

AN ACT concerning health.

**Be it enacted by the People of the State of Illinois,
represented in the General Assembly:**

Section 5. The School Code is amended by adding Section 2-3.182 and by changing Section 22-30 as follows:

(105 ILCS 5/2-3.182 new)

Sec. 2-3.182. Anaphylactic policy for school districts.

(a) The State Board of Education, in consultation with the Department of Public Health, shall establish an anaphylactic policy for school districts setting forth guidelines and procedures to be followed both for the prevention of anaphylaxis and during a medical emergency resulting from anaphylaxis. The policy shall be developed after consultation with the advisory committee established pursuant to Section 5 of the Critical Health Problems and Comprehensive Health Education Act. In establishing the policy required under this Section, the State Board shall consider existing requirements and current and best practices for schools regarding allergies and anaphylaxis. The State Board must also consider the voluntary guidelines for managing food allergies in schools issued by the United States Department of Health and Human Services.

(b) The anaphylactic policy established under subsection

(a) shall include the following:

(1) A procedure and treatment plan, including emergency protocols and responsibilities for school nurses and other appropriate school personnel, for responding to anaphylaxis.

(2) Requirements for a training course for appropriate school personnel on preventing and responding to anaphylaxis.

(3) A procedure and appropriate guidelines for the development of an individualized emergency health care plan for children with a food or other allergy that could result in anaphylaxis.

(4) A communication plan for intake and dissemination of information provided by this State regarding children with a food or other allergy that could result in anaphylaxis, including a discussion of methods, treatments, and therapies to reduce the risk of allergic reactions, including anaphylaxis.

(5) Strategies for reducing the risk of exposure to anaphylactic causative agents, including food and other allergens.

(6) A communication plan for discussion with children who have developed adequate verbal communication and comprehension skills and with the parents or guardians of all children about foods that are safe and unsafe and about strategies to avoid exposure to unsafe food.

(c) At least once each calendar year, each school district shall send a notification to the parents or guardians of all children under the care of a school to make them aware of the anaphylactic policy. The notification shall include contact information for parents and guardians to engage further with the school to learn more about individualized aspects of the policy.

(d) At least 6 months after the effective date of this amendatory Act of the 102nd General Assembly, the anaphylactic policy established under subsection (a) shall be forwarded by the State Board to the school board of each school district in this State. Each school district shall implement or update, as appropriate, its anaphylactic policy in accordance with those developed by the State Board within 6 months after receiving the anaphylactic policy from the State Board.

(e) The anaphylactic policy established under subsection (a) shall be reviewed and updated, if necessary, at least once every 3 years.

(f) The State Board shall post the anaphylactic policy established under subsection (a) and resources regarding allergies and anaphylaxis on its website.

(g) The State Board may adopt any rules necessary to implement this Section.

(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.

(a) For the purpose of this Section only, the following terms shall have the meanings set forth below:

"Asthma action plan" means a written plan developed with a pupil's medical provider to help control the pupil's asthma. The goal of an asthma action plan is to reduce or prevent flare-ups and emergency department visits through day-to-day management and to serve as a student-specific document to be referenced in the event of an asthma episode.

"Asthma episode emergency response protocol" means a procedure to provide assistance to a pupil experiencing symptoms of wheezing, coughing, shortness of breath, chest tightness, or breathing difficulty.

"Epinephrine injector" includes an auto-injector approved by the United States Food and Drug Administration for the administration of epinephrine and a pre-filled syringe approved by the United States Food and Drug Administration and used for the administration of epinephrine that contains a pre-measured dose of epinephrine that is equivalent to the dosages used in an auto-injector.

"Asthma medication" means quick-relief asthma medication, including albuterol or other short-acting bronchodilators, that is approved by the United States Food and Drug

Administration for the treatment of respiratory distress. "Asthma medication" includes medication delivered through a device, including a metered dose inhaler with a reusable or disposable spacer or a nebulizer with a mouthpiece or mask.

"Opioid antagonist" means a drug that binds to opioid receptors and blocks or inhibits the effect of opioids acting on those receptors, including, but not limited to, naloxone hydrochloride or any other similarly acting drug approved by the U.S. Food and Drug Administration.

"Respiratory distress" means the perceived or actual presence of wheezing, coughing, shortness of breath, chest tightness, breathing difficulty, or any other symptoms consistent with asthma. Respiratory distress may be categorized as "mild-to-moderate" or "severe".

"School nurse" means a registered nurse working in a school with or without licensure endorsed in school nursing.

"Self-administration" means a pupil's discretionary use of his or her prescribed asthma medication or epinephrine injector.

"Self-carry" means a pupil's ability to carry his or her prescribed asthma medication or epinephrine injector.

"Standing protocol" may be issued by (i) a physician licensed to practice medicine in all its branches, (ii) a licensed physician assistant with prescriptive authority, or (iii) a licensed advanced practice registered nurse with prescriptive authority.

"Trained personnel" means any school employee or volunteer personnel authorized in Sections 10-22.34, 10-22.34a, and 10-22.34b of this Code who has completed training under subsection (g) of this Section to recognize and respond to anaphylaxis, an opioid overdose, or respiratory distress.

"Undesignated asthma medication" means asthma medication prescribed in the name of a school district, public school, charter school, or nonpublic school.

"Undesignated epinephrine injector" means an epinephrine injector prescribed in the name of a school district, public school, charter school, or nonpublic school.

(b) A school, whether public, charter, or nonpublic, must permit the self-administration and self-carry of asthma medication by a pupil with asthma or the self-administration and self-carry of an epinephrine injector by a pupil, provided that:

(1) the parents or guardians of the pupil provide to the school (i) written authorization from the parents or guardians for (A) the self-administration and self-carry of asthma medication or (B) the self-carry of asthma medication or (ii) for (A) the self-administration and self-carry of an epinephrine injector or (B) the self-carry of an epinephrine injector, written authorization from the pupil's physician, physician assistant, or advanced practice registered nurse; and

(2) the parents or guardians of the pupil provide to

the school (i) the prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered, or (ii) for the self-administration or self-carry of an epinephrine injector, a written statement from the pupil's physician, physician assistant, or advanced practice registered nurse containing the following information:

(A) the name and purpose of the epinephrine injector;

(B) the prescribed dosage; and

(C) the time or times at which or the special circumstances under which the epinephrine injector is to be administered.

The information provided shall be kept on file in the office of the school nurse or, in the absence of a school nurse, the school's administrator.

(b-5) A school district, public school, charter school, or nonpublic school may authorize the provision of a student-specific or undesignated epinephrine injector to a student or any personnel authorized under a student's Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, or plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 to administer an epinephrine injector to the student, that meets the student's prescription on file.

(b-10) The school district, public school, charter school, or nonpublic school may authorize a school nurse or trained personnel to do the following: (i) provide an undesignated epinephrine injector to a student for self-administration only or any personnel authorized under a student's Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan to administer to the student that meets the student's prescription on file; (ii) administer an undesignated epinephrine injector that meets the prescription on file to any student who has an Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan that authorizes the use of an epinephrine injector; (iii) administer an undesignated epinephrine injector to any person that the school nurse or trained personnel in good faith believes is having an anaphylactic reaction; (iv) administer an opioid antagonist to any person that the school nurse or trained personnel in good faith believes is having an opioid overdose; (v) provide undesignated asthma medication to a student for self-administration only or to any personnel authorized under a student's Individual Health Care Action Plan or asthma action plan, plan pursuant to Section 504 of the federal

Rehabilitation Act of 1973, or individualized education program plan to administer to the student that meets the student's prescription on file; (vi) administer undesignated asthma medication that meets the prescription on file to any student who has an Individual Health Care Action Plan or asthma action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan that authorizes the use of asthma medication; and (vii) administer undesignated asthma medication to any person that the school nurse or trained personnel believes in good faith is having respiratory distress.

(c) The school district, public school, charter school, or nonpublic school must inform the parents or guardians of the pupil, in writing, that the school district, public school, charter school, or nonpublic school and its employees and agents, including a physician, physician assistant, or advanced practice registered nurse providing standing protocol and a prescription for school epinephrine injectors, an opioid antagonist, or undesignated asthma medication, are to incur no liability or professional discipline, except for willful and wanton conduct, as a result of any injury arising from the administration of asthma medication, an epinephrine injector, or an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice

registered nurse. The parents or guardians of the pupil must sign a statement acknowledging that the school district, public school, charter school, or nonpublic school and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the administration of asthma medication, an epinephrine injector, or an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse and that the parents or guardians must indemnify and hold harmless the school district, public school, charter school, or nonpublic school and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of asthma medication, an epinephrine injector, or an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse.

(c-5) When a school nurse or trained personnel administers an undesignated epinephrine injector to a person whom the school nurse or trained personnel in good faith believes is having an anaphylactic reaction, administers an opioid antagonist to a person whom the school nurse or trained personnel in good faith believes is having an opioid overdose, or administers undesignated asthma medication to a person whom the school nurse or trained personnel in good faith believes

is having respiratory distress, notwithstanding the lack of notice to the parents or guardians of the pupil or the absence of the parents or guardians signed statement acknowledging no liability, except for willful and wanton conduct, the school district, public school, charter school, or nonpublic school and its employees and agents, and a physician, a physician assistant, or an advanced practice registered nurse providing standing protocol and a prescription for undesignated epinephrine injectors, an opioid antagonist, or undesignated asthma medication, are to incur no liability or professional discipline, except for willful and wanton conduct, as a result of any injury arising from the use of an undesignated epinephrine injector, the use of an opioid antagonist, or the use of undesignated asthma medication, regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse.

(d) The permission for self-administration and self-carry of asthma medication or the self-administration and self-carry of an epinephrine injector is effective for the school year for which it is granted and shall be renewed each subsequent school year upon fulfillment of the requirements of this Section.

(e) Provided that the requirements of this Section are fulfilled, a pupil with asthma may self-administer and self-carry his or her asthma medication or a pupil may

self-administer and self-carry an epinephrine injector (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, such as while in before-school or after-school care on school-operated property or while being transported on a school bus.

(e-5) Provided that the requirements of this Section are fulfilled, a school nurse or trained personnel may administer an undesignated epinephrine injector to any person whom the school nurse or trained personnel in good faith believes to be having an anaphylactic reaction (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, such as while in before-school or after-school care on school-operated property or while being transported on a school bus. A school nurse or trained personnel may carry undesignated epinephrine injectors on his or her person while in school or at a school-sponsored activity.

(e-10) Provided that the requirements of this Section are fulfilled, a school nurse or trained personnel may administer an opioid antagonist to any person whom the school nurse or trained personnel in good faith believes to be having an opioid overdose (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school

activities, such as while in before-school or after-school care on school-operated property. A school nurse or trained personnel may carry an opioid antagonist on his or her person while in school or at a school-sponsored activity.

(e-15) If the requirements of this Section are met, a school nurse or trained personnel may administer undesignated asthma medication to any person whom the school nurse or trained personnel in good faith believes to be experiencing respiratory distress (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, including before-school or after-school care on school-operated property. A school nurse or trained personnel may carry undesignated asthma medication on his or her person while in school or at a school-sponsored activity.

(f) The school district, public school, charter school, or nonpublic school may maintain a supply of undesignated epinephrine injectors in any secure location that is accessible before, during, and after school where an allergic person is most at risk, including, but not limited to, classrooms and lunchrooms. A physician, a physician assistant who has prescriptive authority in accordance with Section 7.5 of the Physician Assistant Practice Act of 1987, or an advanced practice registered nurse who has prescriptive authority in accordance with Section 65-40 of the Nurse Practice Act may prescribe undesignated epinephrine injectors

in the name of the school district, public school, charter school, or nonpublic school to be maintained for use when necessary. Any supply of epinephrine injectors shall be maintained in accordance with the manufacturer's instructions.

The school district, public school, charter school, or nonpublic school may maintain a supply of an opioid antagonist in any secure location where an individual may have an opioid overdose. A health care professional who has been delegated prescriptive authority for opioid antagonists in accordance with Section 5-23 of the Substance Use Disorder Act may prescribe opioid antagonists in the name of the school district, public school, charter school, or nonpublic school, to be maintained for use when necessary. Any supply of opioid antagonists shall be maintained in accordance with the manufacturer's instructions.

The school district, public school, charter school, or nonpublic school may maintain a supply of asthma medication in any secure location that is accessible before, during, or after school where a person is most at risk, including, but not limited to, a classroom or the nurse's office. A physician, a physician assistant who has prescriptive authority under Section 7.5 of the Physician Assistant Practice Act of 1987, or an advanced practice registered nurse who has prescriptive authority under Section 65-40 of the Nurse Practice Act may prescribe undesignated asthma medication in the name of the school district, public school, charter school, or nonpublic

school to be maintained for use when necessary. Any supply of undesignated asthma medication must be maintained in accordance with the manufacturer's instructions.

(f-3) Whichever entity initiates the process of obtaining undesignated epinephrine injectors and providing training to personnel for carrying and administering undesignated epinephrine injectors shall pay for the costs of the undesignated epinephrine injectors.

(f-5) Upon any administration of an epinephrine injector, a school district, public school, charter school, or nonpublic school must immediately activate the EMS system and notify the student's parent, guardian, or emergency contact, if known.

Upon any administration of an opioid antagonist, a school district, public school, charter school, or nonpublic school must immediately activate the EMS system and notify the student's parent, guardian, or emergency contact, if known.

(f-10) Within 24 hours of the administration of an undesignated epinephrine injector, a school district, public school, charter school, or nonpublic school must notify the physician, physician assistant, or advanced practice registered nurse who provided the standing protocol and a prescription for the undesignated epinephrine injector of its use.

Within 24 hours after the administration of an opioid antagonist, a school district, public school, charter school, or nonpublic school must notify the health care professional

who provided the prescription for the opioid antagonist of its use.

Within 24 hours after the administration of undesignated asthma medication, a school district, public school, charter school, or nonpublic school must notify the student's parent or guardian or emergency contact, if known, and the physician, physician assistant, or advanced practice registered nurse who provided the standing protocol and a prescription for the undesignated asthma medication of its use. The district or school must follow up with the school nurse, if available, and may, with the consent of the child's parent or guardian, notify the child's health care provider of record, as determined under this Section, of its use.

(g) Prior to the administration of an undesignated epinephrine injector, trained personnel must submit to the school's administration proof of completion of a training curriculum to recognize and respond to anaphylaxis that meets the requirements of subsection (h) of this Section. Training must be completed annually. The school district, public school, charter school, or nonpublic school must maintain records related to the training curriculum and trained personnel.

Prior to the administration of an opioid antagonist, trained personnel must submit to the school's administration proof of completion of a training curriculum to recognize and respond to an opioid overdose, which curriculum must meet the

requirements of subsection (h-5) of this Section. Training must be completed annually. Trained personnel must also submit to the school's administration proof of cardiopulmonary resuscitation and automated external defibrillator certification. The school district, public school, charter school, or nonpublic school must maintain records relating to the training curriculum and the trained personnel.

Prior to the administration of undesignated asthma medication, trained personnel must submit to the school's administration proof of completion of a training curriculum to recognize and respond to respiratory distress, which must meet the requirements of subsection (h-10) of this Section. Training must be completed annually, and the school district, public school, charter school, or nonpublic school must maintain records relating to the training curriculum and the trained personnel.

(h) A training curriculum to recognize and respond to anaphylaxis, including the administration of an undesignated epinephrine injector, may be conducted online or in person.

Training shall include, but is not limited to:

- (1) how to recognize signs and symptoms of an allergic reaction, including anaphylaxis;
- (2) how to administer an epinephrine injector; and
- (3) a test demonstrating competency of the knowledge required to recognize anaphylaxis and administer an epinephrine injector.

Training may also include, but is not limited to:

(A) a review of high-risk areas within a school and its related facilities;

(B) steps to take to prevent exposure to allergens;

(C) emergency follow-up procedures, including the importance of calling 9-1-1 or, if 9-1-1 is not available, other local emergency medical services;

(D) how to respond to a student with a known allergy, as well as a student with a previously unknown allergy;
~~and~~

(E) other criteria as determined in rules adopted pursuant to this Section; ~~and~~

(F) any policy developed by the State Board of Education under Section 2-3.182.

In consultation with statewide professional organizations representing physicians licensed to practice medicine in all of its branches, registered nurses, and school nurses, the State Board of Education shall make available resource materials consistent with criteria in this subsection (h) for educating trained personnel to recognize and respond to anaphylaxis. The State Board may take into consideration the curriculum on this subject developed by other states, as well as any other curricular materials suggested by medical experts and other groups that work on life-threatening allergy issues. The State Board is not required to create new resource materials. The State Board shall make these resource materials

available on its Internet website.

(h-5) A training curriculum to recognize and respond to an opioid overdose, including the administration of an opioid antagonist, may be conducted online or in person. The training must comply with any training requirements under Section 5-23 of the Substance Use Disorder Act and the corresponding rules. It must include, but is not limited to:

- (1) how to recognize symptoms of an opioid overdose;
- (2) information on drug overdose prevention and recognition;
- (3) how to perform rescue breathing and resuscitation;
- (4) how to respond to an emergency involving an opioid overdose;
- (5) opioid antagonist dosage and administration;
- (6) the importance of calling 9-1-1 or, if 9-1-1 is not available, other local emergency medical services;
- (7) care for the overdose victim after administration of the overdose antagonist;
- (8) a test demonstrating competency of the knowledge required to recognize an opioid overdose and administer a dose of an opioid antagonist; and
- (9) other criteria as determined in rules adopted pursuant to this Section.

(h-10) A training curriculum to recognize and respond to respiratory distress, including the administration of undesignated asthma medication, may be conducted online or in

person. The training must include, but is not limited to:

(1) how to recognize symptoms of respiratory distress and how to distinguish respiratory distress from anaphylaxis;

(2) how to respond to an emergency involving respiratory distress;

(3) asthma medication dosage and administration;

(4) the importance of calling 9-1-1 or, if 9-1-1 is not available, other local emergency medical services;

(5) a test demonstrating competency of the knowledge required to recognize respiratory distress and administer asthma medication; and

(6) other criteria as determined in rules adopted under this Section.

(i) Within 3 days after the administration of an undesignated epinephrine injector by a school nurse, trained personnel, or a student at a school or school-sponsored activity, the school must report to the State Board of Education in a form and manner prescribed by the State Board the following information:

(1) age and type of person receiving epinephrine (student, staff, visitor);

(2) any previously known diagnosis of a severe allergy;

(3) trigger that precipitated allergic episode;

(4) location where symptoms developed;

(5) number of doses administered;

(6) type of person administering epinephrine (school nurse, trained personnel, student); and

(7) any other information required by the State Board.

If a school district, public school, charter school, or nonpublic school maintains or has an independent contractor providing transportation to students who maintains a supply of undesignated epinephrine injectors, then the school district, public school, charter school, or nonpublic school must report that information to the State Board of Education upon adoption or change of the policy of the school district, public school, charter school, nonpublic school, or independent contractor, in a manner as prescribed by the State Board. The report must include the number of undesignated epinephrine injectors in supply.

(i-5) Within 3 days after the administration of an opioid antagonist by a school nurse or trained personnel, the school must report to the State Board of Education, in a form and manner prescribed by the State Board, the following information:

(1) the age and type of person receiving the opioid antagonist (student, staff, or visitor);

(2) the location where symptoms developed;

(3) the type of person administering the opioid antagonist (school nurse or trained personnel); and

(4) any other information required by the State Board.

(i-10) Within 3 days after the administration of undesignated asthma medication by a school nurse, trained personnel, or a student at a school or school-sponsored activity, the school must report to the State Board of Education, on a form and in a manner prescribed by the State Board of Education, the following information:

(1) the age and type of person receiving the asthma medication (student, staff, or visitor);

(2) any previously known diagnosis of asthma for the person;

(3) the trigger that precipitated respiratory distress, if identifiable;

(4) the location of where the symptoms developed;

(5) the number of doses administered;

(6) the type of person administering the asthma medication (school nurse, trained personnel, or student);

(7) the outcome of the asthma medication administration; and

(8) any other information required by the State Board.

(j) By October 1, 2015 and every year thereafter, the State Board of Education shall submit a report to the General Assembly identifying the frequency and circumstances of undesignated epinephrine and undesignated asthma medication administration during the preceding academic year. Beginning with the 2017 report, the report shall also contain information on which school districts, public schools, charter

schools, and nonpublic schools maintain or have independent contractors providing transportation to students who maintain a supply of undesignated epinephrine injectors. This report shall be published on the State Board's Internet website on the date the report is delivered to the General Assembly.

(j-5) Annually, each school district, public school, charter school, or nonpublic school shall request an asthma action plan from the parents or guardians of a pupil with asthma. If provided, the asthma action plan must be kept on file in the office of the school nurse or, in the absence of a school nurse, the school administrator. Copies of the asthma action plan may be distributed to appropriate school staff who interact with the pupil on a regular basis, and, if applicable, may be attached to the pupil's federal Section 504 plan or individualized education program plan.

(j-10) To assist schools with emergency response procedures for asthma, the State Board of Education, in consultation with statewide professional organizations with expertise in asthma management and a statewide organization representing school administrators, shall develop a model asthma episode emergency response protocol before September 1, 2016. Each school district, charter school, and nonpublic school shall adopt an asthma episode emergency response protocol before January 1, 2017 that includes all of the components of the State Board's model protocol.

(j-15) Every 2 years, school personnel who work with

pupils shall complete an in-person or online training program on the management of asthma, the prevention of asthma symptoms, and emergency response in the school setting. In consultation with statewide professional organizations with expertise in asthma management, the State Board of Education shall make available resource materials for educating school personnel about asthma and emergency response in the school setting.

(j-20) On or before October 1, 2016 and every year thereafter, the State Board of Education shall submit a report to the General Assembly and the Department of Public Health identifying the frequency and circumstances of opioid antagonist administration during the preceding academic year. This report shall be published on the State Board's Internet website on the date the report is delivered to the General Assembly.

(k) The State Board of Education may adopt rules necessary to implement this Section.

(l) Nothing in this Section shall limit the amount of epinephrine injectors that any type of school or student may carry or maintain a supply of.

(Source: P.A. 100-201, eff. 8-18-17; 100-513, eff. 1-1-18; 100-726, eff. 1-1-19; 100-759, eff. 1-1-19; 100-799, eff. 1-1-19; 101-81, eff. 7-12-19.)

Section 905. The School Code is amended by repealing Section 2-3.149.

Section 910. The Child Care Act of 1969 is amended by adding Section 5.11 as follows:

(225 ILCS 10/5.11 new)

Sec. 5.11. Plan for anaphylactic shock. The Department shall require each licensed day care center, day care home, and group day care home to have a plan for anaphylactic shock to be followed for the prevention of anaphylaxis and during a medical emergency resulting from anaphylaxis. The plan should be based on the guidance and recommendations provided by the American Academy of Pediatrics relating to the management of food allergies or other allergies. The plan should be shared with parents or guardians upon enrollment at each licensed day care center, day care home, and group day care home. If a child requires specific specialized treatment during an episode of anaphylaxis, that child's treatment plan should be kept by the staff of the day care center, day care home, or group day care home and followed in the event of an emergency. Each licensed day care center, day care home, and group day care home shall have at least one staff member present at all times who has taken a training course in recognizing and responding to anaphylaxis.

Section 999. Effective date. This Act takes effect July 1,

Public Act 102-0413

HB0102 Enrolled

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