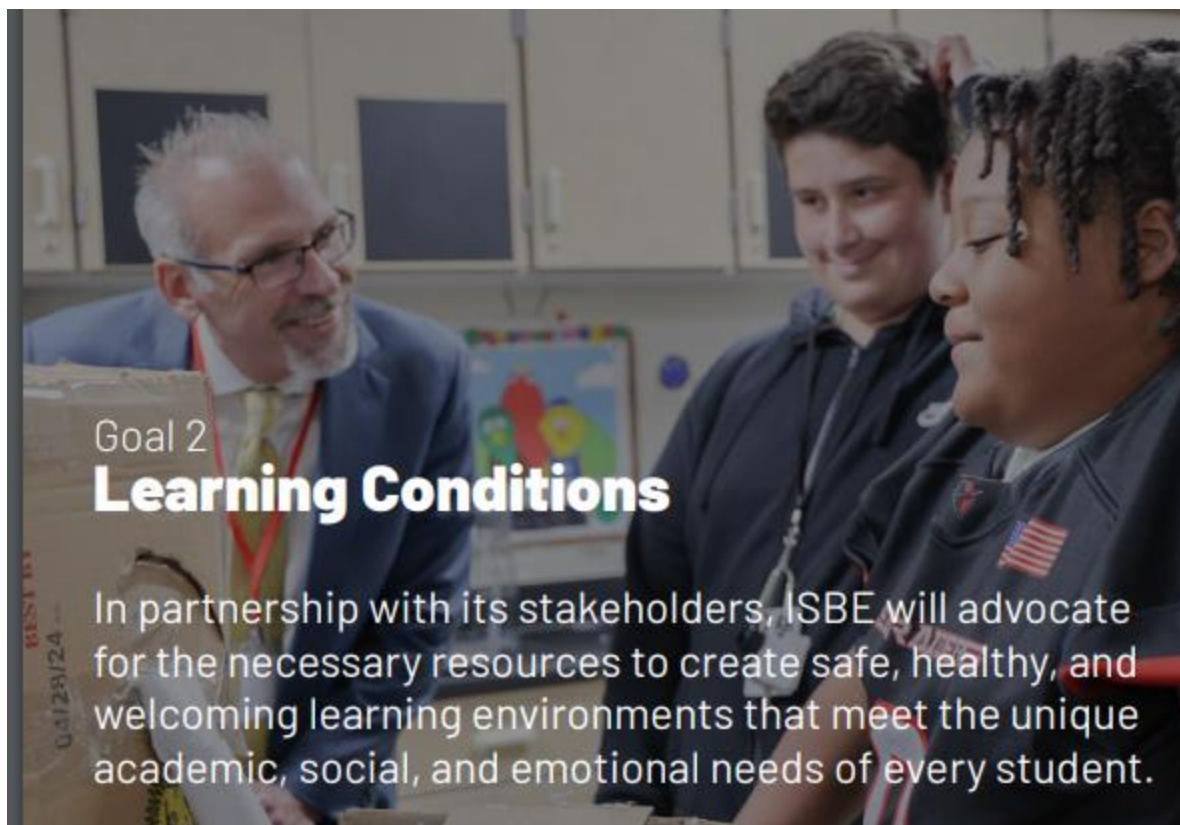
## **Vision:**

Each and every child is equipped to make meaningful contributions to society and live life to its fullest potential.

## **Mission:**

Provide each and every child with safe and healthy learning conditions, great educators, and equitable opportunities by practicing data-informed stewardship of resources and policy development, all done in partnership with educators, families, and stakeholders.

# ISBE's Strategic Plan



# Purpose

- This presentation will introduce and review the means to report to ISBE when an undesignated medication has been administered whether it is epinephrine, asthma medication, or opioid antagonist.
- Will provide an overview of laws related to having undesignated medications available at your school.

# Illinois School Code

## Permits Undesignated Medications (3)

- This section of School Code addresses self-administration and self-carry of asthma medication and epinephrine injectors for students.
- As of Jan. 1, 2024, public, charter, and nonpublic schools shall maintain a supply of an opioid antagonist.
- Additionally, it permits school districts to maintain undesignated epinephrine and undesignated asthma medications.

(105 ILCS 5/22-30)

## Breaking Down What is in School Code

- Self-administration and self-carry of asthma medication and epinephrine injectors
- Administration of epinephrine injectors
- Administration of undesignated epinephrine injectors
- Administration of opioid antagonist
- Administration of undesignated asthma medication
- Asthma episode emergency response protocol



# What It Means

- Self-administration /self-carry
- Asthma medication/epinephrine

Student-specific epinephrine may self-carry and self-administer

Student-specific asthma medication may self-carry and self-administer

# Breaking Down What is in School Code

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# Administering Epinephrine Injector

- Auto-injector approved by U.S. Food and Drug Administration
- Pre-filled syringe
  - Pre-measured
- 105 ILCS 5/22-30 (b-5)
  - **Student-specific** epinephrine injector
  - Individual Health Action Plan
  - Illinois Food Allergy Emergency Action Plan
  - Treatment Authorization Form
  - Section 504 Plan

# Who Can Administer

- Student-specific epinephrine
  - Self-administration
  - Nurse
  - Trained personnel

# Required Training

- Anaphylactic reactions and management
  - Mandated training every two years during in-service (ISBE [Mandated Trainings](#))
- Student-specific epinephrine
  - Trained personnel
  - Named personnel from Individual Health Plan, Allergy Emergency Action Plan, Section 504 Plan
- Food allergy training
  - Generally combined with anaphylactic reactions

# Breaking Down What is in School Code

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# Undesignated Medications

Schools may maintain undesignated medications:

- Epinephrine for anaphylactic reaction
  - Epi Pen, AuviQ, or prefilled syringe
- Asthma medications for respiratory distress
  - Inhaler or nebulizer delivery devices
  - Allows, but does not require, schools to stock albuterol or similar quick acting bronchodilator for severe asthma

# Undesignated Epinephrine

- Authorizes, *does not require*, schools to stock undesignated epinephrine.
- Allows administration of undesignated epinephrine to any person not previously known to have severe allergy/prescription .
- Whether or not undesignated epi is available on a bus, it should be stated in local district policy or transportation company policy
- Law also expands the locations to any public place (e.g., child care facilities, restaurants).
- Pharmaceutical companies may provide supply to schools.
- Requires a report to ISBE within three days of the administration of undesignated epinephrine.
- Law also requires districts to notify ISBE upon adoption or revision of policy.
- State report on usage and availability found on ISBE's School Health webpage.



# Breaking Down What is in School Code

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# Opioid Antagonists

ALL Schools are now REQUIRED to maintain a supply of opioid antagonists

Allows administration of undesignated opioid antagonist to any person suspected or appearing to be experiencing an overdose of opioid.

Requires a report to ISBE within three days of the administration of opioid antagonist.

State report on usage and availability found on ISBE School Nursing webpage.

Check with your local health department or EMS regarding supply.

# Opioid Antagonists

ALL Schools are now REQUIRED to maintain a supply of opioid antagonists

Schools can obtain a standing order from IDPH by completing this [Form](#)

# Breaking Down What is in School Code

- Self-administration and self-carry of asthma medication and epinephrine injectors
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# Undesignated Asthma Medication

- Authorizes, *does not require*, schools to stock undesignated asthma medication.
- Allows administration of undesignated asthma medication to person believed to be experiencing respiratory distress not previously known to have asthma.
- Requires a report to ISBE within three days of the administration of undesignated asthma medication.
- In place already:
  - District and school (including charter and nonpublic) Asthma Action Plan request from parent. [Sample Asthma Action Plan](#)
  - Model [asthma emergency response protocol](#) (on ISBE website).
  - Requires school staff training every two years.

# Administrative Code

# Administrative Rules

Administrative Rules provide guidance for implementation of having undesignated emergency medications in schools.

23 ILLINOIS ADMINISTRATIVE CODE 1Section  
1.540

# Administrative Code

Parental notifications

Standing protocol

Notification of Administration of Undesignated Medication

Personnel training

Reporting

Allergen Reduction Plan

Resources to recognize and respond to anaphylaxis, opioid overdose, or respiratory distress



# Parental Notification

School shall notify parents and guardians of students enrolling for the first time at the start of each school year.

- The parent/guardian shall be asked to acknowledge the notification by signing it and returning it to the school.



Upon the recommendation of IDPH, ISBE has proposed to remove the “opt-out” provision as currently allowed in 23 Ill. Code 1.540, which was in effect prior to the opioid antagonist requirement. As currently allowed, school personnel would be placed in a difficult position, determining the wishes of a parent or guardian to prohibit lifesaving medication when that person has a good faith belief that the student is having an opioid overdose.

# Standing Protocol

A standing protocol must be in place for each of the undesignated medication(s).

Local procedures describe how the undesignated medication(s) policies are implemented.

Requires a written order for administering the emergency medication(s)

# Considerations for local procedures

- Notifications at time of incident (school office, calling 911, school nurse, administrator, and trained school personnel).
- Supply storage and accessibility.
- Post-event notifications
- Completion of required reports (ISBE, prescriber, supply provider)

# Considerations for local procedures

- Determine personnel that will be trained.
- Provide the training and cycles for renewal.
- Contents for training for specific undesignated medication(s).

# Reporting the Use of Undesignated Medication

- Submit report electronically to ISBE:
  - Within three days.
  - Details as requested in reporting system.

# Preparing to Complete the Undesignated Reporting Form

## RESEARCH AND DATA REPORTING DIRECTORIES

The Directory of Educational Entities is a master directory of all public and non-public entities that provide direct services to K-12 students in Illinois. It includes entity name, administrator, address, contact information, grades served, legislative districts, NCES ID, and other information listed by Public, Special Education, Regional, CTE Area Career Centers, Non-Public, and Private Special Education Entities. All entities assigned a unique RCDTS code based on their Region, County, District, and Type. Other directories maintained by ISBE and historical directories may be found at the bottom.

Directory of Educational Entities

Directory of Educational Entities - Current <sup>65</sup> (Updated nightly)

- **Important Notes:**
  - Educational Entities are separated by type and listed in sheets accessible by selecting the tabs at the bottom.
  - Refer to the *Category* tab (sheet) to determine which entities are of in each sheet.
  - Refer to the *RCDTS and Entity Coding Information* section below for information on Region, County, District, Type, School, and RCDTS codes.
  - For archived directories from previous years, please see Historical Files below.
- **Tab (Sheet) Entity Contents:**
  - *1 Public Sch and Dist*: Public Schools, Public Districts, Charter Schools, Charter Districts, STEM Schools, Laboratory Schools, Deaf and Hearing-Impaired Schools, Blind and Visually-Impaired Schools, Department of Correction Schools, Other Illinois Department Entities.
  - *2 Spec Ed Dist & Sch*: Public Special Education Schools, Special Education Districts, Special Education Cooperatives
  - *3 ROE, ISC, Reg Prog*: Regional Offices of Education (ROE), Intermediate Service Centers (ISC), Regional Programs
  - *4 CTE Area Career Ctr & EFE*: Career and Technical Education (CTE) Area Career Centers, Education for Employment (EFE) Entities
  - *5 Non Pub Sch*: Non-Public Schools
  - *6 Non Pub Spec Ed*: Non-Public Special Education Operating Agencies, Non-Public Special Education Programs

- Start by going to the ISBE Directories [webpage](#).
- Be sure to look up the **legal name** for the school or district to be entered.
- District RCDTS code.
- School name as listed in the ISBE Directory.

# Where to Find the Link

## ISBE School Nursing webpage

I NEED TO REPORT....

Use of  
Undesignated  
Epinephrine

Use of  
Undesignated  
Asthma Medication

Use of Opioid  
Antagonist

The screenshot shows the Illinois State Board of Education (ISBE) website. The header includes the ISBE logo and navigation links: Log Into ELIS, Log Into IWAS, Public School District Lookup, FRIS Inquiry, IL Report Card, About the Agency and Board, and Topics A-Z. The breadcrumb trail indicates the path: School Wellness > School Health > School Nursing. The main content area is titled 'SCHOOL WELLNESS SCHOOL NURSING' and provides information on school nursing related guidelines, regulations, and forms. A sidebar on the left lists 'RESOURCES' including FDC Designates '988' As 3-Digit Number For National Suicide Prevention Hotline, Illinois Association of School Nurses, National Association for School Nurses, Safe2Help Illinois Toolkit, and Screening, Assessment, and Support Service (SASS). The main content area features a 'News and Updates' section with a dropdown menu listing various topics: Allergies & Undesignated Epinephrine, Asthma, Communicable Diseases, Concussion, Diabetes, Health Exams, Hearing Screening, Homebound/Hospital Instruction, Immunization, Lead Screening, Medications in School, and School Nurse Bootcamp.

# Illinois State Board of Education Undesignated Opioid Antagonist Report Form

This form must be completed within three (3) calendar days after the administration of undesignated opioid antagonist drug in accordance with Public Act 100-726. Please do not include any personal identifiable student information.

1. District RCDTS Code \*

To look up a code, please copy and paste this URL into your browser: [www.isbe.net/Pages/Data-Analysis-Directories.aspx](http://www.isbe.net/Pages/Data-Analysis-Directories.aspx)

2. School name (as listed in directory) \*

3. Address \*

4. City \*

5. ZIP code \*

6. Contact person completing form \*

7. Contact email address \*

Look up codes under Entity Coding information dropdown on ISBE Directories [webpage](#):



# Required Information



Legal name of  
education entity



Street address



City



ZIP code



Contact name of person  
completing form




Contact email address



Contact phone number

# Undesignated Epinephrine Report



## Illinois State Board of Education Undesignated Epinephrine Report Form

This form must be completed within three (3) calendar days after the administration of undesignated epinephrine auto-injector in accordance with Public Act 100-726. Please do not include any personal identifiable student information.

**1. District RCOTS Code \***  
To look up a code, please copy and paste this URL into your browser: [www.isbe.net/Pages/Data-Analysis-Directories.aspx](http://www.isbe.net/Pages/Data-Analysis-Directories.aspx)

**2. School name (as listed in directory) \***

**3. School address \***

**4. City \***

**5. ZIP \***

**6. Contact person completing form \***

**7. Contact email address \***

**8. Contact phone number \***

**ILLINOIS STATE BOARD OF EDUCATION**  
Special Education Services Division  
100 West Randolph, Suite 14-300  
Chicago, Illinois 60602

**UNDESIGNATED EPINEPHRINE REPORTING FORM**

**Directions:** This form must be completed within three (3) calendar days after the administration of any undesignated epinephrine auto-injector. All completed forms must be e-mailed to [epinephrine@isbe.net](mailto:epinephrine@isbe.net).

DISTRICT NAME AND NUMBER	NAME OF SCHOOL
ADDRESS (Street, City, State, Zip Code)	CONTACT PERSON COMPLETING FORM
TELEPHONE (Include Area Code)	CONTACT E-MAIL
DATE OF INCIDENT	TIME OF INCIDENT _____ a.m. _____ p.m.

1. Age of individual receiving epinephrine: \_\_\_\_\_

2. Description of person receiving epinephrine: **(Check one only)**

☐ a. Student

☐ b. Staff member

☐ c. Visitor

☐ d. Other (please specify) \_\_\_\_\_

3. Was there any previously known diagnosis of a severe allergy?

☐ a. Yes

☐ b. No

4. Trigger that precipitated this allergic episode: **(Check all that apply)**

☐ a. Food (specific food if known) \_\_\_\_\_

☐ b. Drug (specific drug if known) \_\_\_\_\_

☐ c. Insect (specific insect if known) \_\_\_\_\_

☐ d. Other (please specify) \_\_\_\_\_

5. Location of where symptoms developed: **(Check one only)**

☐ a. Within school building

☐ b. On school grounds

☐ c. Other (e.g., school activity location, field trip location, etc.) \_\_\_\_\_

6. Number of doses administered: \_\_\_\_\_

7. Type of person administering the epinephrine: **(Check one only)**

☐ a. Registered Nurse

☐ b. Trained Personnel

☐ c. Student


☐ d. Other (please specify) \_\_\_\_\_

Comments (do not go beyond space provided):

ISBE 34-20 (8/16)

[Print](#) [Reset Form](#)

# Opioid Antagonist Report



## Illinois State Board of Education Undesignated Opioid Antagonist Report Form

This form must be completed within three (3) calendar days after the administration of undesignated opioid antagonist drug in accordance with Public Act 100-725. Please do not include any personal identifiable student information.

1. District RCOTIS Code \*  
To look up a code, please copy and paste this URL into your browser: [www.isbe.net/Pages/Data-Analysis-Directories.aspx](http://www.isbe.net/Pages/Data-Analysis-Directories.aspx)

2. School name (as listed in directory) \*

3. Address \*

4. City \*

5. ZIP code \*

6. Contact person completing form \*

7. Contact email address \*

**ILLINOIS STATE BOARD OF EDUCATION**  
Special Education Services Division  
100 West Randolph, Suite 4-800  
Chicago, Illinois 60601

**UNDESIGNATED OPIOID ANTAGONIST REPORTING FORM**

**Directions:** This form must be completed within three (3) calendar days after the administration of any undesignated opioid antagonist drug. All completed forms must be e-mailed to [opioid@isbe.net](mailto:opioid@isbe.net).

DISTRICT NAME AND NUMBER	NAME OF SCHOOL
ADDRESS (Street, City, State, Zip Code)	CONTACT PERSON COMPLETING FORM
TELEPHONE (Include Area Code)	CONTACT E-MAIL
DATE OF INCIDENT	TIME OF INCIDENT _____ a.m. _____ p.m.

1. Age of individual receiving opioid antagonist: \_\_\_\_\_

2. Description of person receiving opioid antagonist: **(Check one only)**

☐ a. Student

☐ b. Staff member

☐ c. Visitor

☐ d. Other (please specify) \_\_\_\_\_

3. Location of where symptoms developed: **(Check one only)**

☐ a. Within school building

☐ b. On school grounds

☐ c. Other (e.g., school activity location, field trip location, etc.) \_\_\_\_\_

4. Number of doses administered: \_\_\_\_\_

5. Type of person administering the opioid antagonist: **(Check one only)**

☐ a. Registered Nurse

☐ b. Trained Personnel


☐ c. Student

☐ d. Other (please specify) \_\_\_\_\_

Comments (do not go beyond space provided):

ISBE 34-20 (1/16) Print Reset Form

# Undesignated Asthma Medication Report

  
Illinois State Board of Education Undesignated Asthma Medication Report Form

This form must be completed within three (3) calendar days after the administration of undesignated asthma medication in accordance to Public Act 100-0726. Please do not include any personal identifiable student information.

1. District NCOTIS Code \*  
To look up a code, please copy and paste this URL into your browser: [www.isbe.net/Pages/Data-Analysis-Directories.aspx](http://www.isbe.net/Pages/Data-Analysis-Directories.aspx)

2. School name (as listed in directory) \*

3. Address \*


4. City \*

5. ZIP \*

6. Contact person completing form \*

7. Contact email address \*

Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click print button.

 **Illinois**  
State Board of Education  
100 West Randolph, Suite 14-300  
Chicago, Illinois 60602

**UNDESIGNATED ASTHMA MEDICATION  
REPORTING FORM**

**WELLNESS DEPARTMENT**

**Directions:** This form must be completed within three (3) calendar days after the administration of any undesignated quick relief asthma medication in accordance with Public Act 100-0726. All completed forms must be e-mailed to [asthmanmed@isbe.net](mailto:asthmanmed@isbe.net).

DISTRICT NAME AND DISTRICT NUMBER	NAME OF SCHOOL
ADDRESS (Street, City, State, Zip Code)	CONTACT PERSON COMPLETING FORM
TELEPHONE (Include Area Code)	CONTACT E-MAIL
DATE OF INCIDENT	TIME OF INCIDENT _____ a.m. _____ p.m.

1. Age of individual receiving quick relief asthma medication: \_\_\_\_\_

2. Description of person receiving the medication: **(Check one only)**

☐ a. Student  
☐ b. Staff member  
☐ c. Visitor  
☐ d. Other (please specify) \_\_\_\_\_

3. Was there any previously known diagnosis of asthma?  
☐ a. Yes (If Yes, did the student have an Asthma Action Plan? ☐ Yes ☐ No)  
☐ b. No

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

☐ a. Presence of wheezing (actual or perceived)  
☐ b. Coughing  
☐ c. Shortness of breath (actual or perceived)  
☐ d. Chest tightness (actual or perceived)  
☐ e. Breathing difficulty  
☐ f. Other symptoms consistent with asthma. (please specify) \_\_\_\_\_

5. Location of where symptoms developed: **(Check one only)**

☐ a. Within school building  
☐ b. On school grounds  
☐ c. Other (e.g., school activity location, field trip location, etc.) \_\_\_\_\_

6. Name or drug administered

☐ a. Albuterol via multi dose inhaler (MDI)  
☐ b. Albuterol via nebulizer  
☐ c. Other (please specify drug and route) \_\_\_\_\_

7. Type of person administering the medication: **(Check one only)**

☐ a. Registered Nurse  
☐ b. Other nurse (LPN, APRN)  
☐ c. Trained Personnel (as described in P.A. 100-0726)  
☐ d. Other (please specify) \_\_\_\_\_

8. If student, was the student's health care provider notified?  
☐ Yes  
☐ No ☐ Parents Refused

9. If student, and nurse was not in attendance, was the school nurse notified?  
☐ Yes ☐ Nurse attended  
☐ No ☐ District has no nurse

ISBE 34-22 Undesignated Asthma Medication Reporting Form (11/20)

# Evaluation Survey

- Webinar evaluation survey link will be available on the ISBE School Nursing [webpage](#) under the School Nurse Bootcamp dropdown for 2024. This will be your only opportunity to print your Evidence of Completion professional development form.

# Nursing and Health Open Forums

School Nurse support and questions for technical assistance.

**SEPTEMBER 12, 9:30-10:30 a.m.**

[Microsoft Teams Meeting](#)

- Physical and Immunization requirements
- Eye exam requirements
- IWAS reporting
- IWAS webinar for these required reports

**OCTOBER 10, 9:30-10:30 a.m.**

[Microsoft Teams Meeting](#)

- Collection of physical and immunization from students
- Eye exam report submission kindergarten and students new to Illinois
- IWAS reporting
- Printing summaries from IWAS

**NOVEMBER 7, 9:30-10:30 a.m.**

[Microsoft Teams Meeting](#)

- Submit report in IWAS by 11:59 p.m. on November 15, 2024
- Printing summaries from IWAS

**DECEMBER 5, 9:30-10:30 a.m.**

[Microsoft Teams Meeting](#)

- Updates
- Dental exam notification 60 days prior to May 15 requirement
- Dental exam collection

# Resources

- [CDC Toolkit for Managing Food Allergies in Schools](#)
- [CDC's National Asthma Control Program \(NACP\)-EXHALE](#)
- [CDC How to Save a Life with Naloxone](#)
- [CDC How and When to Use Naloxone for an Opioid Overdose](#)
- [Illinois Stock Asthma Rescue Medication Toolkit, 2020](#)

# Resources continued

- [ISBE School Nursing webpage](#)
  - Under Asthma dropdown
- [Model Anaphylaxis Response Policy for Illinois Schools](#)



# Thank you!

Questions? Contact  
[schoolnurse@isbe.net](mailto:schoolnurse@isbe.net)