School Nurse Bootcamp:
Undesignated Medications in the School Setting

Presented by ISBE's Wellness Team
August 4, 2021

Equity ● Quality ● Collaboration ● Community
Presenters:

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School Nurse Principal Consultants
Illinois State Board of Education
Chicago & Springfield Offices

Equity ● Quality ● Collaboration ● Community
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

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.

Equity ● Quality ● Collaboration ● Community
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.
SECTION 1.540 UNDESIGNATED EMERGENCY MEDICATIONS IN SCHOOLS: EPINEPHRINE; OPIOID ANTAGONISTS; ASTHMA MEDICATION

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.
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 asthmaread@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
   No
   Nurse attended
   District has no nurse

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

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<tr>
<th>DISTRICT NAME AND NUMBER</th>
<th>NAME OF SCHOOL</th>
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<tr>
<td>ADDRESS (Street, City, State, Zip Code)</td>
<td>CONTACT PERSON COMPLETING FORM</td>
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<td>TELEPHONE (Include Area Code)</td>
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1. Age of individual receiving epinephrine: 

2. Description of person receiving epinephrine: *(Check one only)*
   - [ ] Student
   - [ ] Staff member
   - [ ] Visitor
   - [ ] Other (please specify) 

3. Was there any previously known diagnosis of a severe allergy?
   - [ ] Yes
   - [ ] No

4. Trigger that precipitated this allergic episode: *(Check all that apply)*
   - [ ] Food (specific food if known)
   - [ ] Drug (specific drug if known)
   - [ ] Insect (specific insect if known)
   - [ ] Other (please specify)

5. Location of where symptoms developed: *(Check one)*
   - [ ] Within school building
   - [ ] On school grounds
   - [ ] 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)*
   - [ ] Registered Nurse
   - [ ] Trained Personnel
   - [ ] Student
   - [ ] Other (please specify)

**Comments (do not go beyond space provided):**

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ISBE 34-20 (8/16)
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.

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1. Age of individual receiving opioid antagonist: ____________

2. Description of person receiving opioid antagonist: *(Check one only)*
   - [ ] Student
   - [ ] Staff member
   - [ ] Visitor
   - [ ] Other (please specify) ______________________

3. Location of where symptoms developed: *(Check one only)*
   - [ ] Within school building
   - [ ] On school grounds
   - [ ] 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)*
   - [ ] Registered Nurse
   - [ ] Trained Personnel
   - [ ] Student
   - [ ] Other (please specify) ______________________

**Comments (do not go beyond space provided):**

Comments: ______________________
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.


Thank you!

Questions? Contact

schoolnurse@isbe.net