

**102ND GENERAL ASSEMBLY****State of Illinois****2021 and 2022****SB1778**

Introduced 2/26/2021, by Sen. Laura M. Murphy

SYNOPSIS AS INTRODUCED:

See Index

Amends the Park District Code. Provides that a park district must train all personnel working at after-school programs or recreational camps and, after training, trained personnel must: (i) provide an undesignated or program participant-specific epinephrine injector to a program participant for self-administration in specified circumstances; (ii) administer an undesignated or program participant-specific epinephrine injector in specified circumstances; (iii) administer an undesignated or program participant-specific epinephrine injector to a program participant that the trained personnel in good faith believes is having an anaphylactic reaction; (iv) administer an opioid antagonist to a program participant that the trained personnel in good faith believes is having an opioid overdose; (v) provide undesignated or program participant-specific asthma medication to a program participant for self-administration only that meets the program participant's prescription on file; (vi) administer undesignated or program participant-specific asthma medication that meets the prescription on file to specified program participants; and (vii) administer undesignated or program participant-specific asthma medication to a program participant that the trained personnel believes in good faith is having respiratory distress. Requires a park district to immediately call local emergency medical services and notify specified individuals after administration of an epinephrine injector, opioid antagonist, and asthma medication. Limits the liability of park district employees, agents, and specified medical personnel. 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.

LRB102 15966 AWJ 21336 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 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
17 recreation, health promotion and diseases prevention, life
18 skills and work and career development, or youth leadership
19 development.

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

1 department visits through day-to-day management and to serve
2 as a program participant-specific document to be referenced in
3 the event of an asthma episode.

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

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

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

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

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

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

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

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

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

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

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

22 "Undesignated asthma medication" means asthma medication
23 prescribed in the name of a park district.

24 "Undesignated epinephrine injector" means an epinephrine
25 injector prescribed in the name of a park district.

26 (b) The park district must train all personnel working at

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

1 pursuant to Section 504 of the federal Rehabilitation Act of
2 1973, or individualized education program plan that authorizes
3 the use of asthma medication; and (vii) administer
4 undesigned or program participant-specific asthma medication
5 to a program participant that the trained personnel believes
6 in good faith is having respiratory distress.

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

22 (c) The park district must inform the parents or guardians
23 of the program participant, in writing, that the park district
24 and its employees and agents, including a physician, physician
25 assistant, or advanced practice registered nurse providing a
26 standing protocol and a prescription for park district

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

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

1 physician assistant, or advanced practice registered nurse.

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

17 (f) Provided that the requirements of this Section are
18 fulfilled, trained personnel must administer an opioid
19 antagonist to a program participant whom the trained personnel
20 in good faith believes to be having an opioid overdose (i)
21 while at an after-school program or recreational camp, (ii)
22 while at a park district-sponsored activity related to an
23 after-school program or recreational camp, (iii) while under
24 the supervision of after-school program or recreational camp
25 personnel, or (iv) before or after after-school programs or
26 recreational camps, such as while being transported in park

1 district vehicles to or from an after-school program or
2 recreational camp. Trained personnel may carry an opioid
3 antagonist on his or her person while in a park district or at
4 a park district-sponsored activity.

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

20 (h) The park district must maintain a supply of
21 undesignated epinephrine injectors in secure locations that
22 are accessible before, during, and after an after-school
23 program or recreational camp where an allergic person is most
24 at risk. A physician, a physician assistant who has
25 prescriptive authority in accordance with Section 7.5 of the
26 Physician Assistant Practice Act of 1987, or an advanced

1 practice registered nurse who has prescriptive authority in
2 accordance with Section 65-40 of the Nurse Practice Act may
3 prescribe undesignated epinephrine injectors in the name of
4 the park district to be maintained for use when necessary. The
5 supply of undesignated epinephrine injectors shall be
6 maintained in accordance with the manufacturer's instructions.

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

16 The park district must maintain a supply of undesignated
17 asthma medication in secure locations that are accessible
18 before, during, or after an after-school program or
19 recreational camp where a person is most at risk. A physician,
20 a physician assistant who has prescriptive authority under
21 Section 7.5 of the Physician Assistant Practice Act of 1987,
22 or an advanced practice registered nurse who has prescriptive
23 authority under Section 65-40 of the Nurse Practice Act may
24 prescribe undesignated asthma medication in the name of the
25 park district to be maintained for use when necessary. The
26 supply of undesignated asthma medication must be maintained in

1 accordance with the manufacturer's instructions.

2 (i) The park district shall pay for the costs of the
3 undesigned epinephrine injectors, opioid antagonists, and
4 undesigned asthma medication.

5 (j) Upon any administration of an epinephrine injector or
6 an opioid antagonist, a park district must immediately call
7 9-1-1 or, if 9-1-1 is not available, other local emergency
8 medical services and notify the program participant's parent,
9 guardian, or emergency contact, if known.

10 (k) Within 24 hours of the administration of an
11 undesigned or program participant-specific epinephrine
12 injector, a park district must notify the physician, physician
13 assistant, or advanced practice registered nurse who provided
14 the standing protocol and a prescription for the undesigned
15 or program participant-specific epinephrine injector of its
16 use.

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

21 Within 24 hours after the administration of undesigned
22 or program participant-specific asthma medication, a park
23 district must notify the program participant's parent or
24 guardian or emergency contact, if known, and the physician,
25 physician assistant, or advanced practice registered nurse who
26 provided the standing protocol and a prescription for the

1 undesigned or program participant-specific asthma medication
2 of its use. The park district must follow up with the trained
3 personnel, if available, and may, with the consent of the
4 child's parent or guardian, notify the child's health care
5 provider of record, as determined under this Section, of its
6 use.

7 (l) Prior to the administration of an undesigned or
8 program participant-specific epinephrine injector, trained
9 personnel must submit to the park district's administration
10 proof of completion of a training curriculum to recognize and
11 respond to anaphylaxis that meets the requirements of
12 subsection (m). Training must be completed annually. The park
13 district must maintain records related to the training
14 curriculum and trained personnel.

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

25 Prior to the administration of undesigned or program
26 participant-specific asthma medication, trained personnel must

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

7 (m) A training curriculum to recognize and respond to
8 anaphylaxis, including the administration of an undesignated
9 or program participant-specific epinephrine injector, may be
10 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
22 allergens;

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

26 (D) how to respond to a program participant with a

1 known allergy, as well as a program participant with a
2 previously unknown allergy; and

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

5 (n) A training curriculum to recognize and respond to an
6 opioid overdose, including the administration of an opioid
7 antagonist, may be conducted online or in person. The training
8 must comply with any training requirements under Section 5-23
9 of the Substance Use Disorder Act and the corresponding rules.

10 It must include, but is not limited to:

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

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

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

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

17 (5) opioid antagonist dosage and administration;

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

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

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

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

26 (o) A training curriculum to recognize and respond to

1 respiratory distress, including the administration of
2 undesigned or program participant-specific asthma
3 medication, may be conducted online or in person. The training
4 must include, but is not limited to:

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

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

10 (3) asthma medication dosage and administration;

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

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

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

17 (p) Each park district shall adopt, before January 1,
18 2021, an asthma episode emergency response protocol similar to
19 the model asthma episode emergency response protocol adopted
20 by the State Board of Education under subsection (j-10) of
21 Section 22-30 of the School Code.

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

26 (r) Nothing in this Section shall limit the amount of or

1 supply of epinephrine injectors that a park district or
2 program participant may carry or maintain.

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

5 (70 ILCS 1505/26.10-13 new)

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

1 INDEX

2 Statutes amended in order of appearance

3 70 ILCS 1205/8-25 new

4 70 ILCS 1505/26.10-13 new