



# **Illinois State Board of Education**

**April 2015**

**Guidance Document**

## **Self-Administration and Self-Carry of Medications for Asthma and Allergy (PA 98-0795)**

*This document is intended to provide non-regulatory guidance on the subject matter listed above.  
For specific questions, please contact the person(s) identified in the document.*

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Dr. Christopher Koch, State Superintendent

## MEMORANDUM

**TO:** Directors of Special Education  
Other Interested Parties

**FROM:** David Andel  
Division Administrator  
Specialized Education Services

**DATE:** April 2015

**SUBJECT:** Self-administration and self-carry of medications for asthma and allergy (Public Act 97-0361 and Public Act 98-0795)

Public Acts 97-0361 and 98-0795 involve carrying and administering medication to address asthma and anaphylaxis. This document provides a brief history of the Section of the Illinois School Code addressing carrying and administering medication, and provides guidance on the current state of self-administration and self-carry of medication for asthma and allergies.

### History of Section 105 ILCS 5/22-30

In 2001, the General Assembly passed Public Act 92-0402, which developed Section 22-30 of the School Code to address self-administration of asthma medication. From the date of implementation, a school district or nonpublic school (hereafter, simply “school”) was required to permit the self-administration of medication by a pupil with asthma provided certain written authorizations were provided. The Act also limited school liability relating to student self-administration of asthma medication.

In 2006, the General Assembly passed Public Act 94-0792 to amend Section 22-30 of the School Code to address self-administration of epinephrine auto-injectors. The amendment provided that a school must permit the self-administration and use of an epinephrine auto-injector by a student under the same conditions as the use of an asthma medication.

In 2010, the General Assembly passed Public Act 96-1460, further amending Section 22-30 of the School Code. The amendment changed certain aspects of the requirement for the written authorization, and the prescription information required, in order to permit self-administration of medication.

### Public Act 97-361

Enacted in 2011, Public Act 97-0361 made significant changes to Section 22-30 of the School Code. As of August 15, 2011, Section 22-30 of the School Code required the following:

- For Asthma Medication: A school must permit a pupil with asthma the self-administration of medication so long as the parent provided (1) written authorization, and (2) a prescription label with the name of the medication, the prescribed dosage and the time or circumstances under which the medication is to be administered.

- For Epinephrine Auto-Injectors: A school must permit a student with allergies the use of an epinephrine auto-injector provided (1) the parent provided written authorization from the student’s physician, physician’s assistant or advance practice registered nurse (hereafter, “physician”), and (2) the parent provided a written statement from the pupil’s physician containing the name and purpose of the epinephrine auto-injector, the prescribed dosage, and the time or circumstances under which the epinephrine auto-injector is to be administered.
  - The Act also permitted a school to provide the epinephrine auto-injector to a student per an appropriate plan, administer the epinephrine to the student per an appropriate plan, and administer an epinephrine auto-injector to any student that the school nurse believes in good faith is having an anaphylactic reaction.
  - The Act permitted a school to maintain a supply of epinephrine auto-injector in a locked, secure location.
- Schools to provide parents written notice of limited liability to school from any injury arising from the administration of medication, except for willful and wanton conduct. The notice must include limited liability to physicians from any injury connected with providing the school standing protocol or prescription for epinephrine auto-injectors, except for willful and wanton conduct. The Act requires parents to provide a signed statement acknowledging the above limited liability; however, the Act provides that the school will have limited liability without a parent’s signed statement in events involving administration of an epinephrine auto-injector to a student the school nurse believes in good faith is having an anaphylactic reaction.
- Permission for self-administration of medication or use of epinephrine auto-injectors must be renewed each subsequent school year.
- Students may possess and use medication or an epinephrine auto-injector at school, at a school sponsored-activity, while under supervision of school personnel, or before or after normal school activities.

### Public Act 98-0795

During the last legislative session, Public Act 98-0795, made several changes to Section 22-30 of the School Code, including explicitly permitting rulemaking. The Act amended the definition of “epinephrine auto-injector,” and added definitions for the terms “school nurse,” “self-carry,” “standing protocol,” “trained personnel,” and “undesignated epinephrine auto-injector.” Throughout Section 22-30, the amendment changed the reference of “school” to mean a school district, public school, or non-public school. The amendment clarified that a school must permit a student, who has the authority to self-administer asthma medication or an epinephrine auto-injector from prior iterations of Section 22-30 of the School Code, the ability to also self-carry the asthma medication or epinephrine auto-injector.

The amendment made certain clarifications regarding the supply of epinephrine auto-injectors that Public Act 97-0361 permitted the school to keep. In particular, this supply is to be of undesignated epinephrine auto-injectors, which may be carried (while in school or at a school-sponsored event) and used by a school nurse or appropriately trained personnel. In order to be considered appropriately trained, personnel must complete annual training, which must include cardiopulmonary resuscitation (CPR) and automated external defibrillator certification, and submit evidence of the training to the school. The amendment also specified certain aspects of a required training curriculum in order for personnel to be considered appropriately trained.

The Act amends where a school may keep its supply of undesignated epinephrine auto-injectors to include any location where an allergic person is most at risk. Further, the Act requires that any undesignated epinephrine auto-injectors be maintained in accordance with manufacturer’s instructions.

The Act sets out new requirements for schools who may administer epinephrine auto-injectors, including a requirement to activate the emergency medical services (EMS) system and notify the student’s parent. For instances when a school administers an undesignated epinephrine auto-injector, there is also a requirement to notify (1) the physician who provided the standing protocol or prescription for the epinephrine auto-injector, and (2) the State Board of Education, by submitting [ISBE Form 34-20](#), of the specifics regarding the epinephrine auto-injector administration (e.g. age of the person receiving the epinephrine auto-injector, etc.). The form may be submitted to [epinephrine@isbe.net](mailto:epinephrine@isbe.net).

The Act requires the State Board of Education to publish online and submit a report to the General Assembly each year, beginning on October 1, 2015, regarding the frequency and circumstances of epinephrine auto-injector administration during the preceding school year.

Quick Reference Tool

Based upon the variety of changes of Section 22-30 over the past 14 years, the Illinois State Board of Education provides the following chart as a quick reference tool for determining what type of activity is required or permitted, and the related documentary requirements:

Asthma: self-carry and self-administer	
<b>Q1: What must the school permit?</b>	A: School must permit the self-carry and self-administration of asthma medication by a pupil with asthma.
<b>Q2: What authorization (documentation) is required?</b>	A: The parent must provide to the school written authorization from the parent for the self-administration and self-carry of asthma medication or for the self-carry of asthma medication.
<b>Q3: What prescription (documentation) is required?</b>	A: The parent must provide to the school the prescription label containing the name of the asthma medication and prescribed dosage, and the time at which/circumstances of administering the asthma medication.
<b>Q4: What notice must be provided to parent?</b>	A: The school must provide the parent written notice of limited liability, except for willful or wanton conduct, regarding the self-administration of medication. The parent must sign a statement acknowledging the school’s limited liability.
<b>Q5: Where is the documentation retained?</b>	A: Written authorization and prescription label information must be kept on file at the school’s nurse’s office or in the office of a school administrator.
<b>Q6: Where may a student self-carry and self-administer?</b>	A student may self-carry and self-administer while in school, while at a school sponsored activity, while under the

	supervision of school personnel, or at certain before or after normal school activities.
<b>Epinephrine: self-carry and/or self-administration</b>	
<b>Q7: What must the school permit?</b>	A: School must permit the self-carry and/or self-administration of an epinephrine auto-injector by a pupil.
<b>Q8: What authorization (documentation) is required?</b>	A: The parent must provide to the school written authorization from the student's physician, physician's assistant or advanced practice nurse for the self-administration and self-carry of an epinephrine auto-injector or for the self-carry of an epinephrine auto-injector.
<b>Q9: What prescription (documentation) is required?</b>	A: For the self-carry and/or self-administration of an epinephrine auto-injector, the parent must provide to the school a written statement from the student's physician, physician's assistant or advanced practice nurse containing the (1) name/purpose of the epinephrine, (2) prescribed dosage, and (3) times and/or special circumstances under which to administer the epinephrine auto-injector.
<b>Q10: What notice must be provided to parent?</b>	A: The school must provide the parent written notice of limited liability, except for willful or wanton conduct, regarding the self-administration of medication. The parent must sign a statement acknowledging the school's limited liability.
<b>Q11: Where is the documentation retained?</b>	A: The written authorization and written statement must be kept on file at the school's nurse's office or in the office of a school administrator.
<b>Q12: Where may a student self-carry and/or self-administer?</b>	A student may self-carry and/or self-administer while in school, while at a school sponsored activity, while under the supervision of school personnel, or at certain before or after normal school activities.
<b>Q13: What is a school required to do following the use of an epinephrine auto-injector?</b>	A: In addition to tending to the impacted individual, the school must immediately activate the EMS system and notify the student's parent.
<b>Epinephrine: use and/or administration of undesignated medicine</b>	
<b>Q14: What must the school permit?</b>	A: Nothing. Schools are not required to keep a stock of undesignated epinephrine auto-injector.
<b>Q15: What may the school provide?</b>	A: The school may provide an undesignated epinephrine auto-injector to a student who is authorized to self-administer the medication.  The school's nurse or other appropriately trained personnel may also administer an undesignated epinephrine auto-

	injector to a student or person that the school nurse or trained personnel believes is having an anaphylactic reaction.
<b>Q16: Who is the appropriate person to administer an undesignated epinephrine auto-injector?</b>	A: A school nurse or a personnel member who submits to the school evidence of having received a required annual training, as well as CPR and automated external defibrillator certification.
<b>Q17: What must a school do to receive an undesignated epinephrine auto-injector?</b>	A: A school must have a prescription from a physician or physician assistant with prescriptive authority or standing orders from a physician, physician assistant or advance practice nurse. The epinephrine auto-injector must be maintained according to manufacturer's instructions.
<b>Q18: Where may the school store undesignated epinephrine auto-injector?</b>	A: In any secure location where an allergic person is most at risk (e.g. classrooms and lunchrooms, etc.).
<b>Q19: Where may a school nurse or other appropriately trained person administer an epinephrine auto-injector?</b>	A: A school nurse or other appropriately trained person may administer an epinephrine auto-injector while in school, while at a school sponsored activity, while under the supervision of school personnel, or at certain before or after normal school activities.  A school nurse or other appropriately trained person may carry an undesignated epinephrine auto-injector on his or her person while in school or at a school-sponsored activity.
<b>Q20: What is a school required to do following the use of an undesignated epinephrine auto-injector?</b>	A: In addition to tending to the impacted individual, the school must immediately activate the EMS system and notify the student's parent. In addition, the school must notify the physician, physician assistant or advance practice nurse who provided the standing protocol or prescription of the use. Within 3 days after the use, the school must report the use and certain required information to the State Board of Education.

For further information, please contact Jessica Gerdes, ISBE Special Education Services Division (312) 814-5560.