



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

SB2058

Introduced 2/15/2019, by Sen. Laura M. Murphy

SYNOPSIS AS INTRODUCED:

70 ILCS 1205/8-25 new
70 ILCS 1505/26.10-13 new

Amends the Park District Code. Provides that a park district must permit the self-administration and self-carry of asthma medication by a program participant at an after-school program with asthma or the self-administration and self-carry of an epinephrine injector by a program participant at an after-school program if specified written authorization is provided to the park district. Requires park district employees or volunteers who have undergone training to administer specified asthma medication, epinephrine injectors, and opioid antagonists to after-school program participants unless the program participant indicates they will self-administer the medication. Requires a park district to immediately call local emergency medical services after administration of an epinephrine injector or an opioid antagonist and notify specified individuals after the administration of asthma medication, epinephrine injectors, and opioid antagonists. Limits the liability of park district employees, agents, and medical personnel writing prescriptions for after-school program participants. Provides that each park district shall adopt an asthma episode emergency response protocol. Defines terms. Makes other changes. Amends the Chicago Park District Act making conforming changes.

LRB101 08879 AWJ 53969 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning local government.

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

4 Section 5. The Park District Code is amended by adding
5 Section 8-25 as follows:

6 (70 ILCS 1205/8-25 new)

7 Sec. 8-25. Administration of asthma medication,
8 epinephrine injectors, and opioid antagonist in after-school
9 programs; asthma episode emergency response protocol.

10 (a) As used in this Section:

11 "After-school program" means a program sponsored by a park
12 district that is organized at the park district during the
13 hours after school, during recess from school, or on weekends.
14 These activities may include, but are not limited to, academic
15 support, arts, music, sports, cultural enrichment, or other
16 recreation, health promotion and diseases prevention, life
17 skills and work and career development, or youth leadership
18 development.

19 "Asthma action plan" means a written plan developed with a
20 program participant's medical provider to help control the
21 program participant's asthma. The goal of an asthma action plan
22 is to reduce or prevent flare-ups and emergency department
23 visits through day-to-day management and to serve as a program

1 participant-specific document to be referenced in the event of
2 an asthma episode.

3 "Asthma episode emergency response protocol" means a
4 procedure to provide assistance to a program participant
5 experiencing symptoms of wheezing, coughing, shortness of
6 breath, chest tightness, or breathing difficulty.

7 "Asthma medication" means quick-relief asthma medication,
8 including albuterol or other short-acting bronchodilators,
9 that is approved by the United States Food and Drug
10 Administration for the treatment of respiratory distress.

11 "Asthma medication" includes medication delivered through a
12 device, including a metered-dose inhaler with a reusable or
13 disposable spacer or a nebulizer with a mouthpiece or mask.

14 "Epinephrine injector" means an auto-injector approved by
15 the United States Food and Drug Administration for the
16 administration of epinephrine and a pre-filled syringe
17 approved by the United States Food and Drug Administration and
18 used for the administration of epinephrine that contains a
19 pre-measured dose of epinephrine that is equivalent to the
20 dosages used in an auto-injector.

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

26 "Program participant" means an individual participating in

1 an after-school program.

2 "Park district" means park districts organized under this
3 Code or the Chicago Park District Act.

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

9 "Self-administration" means a program participant's
10 discretionary use of his or her prescribed asthma medication or
11 epinephrine injector.

12 "Self-carry" means a program participant's ability to
13 carry his or her prescribed asthma medication or epinephrine
14 injector.

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

20 "Trained personnel" means any park district employee or
21 volunteer who has completed training under subsection (p) to
22 recognize and respond to anaphylaxis, opioid overdose, and
23 respiratory distress.

24 "Undesignated asthma medication" means asthma medication
25 prescribed in the name of a park district.

26 "Undesignated epinephrine injector" means an epinephrine

1 injector prescribed in the name of a park district.

2 (b) A park district must permit the self-administration and
3 self-carry of asthma medication by a program participant with
4 asthma or the self-administration and self-carry of an
5 epinephrine injector by a program participant at an
6 after-school program, provided that:

7 (1) the parents or guardians of the program participant
8 provide to the park district: (i) written authorization
9 from the parents or guardians for (A) the
10 self-administration and self-carry of asthma medication or
11 (B) the self-carry of asthma medication; or (ii) for (A)
12 the self-administration and self-carry of an epinephrine
13 injector or (B) the self-carry of an epinephrine injector,
14 written authorization from the program participant's
15 physician, physician assistant, or advanced practice
16 registered nurse; and

17 (2) the parents or guardians of the program participant
18 provide to the park district: (i) the prescription label,
19 which must contain the name of the asthma medication, the
20 prescribed dosage, and the time at which or circumstances
21 under which the asthma medication is to be administered; or
22 (ii) for the self-administration or self-carry of an
23 epinephrine injector, a written statement from the program
24 participant's physician, physician assistant, or advanced
25 practice registered nurse containing the following
26 information:

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

3 (B) the prescribed dosage; and

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

7 The parents or guardians may provide to the park district
8 an Individual Health Care Action Plan, asthma action plan,
9 Illinois Food Allergy Emergency Action Plan and Treatment
10 Authorization Form, plan pursuant to Section 504 of the federal
11 Rehabilitation Act of 1973, or individualized education
12 program plan to satisfy all or a portion of the requirements of
13 this subsection. To the extent that the submitted plan
14 authorizes school personnel or other persons to administer
15 asthma medication or an epinephrine injector, submission of the
16 plan by the parents or guardians authorizes trained personnel
17 of the park district to administer asthma medication or an
18 epinephrine injector in the same manner as school personnel or
19 other persons are allowed to under a plan or as otherwise
20 authorized by this Section.

21 The information provided shall be kept on file in the
22 records of the park district.

23 (c) A park district may authorize the provision of a
24 program participant-specific or undesignated epinephrine
25 injector to a program participant or any personnel authorized
26 under a program participant's Individual Health Care Action

1 Plan, Illinois Food Allergy Emergency Action Plan and Treatment
2 Authorization Form, or plan pursuant to Section 504 of the
3 federal Rehabilitation Act of 1973 to administer an epinephrine
4 injector to the program participant, that meets the program
5 participant's prescription on file.

6 (d) The park district must train all personnel working at
7 after-school programs as provided in subsections (g), (r), and
8 (s) and, after training, trained personnel must: (i) provide an
9 undesigned epinephrine injector to a program participant for
10 self-administration only that meets the program participant's
11 prescription on file; (ii) administer an undesigned
12 epinephrine injector that meets the prescription on file to any
13 program participant who has an Individual Health Care Action
14 Plan, Illinois Food Allergy Emergency Action Plan and Treatment
15 Authorization Form, plan pursuant to Section 504 of the federal
16 Rehabilitation Act of 1973, or individualized education
17 program plan that authorizes the use of an epinephrine
18 injector; (iii) administer an undesigned epinephrine
19 injector to a program participant that the trained personnel in
20 good faith believes is having an anaphylactic reaction; (iv)
21 administer an opioid antagonist to a program participant that
22 the trained personnel in good faith believes is having an
23 opioid overdose; (v) provide undesigned asthma medication to
24 a program participant for self-administration only that meets
25 the program participant's prescription on file; (vi)
26 administer undesigned asthma medication that meets the

1 prescription on file to any program participant who has an
2 Individual Health Care Action Plan, asthma action plan, plan
3 pursuant to Section 504 of the federal Rehabilitation Act of
4 1973, or individualized education program plan that authorizes
5 the use of asthma medication; and (vii) administer undesignated
6 asthma medication to a program participant that the trained
7 personnel believes in good faith is having respiratory
8 distress.

9 Trained personnel is not required to administer an
10 undesignated epinephrine injector, an opioid antagonist, or an
11 undesignated asthma medication to a program participant if the
12 program participant indicates that they will self-administer.
13 Trained personnel may administer an undesignated epinephrine
14 injector, an opioid antagonist, or an undesignated asthma
15 medication to any person that is not a program participant on
16 park district property or at a park district activity if the
17 trained personnel in good faith believes the person is in need
18 of the undesignated epinephrine injector, an opioid
19 antagonist, or an undesignated asthma medication.

20 (e) The park district must inform the parents or guardians
21 of the program participant, in writing, that the park district
22 and its employees and agents, including a physician, physician
23 assistant, or advanced practice registered nurse providing a
24 standing protocol and a prescription for park district
25 undesignated epinephrine injectors, an opioid antagonist, or
26 undesignated asthma medication, are to incur no liability or

1 professional discipline, except for willful and wanton
2 conduct, as a result of any injury arising from the
3 administration of asthma medication, an epinephrine injector,
4 or an opioid antagonist regardless of whether authorization was
5 given by the program participant's parents or guardians or by
6 the program participant's physician, physician assistant, or
7 advanced practice registered nurse. The parents or guardians of
8 the program participant must sign a statement acknowledging
9 that the park district and its employees and agents are to
10 incur no liability, except for willful and wanton conduct, as a
11 result of any injury arising from the administration of asthma
12 medication, an epinephrine injector, or an opioid antagonist
13 regardless of whether authorization was given by the program
14 participant's parents or guardians or by the program
15 participant's physician, physician assistant, or advanced
16 practice registered nurse and that the parents or guardians
17 must indemnify and hold harmless the park district and its
18 employees and agents against any claims, except a claim based
19 on willful and wanton conduct, arising out of the
20 administration of asthma medication, an epinephrine injector,
21 or an opioid antagonist regardless of whether authorization was
22 given by the program participant's parents or guardians or by
23 the program participant's physician, physician assistant, or
24 advanced practice registered nurse.

25 (f) When trained personnel administers an undesignated
26 epinephrine injector to a person whom the trained personnel in

1 good faith believes is having an anaphylactic reaction,
2 administers an opioid antagonist to a person whom the trained
3 personnel in good faith believes is having an opioid overdose,
4 or administers undesignated asthma medication to a person whom
5 the trained personnel in good faith believes is having
6 respiratory distress, notwithstanding the lack of notice to the
7 parents or guardians of the program participant or the absence
8 of the parents or guardians signed statement acknowledging no
9 liability, except for willful and wanton conduct, the park
10 district and its employees and agents, including a physician, a
11 physician assistant, or an advanced practice registered nurse
12 providing standing protocol and a prescription for
13 undesignated epinephrine injectors, an opioid antagonist, or
14 undesignated asthma medication, are to incur no liability or
15 professional discipline, except for willful and wanton
16 conduct, as a result of any injury arising from the use of an
17 undesignated epinephrine injector, the use of an opioid
18 antagonist, or the use of undesignated asthma medication,
19 regardless of whether authorization was given by the program
20 participant's parents or guardians or by the program
21 participant's physician, physician assistant, or advanced
22 practice registered nurse.

23 (g) The permission for self-administration and self-carry
24 of asthma medication or the self-administration and self-carry
25 of an epinephrine injector is effective for the school year for
26 which it is granted and shall be renewed each subsequent school

1 year upon fulfillment of the requirements of this Section.

2 (h) Provided that the requirements of this Section are
3 fulfilled, a program participant with asthma may
4 self-administer and self-carry his or her asthma medication or
5 a program participant may self-administer and self-carry an
6 epinephrine injector (i) while at an after-school program, (ii)
7 while at a park district-sponsored activity related to an
8 after-school program, (iii) while under the supervision of
9 after-school program personnel, or (iv) before or after
10 after-school programs, such as while being transported in park
11 district vehicles to or from an after-school program.

12 (i) Provided that the requirements of this Section are
13 fulfilled, trained personnel must administer an undesignated
14 epinephrine injector to a program participant whom the trained
15 personnel in good faith believes to be having an anaphylactic
16 reaction (i) while at an after-school program, (ii) while at a
17 park district-sponsored activity related to an after-school
18 program, (iii) while under the supervision of after-school
19 program personnel, or (iv) before or after after-school
20 programs, such as while being transported in park district
21 vehicles to or from an after-school program. Trained personnel
22 may carry undesignated epinephrine injectors on his or her
23 person while in a park district or at a park district-sponsored
24 activity.

25 (j) Provided that the requirements of this Section are
26 fulfilled, trained personnel must administer an opioid

1 antagonist to a program participant whom the trained personnel
2 in good faith believes to be having an opioid overdose (i)
3 while at an after-school program, (ii) while at a park
4 district-sponsored activity related to an after-school
5 program, (iii) while under the supervision of after-school
6 program personnel, or (iv) before or after after-school
7 programs, such as while being transported in park district
8 vehicles to or from an after-school program. Trained personnel
9 may carry an opioid antagonist on his or her person while in a
10 park district or at a park district-sponsored activity.

11 (k) If the requirements of this Section are met, trained
12 personnel must administer undesignated asthma medication to a
13 program participant whom the trained personnel in good faith
14 believes to be experiencing respiratory distress (i) while at
15 an after-school program, (ii) while at a park
16 district-sponsored activity related to an after-school
17 program, (iii) while under the supervision of after-school
18 program personnel, or (iv) before or after after-school
19 programs, such as while being transported in park district
20 vehicles to or from an after-school program. Trained personnel
21 may carry undesignated asthma medication on his or her person
22 while in a park district or at a park district-sponsored
23 activity.

24 (l) The park district must maintain a supply of
25 undesignated epinephrine injectors in secure locations that
26 are accessible before, during, and after an after-school

1 program where an allergic person is most at risk. A physician,
2 a physician assistant who has prescriptive authority in
3 accordance with Section 7.5 of the Physician Assistant Practice
4 Act of 1987, or an advanced practice registered nurse who has
5 prescriptive authority in accordance with Section 65-40 of the
6 Nurse Practice Act may prescribe undesignated epinephrine
7 injectors in the name of the park district to be maintained for
8 use when necessary. The supply of undesignated epinephrine
9 injectors shall be maintained in accordance with the
10 manufacturer's instructions.

11 The park district shall maintain a supply of an opioid
12 antagonist in secure locations where an individual may have an
13 opioid overdose. A health care professional who has been
14 delegated prescriptive authority for opioid antagonists in
15 accordance with Section 5-23 of the Substance Use Disorder Act
16 may prescribe opioid antagonists in the name of the park
17 district, to be maintained for use when necessary. The supply
18 of opioid antagonists shall be maintained in accordance with
19 the manufacturer's instructions.

20 The park district must maintain a supply of undesignated
21 asthma medication in secure locations that are accessible
22 before, during, or after an after-school program where a person
23 is most at risk. A physician, a physician assistant who has
24 prescriptive authority under Section 7.5 of the Physician
25 Assistant Practice Act of 1987, or an advanced practice
26 registered nurse who has prescriptive authority under Section

1 65-40 of the Nurse Practice Act may prescribe undesignated
2 asthma medication in the name of the park district to be
3 maintained for use when necessary. The supply of undesignated
4 asthma medication must be maintained in accordance with the
5 manufacturer's instructions.

6 (m) The park district shall pay for the costs of the
7 undesignated epinephrine injectors, opioid antagonists, and
8 undesignated asthma medication.

9 (n) Upon any administration of an epinephrine injector or
10 an opioid antagonist, a park district must immediately call
11 9-1-1 or, if 9-1-1 is not available, other local emergency
12 medical services and notify the program participant's parent,
13 guardian, or emergency contact, if known.

14 (o) Within 24 hours of the administration of an
15 undesignated epinephrine injector, a park district must notify
16 the physician, physician assistant, or advanced practice
17 registered nurse who provided the standing protocol and a
18 prescription for the undesignated epinephrine injector of its
19 use.

20 Within 24 hours after the administration of an opioid
21 antagonist, a park district must notify the health care
22 professional who provided the prescription for the opioid
23 antagonist of its use.

24 Within 24 hours after the administration of undesignated
25 asthma medication, a park district must notify the program
26 participant's parent or guardian or emergency contact, if

1 known, and the physician, physician assistant, or advanced
2 practice registered nurse who provided the standing protocol
3 and a prescription for the undesignated asthma medication of
4 its use. The park district must follow up with the trained
5 personnel, if available, and may, with the consent of the
6 child's parent or guardian, notify the child's health care
7 provider of record, as determined under this Section, of its
8 use.

9 (p) Prior to the administration of an undesignated
10 epinephrine injector, trained personnel must submit to the park
11 district's administration proof of completion of a training
12 curriculum to recognize and respond to anaphylaxis that meets
13 the requirements of subsection (q). Training must be completed
14 annually. The park district must maintain records related to
15 the training curriculum and trained personnel.

16 Prior to the administration of an opioid antagonist,
17 trained personnel must submit to the park district's
18 administration proof of completion of a training curriculum to
19 recognize and respond to an opioid overdose, which curriculum
20 must meet the requirements of subsection (r). Training must be
21 completed annually. Trained personnel must also submit to the
22 park district's administration proof of cardiopulmonary
23 resuscitation and automated external defibrillator
24 certification. The park district must maintain records
25 relating to the training curriculum and the trained personnel.

26 Prior to the administration of undesignated asthma

1 medication, trained personnel must submit to the park
2 district's administration proof of completion of a training
3 curriculum to recognize and respond to respiratory distress,
4 which must meet the requirements of subsection (s). Training
5 must be completed annually, and the park district must maintain
6 records relating to the training curriculum and the trained
7 personnel.

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

11 Training must include, but is not limited to:

12 (1) how to recognize signs and symptoms of an allergic
13 reaction, including anaphylaxis;

14 (2) how to administer an epinephrine injector; and

15 (3) a test demonstrating competency of the knowledge
16 required to recognize anaphylaxis and administer an
17 epinephrine injector.

18 Training may also include, but is not limited to:

19 (A) a review of high-risk areas within a park
20 district and its related facilities;

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

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

25 (D) how to respond to a program participant with a
26 known allergy, as well as a program participant with a

1 previously unknown allergy; and

2 (E) other criteria as determined by the park
3 district.

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

10 (1) how to recognize symptoms of an opioid overdose;

11 (2) information on drug overdose prevention and
12 recognition;

13 (3) how to perform rescue breathing and resuscitation;

14 (4) how to respond to an emergency involving an opioid
15 overdose;

16 (5) opioid antagonist dosage and administration;

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

19 (7) care for the overdose victim after administration
20 of the overdose antagonist;

21 (8) a test demonstrating competency of the knowledge
22 required to recognize an opioid overdose and administer a
23 dose of an opioid antagonist; and

24 (9) other criteria as determined by the park district.

25 (s) A training curriculum to recognize and respond to
26 respiratory distress, including the administration of

1 undesigned asthma medication, may be conducted online or in
2 person. The training must include, but is not limited to:

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

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

8 (3) asthma medication dosage and administration;

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

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

14 (6) other criteria as determined by the park district.

15 (t) Annually, each park district shall request an asthma
16 action plan from the parents or guardians of a program
17 participant with asthma. If provided, the asthma action plan
18 must be kept on file in the records of the park district.
19 Copies of the asthma action plan may be distributed to
20 appropriate park district staff who interact with the program
21 participant on a regular basis.

22 (u) Each park district shall adopt, before January 1, 2021,
23 an asthma episode emergency response protocol similar to the
24 model asthma episode emergency response protocol adopted by the
25 State Board of Education under subsection (j-10) of Section
26 22-30 of the School Code.

1 (v) Every 2 years, trained personnel shall complete an
2 in-person or online training program on the management of
3 asthma, the prevention of asthma symptoms, and emergency
4 response in the park district setting.

5 (w) Nothing in this Section shall limit the amount of or
6 supply of epinephrine injectors that a park district or program
7 participant may carry or maintain.

8 Section 10. The Chicago Park District Act is amended by
9 adding Section 26.10-13 as follows:

10 (70 ILCS 1505/26.10-13 new)

11 Sec. 26.10-13. Administration of asthma medication,
12 epinephrine injectors, and opioid antagonist in after-school
13 programs; asthma episode emergency response protocol. The
14 Chicago Park District is subject to Section 8-25 of the Park
15 District Code.