



School Nurse Bootcamp: Undesignated Medications in the School Setting

Presented by ISBE's Wellness Team

August 4, 2021

Equity • Quality • Collaboration • Community



Presenters:

Rebecca Doran & Theresa Zumba
School Nurse Principal Consultants
Illinois State Board of Education
Chicago & Springfield Offices

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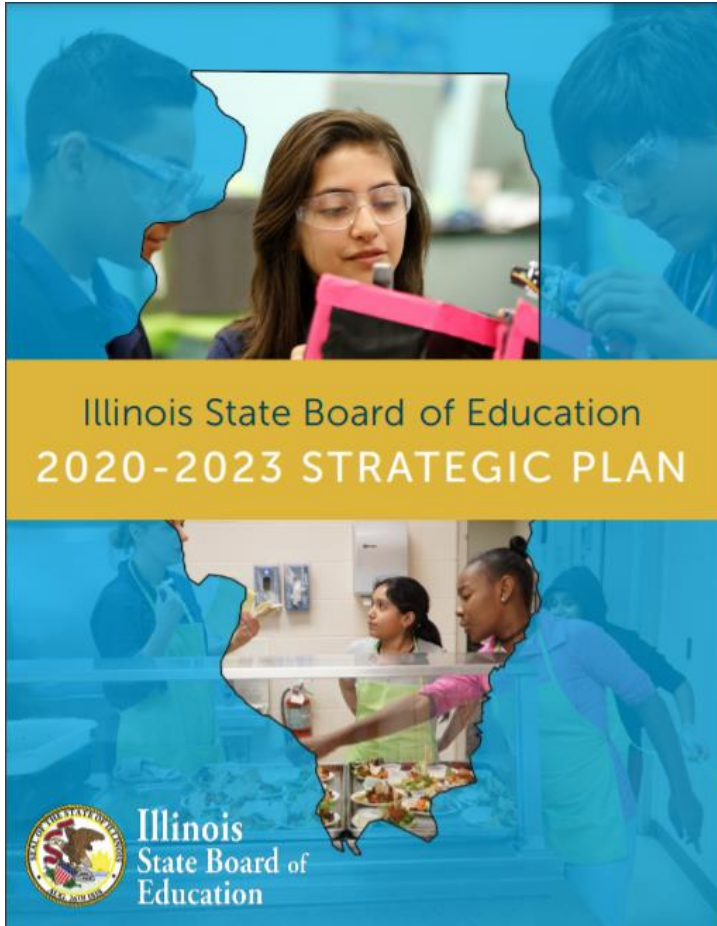
ISBE Vision & Mission

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 Goals

Equity Goal

- + **(Internal)** An equity impact analysis tool will guide all decisions and communications provided to the field.
- + **(External)** An Equity Journey Continuum will be used to publicly indicate where each Illinois school district is on its equity journey.

GOAL 1

Every child will make significant academic gains each year, increasing their knowledge, skills, and opportunities so they graduate equipped to pursue a successful future, with the state paying special attention to addressing historic inequities.

GOAL 2

All districts and schools will receive the resources necessary to create safe, healthy, and welcoming learning environments, and will be equipped to meet the unique academic and social and emotional needs of each and every student.

GOAL 3

Illinois' diverse student population will have educators who are prepared through multiple pathways and are supported in and celebrated for their efforts to provide each and every child an education that meets their needs.

For more information, visit www.isbe.net/strategicplan



Questions

- Questions welcomed during the live presentation, enter them into the question box.
- A compiled FAQ document, Power Point, and webinar recording will be made available on ISBE's School Health Webpage.



Purpose

This webinar will explore the laws behind undesignated medications and dive into the practice of their use in the school setting. We will explore the following: administration of undesignated asthma medication, administration of undesignated epinephrine, and administration of undesignated opioid antagonist.

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School Code

[\(105 ILCS 5/22-30\)](#)

Sec. 22-30. Self-administration and self-carry of asthma medication and epinephrine injectors; administration of undesignated epinephrine injectors; administration of an opioid antagonist; administration of undesignated asthma medication; asthma episode emergency response protocol.



Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

**SECTION 1.540 UNDESIGNATED EMERGENCY
MEDICATIONS IN SCHOOLS: EPINEPHRINE;
OPIOID ANTAGONISTS; ASTHMA MEDICATION**

<https://ilga.gov/commission/jcar/admincode/023/023000010E05400R.html>



Clarifying the YOU in Undesignated Medication

- Who can receive the undesignated medication?
- Where can the undesignated medication be administered?
- What does trained personnel mean?



Undesignated Medications

Schools may maintain undesignated medications:

- Epinephrine for anaphylactic reaction
 - Epi Pen, Auvi-Q, or prefilled syringe*
- Opioid antagonist for opioid overdose
 - Naloxone, Narcan, or other opioid antagonist
- 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

Schools are not required to maintain undesignated medications.



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](#) [Form ISBE 34-22 Undesignated Asthma Medication Reporting Form (11/20)] to be sent to ISBE within (3) calendar days after the administration of undesignated asthma medication. Email to asthmamed@isbe.net
 - Reporting form can also be found on ISBE's School Nurse Page.



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 asthmamed@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.

- Age of individual receiving quick relief asthma medication: _____
- Description of person receiving the medication: **(Check one only)**
 - a. Student
 - b. Staff member
 - c. Visitor
 - d. Other (please specify) _____
- Was there any previously known diagnosis of asthma?
 - a. Yes (If Yes, did the student have an Asthma Action Plan? Yes No)
 - b. No
- 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) _____
- 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.) _____
- Name or drug administered
 - a. Albuterol via multi dose inhaler (MDI)
 - b. Albuterol via nebulizer
 - c. Other (please specify drug and route) _____
- 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) _____
- If student, was the student's health care provider notified?
 - Yes
 - No Parents Refused
- If student, and nurse was not in attendance, was the school nurse notified?
 - Yes
 - No Nurse attended District has no nurse



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
- Law also expands the locations to any public place (i.e. childcare facilities, restaurants)
- Requires a [report](#) [Form ISBE 34-20 (8/16)] to be sent to ISBE within (3) calendar days after the administration of undesignated epinephrine. Email to epinephrine@isbe.net
 - Reporting form can also be found on ISBE's School Nurse Page.
- Per Public Act 099-0711 requires districts to notify ISBE upon adoption or revision of undesignated epinephrine policy
- Private (contracted) school bus transportation companies are also allowed to carry and use undesignated epinephrine
- State report on usage and availability found on ISBE's School Nurse Page

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.

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):



Undesignated Opioid Antagonist: “Narcan” or “Naloxone”

- Authorizes, does not require, schools to stock undesignated opioid antagonist
- Allows administration of undesignated opioid antagonist to any person suspected or appearing to be experiencing an overdose of opioid
- Requires a [report](#) [Form ISBE 34-20 (1/16)] to be sent to ISBE within (3) calendar days after the administration of undesignated opioid antagonist (email to opioid@isbe.net)
- State report on usage and availability found on ISBE School Nursing webpage
- Check with your local health department or EMS regarding dose and prescriber for schools

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.

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.

- Age of individual receiving opioid antagonist: _____
- Description of person receiving opioid antagonist: **(Check one only)**
 - a. Student
 - b. Staff member
 - c. Visitor
 - d. Other (please specify) _____
- 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.) _____
- Number of doses administered: _____
- 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):



For More Information on the Use of Undesignated Medications in School Code & Rules:

School Code

[\(105 ILCS 5/22-30\)](#)

Sec. 22-30. Self-administration and self-carry of asthma medication and epinephrine injectors; administration of undesignated epinephrine injectors; administration of an opioid antagonist; administration of undesignated asthma medication; asthma episode emergency response protocol.

<https://ilga.gov/legislation/ilcs/fulltext.asp?DocName=010500050K22-30>

ADMINISTRATIVE CODE

TITLE 23: EDUCATION AND CULTURAL RESOURCES

SUBTITLE A: EDUCATION

CHAPTER I: STATE BOARD OF EDUCATION

SUBCHAPTER a: PUBLIC SCHOOL RECOGNITION

PART 1 PUBLIC SCHOOLS

EVALUATION, RECOGNITION AND SUPERVISION

[SECTION 1.540 UNDESIGNATED EMERGENCY MEDICATIONS IN SCHOOLS: EPINEPHRINE; OPIOID ANTAGONISTS; ASTHMA MEDICATION](#)

https://ilga.gov/commission/jcar/adm_incode/023/023000010E05400R.html



Thank you!

Questions? Contact

schoolnurse@isbe.net