



Sen. Laura M. Murphy

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10100SB2058sam001

LRB101 08879 AWJ 57994 a

1 AMENDMENT TO SENATE BILL 2058

2 AMENDMENT NO. _____. Amend Senate Bill 2058 by replacing
3 everything after the enacting clause with the following:

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 or recreational camps; asthma episode emergency
10 response protocol.

11 (a) As used in this Section:

12 "After-school program" means a program sponsored by a park
13 district that is organized at the park district during the
14 hours after school, during recess from school, or on weekends.
15 These activities may include, but are not limited to, academic
16 support, arts, music, sports, cultural enrichment, or other

1 recreation, health promotion and diseases prevention, life
2 skills and work and career development, or youth leadership
3 development.

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

11 "Asthma episode emergency response protocol" means a
12 procedure to provide assistance to a program participant
13 experiencing symptoms of wheezing, coughing, shortness of
14 breath, chest tightness, or breathing difficulty.

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

19 "Asthma medication" includes medication delivered through a
20 device, including a metered-dose inhaler with a reusable or
21 disposable spacer or a nebulizer with a mouthpiece or mask.

22 "Epinephrine injector" means an auto-injector approved by
23 the United States Food and Drug Administration for the
24 administration of epinephrine and a pre-filled syringe
25 approved by the United States Food and Drug Administration and
26 used for the administration of epinephrine that contains a

1 pre-measured dose of epinephrine that is equivalent to the
2 dosages used in an auto-injector.

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

8 "Program participant" means an individual participating in
9 an after-school program or recreational camp.

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

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

17 "Self-administration" means a program participant's
18 discretionary use of his or her prescribed asthma medication or
19 epinephrine injector.

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

25 "Trained personnel" means any park district employee or
26 volunteer who has completed training under subsection (i) to

1 recognize and respond to anaphylaxis, opioid overdose, and
2 respiratory distress.

3 "Undesignated asthma medication" means asthma medication
4 prescribed in the name of a park district.

5 "Undesignated epinephrine injector" means an epinephrine
6 injector prescribed in the name of a park district.

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

1 provide undesignated or program participant-specific asthma
2 medication to a program participant for self-administration
3 only that meets the program participant's prescription on file;
4 (vi) administer undesignated or program participant-specific
5 asthma medication that meets the prescription on file to any
6 program participant who has an Individual Health Care Action
7 Plan, asthma action plan, plan pursuant to Section 504 of the
8 federal Rehabilitation Act of 1973, or individualized
9 education program plan that authorizes the use of asthma
10 medication; and (vii) administer undesignated or program
11 participant-specific asthma medication to a program
12 participant that the trained personnel believes in good faith
13 is having respiratory distress.

14 Trained personnel is not required to administer an
15 undesignated or program participant-specific epinephrine
16 injector, an opioid antagonist, or an undesignated or program
17 participant-specific asthma medication to a program
18 participant if the program participant indicates that they will
19 self-administer. Trained personnel may administer an
20 undesignated or program participant-specific epinephrine
21 injector, an opioid antagonist, or an undesignated or program
22 participant-specific asthma medication to any person that is
23 not a program participant on park district property or at a
24 park district activity if the trained personnel in good faith
25 believes the person is in need of the undesignated or program
26 participant-specific epinephrine injector, an opioid

1 antagonist, or an undesignated or program participant-specific
2 asthma medication.

3 (c) The park district must inform the parents or guardians
4 of the program participant, in writing, that the park district
5 and its employees and agents, including a physician, physician
6 assistant, or advanced practice registered nurse providing a
7 standing protocol and a prescription for park district
8 undesignated epinephrine injectors, an opioid antagonist, or
9 undesignated asthma medication, are to incur no liability or
10 professional discipline, except for willful and wanton
11 conduct, as a result of any injury arising from the
12 administration of asthma medication, an epinephrine injector,
13 or an opioid antagonist regardless of whether authorization was
14 given by the program participant's parents or guardians or by
15 the program participant's physician, physician assistant, or
16 advanced practice registered nurse. The parents or guardians of
17 the program participant must sign a statement acknowledging
18 that the park district and its employees and agents are to
19 incur no liability, except for willful and wanton conduct, as a
20 result of any injury arising from the administration of asthma
21 medication, an epinephrine injector, or an opioid antagonist
22 regardless of whether authorization was given by the program
23 participant's parents or guardians or by the program
24 participant's physician, physician assistant, or advanced
25 practice registered nurse and that the parents or guardians
26 must indemnify and hold harmless the park district and its

1 employees and agents against any claims, except a claim based
2 on willful and wanton conduct, arising out of 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.

8 (d) When trained personnel administers an undesignated or
9 program participant-specific epinephrine injector to a person
10 whom the trained personnel in good faith believes is having an
11 anaphylactic reaction, administers an opioid antagonist to a
12 person whom the trained personnel in good faith believes is
13 having an opioid overdose, or administers undesignated or
14 program participant-specific asthma medication to a person
15 whom the trained personnel in good faith believes is having
16 respiratory distress, notwithstanding the lack of notice to the
17 parents or guardians of the program participant or the absence
18 of the parents or guardians signed statement acknowledging no
19 liability, except for willful and wanton conduct, the park
20 district and its employees and agents, including a physician, a
21 physician assistant, or an advanced practice registered nurse
22 providing standing protocol and a prescription for
23 undesignated or program participant-specific epinephrine
24 injectors, an opioid antagonist, or undesignated or program
25 participant-specific asthma medication, are to incur no
26 liability or professional discipline, except for willful and

1 wanton conduct, as a result of any injury arising from the use
2 of an undesignated or program participant-specific epinephrine
3 injector, the use of an opioid antagonist, or the use of
4 undesignated or program participant-specific asthma
5 medication, regardless of whether authorization was given by
6 the program participant's parents or guardians or by the
7 program participant's physician, physician assistant, or
8 advanced practice registered nurse.

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

24 (f) Provided that the requirements of this Section are
25 fulfilled, trained personnel must administer an opioid
26 antagonist to a program participant whom the trained personnel

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

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

1 (h) The park district must maintain a supply of
2 undesigned epinephrine injectors in secure locations that
3 are accessible before, during, and after an after-school
4 program or recreational camp where an allergic person is most
5 at risk. A physician, a physician assistant who has
6 prescriptive authority in accordance with Section 7.5 of the
7 Physician Assistant Practice Act of 1987, or an advanced
8 practice registered nurse who has prescriptive authority in
9 accordance with Section 65-40 of the Nurse Practice Act may
10 prescribe undesigned epinephrine injectors in the name of the
11 park district to be maintained for use when necessary. The
12 supply of undesigned epinephrine injectors shall be
13 maintained in accordance with the manufacturer's instructions.

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

23 The park district must maintain a supply of undesigned
24 asthma medication in secure locations that are accessible
25 before, during, or after an after-school program or
26 recreational camp where a person is most at risk. A physician,

1 a physician assistant who has prescriptive authority under
2 Section 7.5 of the Physician Assistant Practice Act of 1987, or
3 an advanced practice registered nurse who has prescriptive
4 authority under Section 65-40 of the Nurse Practice Act may
5 prescribe undesignated asthma medication in the name of the
6 park district to be maintained for use when necessary. The
7 supply of undesignated asthma medication must be maintained in
8 accordance with the manufacturer's instructions.

9 (i) The park district shall pay for the costs of the
10 undesignated epinephrine injectors, opioid antagonists, and
11 undesignated asthma medication.

12 (j) Upon any administration of an epinephrine injector or
13 an opioid antagonist, a park district must immediately call
14 9-1-1 or, if 9-1-1 is not available, other local emergency
15 medical services and notify the program participant's parent,
16 guardian, or emergency contact, if known.

17 (k) Within 24 hours of the administration of an
18 undesignated or program participant-specific epinephrine
19 injector, a park district must notify the physician, physician
20 assistant, or advanced practice registered nurse who provided
21 the standing protocol and a prescription for the undesignated
22 or program participant-specific epinephrine injector of its
23 use.

24 Within 24 hours after the administration of an opioid
25 antagonist, a park district must notify the health care
26 professional who provided the prescription for the opioid

1 antagonist of its use.

2 Within 24 hours after the administration of undesignated or
3 program participant-specific asthma medication, a park
4 district must notify the program participant's parent or
5 guardian or emergency contact, if known, and the physician,
6 physician assistant, or advanced practice registered nurse who
7 provided the standing protocol and a prescription for the
8 undesignated or program participant-specific asthma medication
9 of its use. The park district must follow up with the trained
10 personnel, if available, and may, with the consent of the
11 child's parent or guardian, notify the child's health care
12 provider of record, as determined under this Section, of its
13 use.

14 (1) Prior to the administration of an undesignated or
15 program participant-specific epinephrine injector, trained
16 personnel must submit to the park district's administration
17 proof of completion of a training curriculum to recognize and
18 respond to anaphylaxis that meets the requirements of
19 subsection (m). Training must be completed annually. The park
20 district must maintain records related to the training
21 curriculum and trained personnel.

22 Prior to the administration of an opioid antagonist,
23 trained personnel must submit to the park district's
24 administration proof of completion of a training curriculum to
25 recognize and respond to an opioid overdose, which curriculum
26 must meet the requirements of subsection (n). Training must be

1 completed annually. Trained personnel must also submit to the
2 park district's administration proof of cardiopulmonary
3 resuscitation and automated external defibrillator
4 certification. The park district must maintain records
5 relating to the training curriculum and the trained personnel.

6 Prior to the administration of undesignated or program
7 participant-specific asthma medication, trained personnel must
8 submit to the park district's administration proof of
9 completion of a training curriculum to recognize and respond to
10 respiratory distress, which must meet the requirements of
11 subsection (o). Training must be completed annually, and the
12 park district must maintain records relating to the training
13 curriculum and the trained personnel.

14 (m) A training curriculum to recognize and respond to
15 anaphylaxis, including the administration of an undesignated
16 or program participant-specific epinephrine injector, may be
17 conducted online or in person.

18 Training must include, but is not limited to:

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

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

22 (3) a test demonstrating competency of the knowledge
23 required to recognize anaphylaxis and administer an
24 epinephrine injector.

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

26 (A) a review of high-risk areas within a park

1 district and its related facilities;

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

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

6 (D) how to respond to a program participant with a
7 known allergy, as well as a program participant with a
8 previously unknown allergy; and

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

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

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

18 (2) information on drug overdose prevention and
19 recognition;

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

21 (4) how to respond to an emergency involving an opioid
22 overdose;

23 (5) opioid antagonist dosage and administration;

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

26 (7) care for the overdose victim after administration

1 of the overdose antagonist;

2 (8) a test demonstrating competency of the knowledge
3 required to recognize an opioid overdose and administer a
4 dose of an opioid antagonist; and

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

6 (o) A training curriculum to recognize and respond to
7 respiratory distress, including the administration of
8 undesigned or program participant-specific asthma
9 medication, may be conducted online or in person. The training
10 must include, but is not limited to:

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

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

16 (3) asthma medication dosage and administration;

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

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

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

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

1 22-30 of the School Code.

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

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

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

11 (70 ILCS 1505/26.10-13 new)

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