

96TH GENERAL ASSEMBLY State of Illinois 2009 and 2010 SB2048

Introduced 2/20/2009, by Sen. Dan Kotowski

SYNOPSIS AS INTRODUCED:

See Index

Amends the School Code. Provides that when a student needs to receive any medication in school or during school activities, a medication management plan must be established if the parent or guardian of the student submits a signed request accompanied with sufficient proof of diagnosis of a condition or illness necessitating assistance with administering any medication to the student. Provides that the school principal and the parents or quardian must develop and agree on a plan. Provides that absent a full-time school nurse, the school principal must appoint, supervise, and coordinate the training of a designated health care aide to perform the tasks necessary to assist a student in accordance with the plan. Provides that a school must provide a one-page information sheet regarding a student's plan to each employee providing transportation for the student or supervising the student during a school-sponsored activity. Provides that a school district may not restrict the assignment of a student with a plan to a particular school on the basis that the school does not have a full-time nurse or a designated health care aide, nor may a school deny access to a student on the basis that the student requires a plan. Exempts the school and school employees from civil liability for conduct related to the care of a student in accordance with a plan, except for willful or wanton misconduct. Amends the Nurse Practice Act to allow persons to be employed as unlicensed assistive personnel in schools. In a Section concerning nursing delegation, provides that a school nurse, a registered professional nurse, or an advanced practice nurse may teach or train other persons in first aid, emergency care, or cardiopulmonary resuscitation. Effective January 1, 2010.

LRB096 06040 ASK 16122 b

FISCAL NOTE ACT
MAY APPLY

STATE MANDATES ACT MAY REQUIRE REIMBURSEMENT 1 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 changing Sections 10-20.14b and 10-22.21b as follows:
- 6 (105 ILCS 5/10-20.14b) (from Ch. 122, par. 10-20.14b)
- 7 Sec. 10-20.14b. Medications policy. To develop a policy for
- 8 administration of medications in schools, including medication
- 9 management plans under Section 10-22.21b; to furnish a copy of
- 10 the policy to the parents or guardians of each pupil within 15
- 11 days after the beginning of each school year, or within 15 days
- 12 after starting classes for a pupil who transfers into the
- district $\underline{:}_{\overline{t}}$ and to require that each school informs its pupils
- of the contents of its policy.
- 15 (Source: P.A. 90-789, eff. 8-14-98.)
- 16 (105 ILCS 5/10-22.21b) (from Ch. 122, par. 10-22.21b)
- Sec. 10-22.21b. Administering medication; medication
- management plans.
- 19 <u>(a)</u> To provide for the administration of medication to
- 20 students. It shall be the policy of the State of Illinois that
- 21 the administration of medication to students during regular
- 22 school hours and during school-related activities should be

- discouraged unless absolutely necessary for the critical health and well-being of the student.
- 3 <u>(b)</u> Under no circumstances shall teachers or other 4 non-administrative school employees, except certified school 5 nurses, and non-certificated registered professional nurses, 6 and designated health care aides as defined in subsection (e), 7 be required to administer medication to students.
 - (c) When a student needs to receive any medication in school or during school activities, a medication management plan must be established. A parent or quardian for any student who seeks assistance with the administration of medication in the school setting must submit to the school a signed request for a medication management plan.

A request for a medication management plan for a student must be submitted to the school at one of the following times:

before the beginning of the school year; upon enrollment of a student if enrolled after the beginning of the school year; as soon as practicable following a student's initial diagnosis; or when a student's medication needs change during the school year.

The request for a medication management plan must be accompanied by sufficient proof of diagnosis of a condition or illness necessitating assistance with administering any medication to the student. Sufficient proof shall consist of a signed statement from one of the following: a physician licensed to practice medicine in all its branches on the

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

physician's letterhead; an advanced practice registered nurse with a collaborative agreement authorizing these services on practice letterhead; or a physician assistant with authority to provide these services authorized by a supervising physician on practice letterhead. The signed statement must also include both the name of the medication or medications and the method of administering the medication.

(d) Upon receiving a request for a medication management plan and sufficient proof as required by subsection (e) of this Section, the principal and parents or quardian must develop and agree on a medication management plan. The principal, parent or guardian, and the school nurse or any designated health care aide to provide services must sign the medication management plan. A copy of the medication management plan must be provided to the parent or guardian, appropriate designated health care aide, and the school nurse if available. The school must keep a copy of the medication management plan for its records.

The services and accommodations specified in a medication management plan must be reasonable, reflect the current standards of care, and include appropriate safeguards to ensure that any health care supplies, including, but not limited to, syringes and lancets, are disposed of properly.

A school nurse or a designated health care aide may administer medication to a student only after a student's parent or quardian (i) submits a written request for assistance and (ii) signs a medication management plan with the school.

(e) Designated health care aides are individuals who assist in carrying out medication management plans in accordance with the following:

- (1) In the absence of a full-time school nurse, a school principal must appoint a designated health care aide to perform the tasks necessary to assist a student in accordance with his or her medication management plan. A school nurse assigned to the school and the principal must be notified, in writing, of each and every time any intervention under the plan is made. Parents must also be notified, unless notification is waived in writing. Interventions must be in accordance with standardized protocols, adopted by the Department of Human Services School Health Program and approved by the Board of Nursing based on nationally accepted standards for treatment of each specific diagnosis.
- (2) If a school nurse is assigned to a school, the school nurse must coordinate the training of designated health care aides. If a school nurse is not assigned to a school, the principal must coordinate the training of a designated health care aide in accordance with standardized protocols. Training under this subdivision (2) may be provided by a physician licensed to practice medicine in all its branches, a licensed advanced practice nurse, a licensed physician assistant, or a licensed registered nurse with expertise in the conditions or

1	illness generally occurring in the school-age population.
2	In addition, training may be provided by the parent or
3	guardian of the student.
4	(3) Designated health care aides must serve under the
5	supervision of the principal.
6	(4) A school employee must not be subject to any
7	penalty, sanction, or other disciplinary action for
8	refusing to serve as a designated health care aide.
9	(5) Training must be provided annually and may be
10	provided as part of in-service training.
11	(6) Training may be provided for other school employees
12	who are not currently serving as designated health care
13	aides, at the discretion of the principal.
14	The principal must ensure the school has at least one
15	designated health care aide or one full-time nurse assigned to
16	the school and available during school hours. The principal or
17	school nurse, should one be assigned full-time to a school,
18	must maintain a copy of the training records.
19	(f) A school shall provide a one-page information sheet to
20	each employee providing transportation for a student with a
21	medication management plan or supervising a student with a
22	medication management plan during a school-sponsored activity.
23	The information sheet must do the following:
24	(1) identify the student's condition;
25	(2) identify potential emergencies that may occur as a
26	result of the student's condition and the appropriate

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

i			,		
	responses	to	such	emergencies;	and

- 2 (3) provide emergency contact information for the 3 student's parent or guardian.
 - (g) A school district may not restrict the assignment of a student with a plan to a particular school on the basis that the school does not have a full-time nurse or a designated health care aide, nor may a school deny access to a student on the basis that a student has been diagnosed with a condition or illness requiring a medication management plan.
 - (h) A school or a school employee is not liable for civil or other damages a result of conduct, other than willful or wanton misconduct, related to the care of a student in accordance with a medication management plan. A school employee must not be subject to any disciplinary proceeding resulting from an action taken in compliance with this Act, unless the action constitutes willful or wanton misconduct.
 - (i) The State Board of Education may adopt standardized forms for the convenience of parents and schools, but no rules are necessary to implement this Section.
- 20 (j) This Section shall not prohibit a school district from 21 adopting guidelines for self-administration of medication by 22 students.
- 23 (k) This Section shall not prohibit any school employee 24 from providing emergency assistance to students.
- 25 (Source: P.A. 91-719, eff. 6-2-00.)

18

19

20

21

22

23

24

25

1 Section 10. The Nurse Practice Act is amended by changing

2 Sections 50-15 and 50-75 as follows:

- 3 (225 ILCS 65/50-15) (was 225 ILCS 65/5-15)
- 4 (Section scheduled to be repealed on January 1, 2018)
- 5 Sec. 50-15. Policy; application of Act.
- 6 (a) For the protection of life and the promotion of health, 7 and the prevention of illness and communicable diseases, any 8 practicing or offering to practice person advanced, 9 professional, or practical nursing in Illinois shall submit 10 evidence that he or she is qualified to practice, and shall be 11 licensed as provided under this Act. No person shall practice 12 or offer to practice advanced, professional, or practical 13 nursing in Illinois or use any title, sign, card or device to 14 indicate that such a person is practicing professional or 15 practical nursing unless such person has been licensed under 16 the provisions of this Act.
 - (b) This Act does not prohibit the following:
 - (1) The practice of nursing in Federal employment in the discharge of the employee's duties by a person who is employed by the United States government or any bureau, division or agency thereof and is a legally qualified and licensed nurse of another state or territory and not in conflict with Sections 50-50, 55-10, 60-10, and 70-5 of this Act.
 - (2) Nursing that is included in the program of study by

- students enrolled in programs of nursing or in current nurse practice update courses approved by the Department.
 - (3) The furnishing of nursing assistance in an emergency.
 - (4) The practice of nursing by a nurse who holds an active license in another state when providing services to patients in Illinois during a bonafide emergency or in immediate preparation for or during interstate transit.
 - (5) The incidental care of the sick by members of the family, domestic servants or housekeepers, or care of the sick where treatment is by prayer or spiritual means.
 - (6) Persons from being employed as unlicensed assistive personnel in private homes, long term care facilities, nurseries, <u>schools</u>, hospitals or other institutions.
 - (7) The practice of practical nursing by one who is a licensed practical nurse under the laws of another U.S. jurisdiction and has applied in writing to the Department, in form and substance satisfactory to the Department, for a license as a licensed practical nurse and who is qualified to receive such license under this Act, until (i) the expiration of 6 months after the filing of such written application, (ii) the withdrawal of such application, or (iii) the denial of such application by the Department.
 - (8) The practice of advanced practice nursing by one who is an advanced practice nurse under the laws of another

state, territory of the United States, or country and has applied in writing to the Department, in form and substance satisfactory to the Department, for a license as an advanced practice nurse and who is qualified to receive such license under this Act, until (i) the expiration of 6 months after the filing of such written application, (ii) the withdrawal of such application, or (iii) the denial of such application by the Department.

- (9) The practice of professional nursing by one who is a registered professional nurse under the laws of another state, territory of the United States or country and has applied in writing to the Department, in form and substance satisfactory to the Department, for a license as a registered professional nurse and who is qualified to receive such license under Section 55-10, until (1) the expiration of 6 months after the filing of such written application, (2) the withdrawal of such application, or (3) the denial of such application by the Department.
- (10) The practice of professional nursing that is included in a program of study by one who is a registered professional nurse under the laws of another state or territory of the United States or foreign country, territory or province and who is enrolled in a graduate nursing education program or a program for the completion of a baccalaureate nursing degree in this State, which includes clinical supervision by faculty as determined by

- the educational institution offering the program and the health care organization where the practice of nursing occurs.
- 4 (11) Any person licensed in this State under any other
 5 Act from engaging in the practice for which she or he is
 6 licensed.
- 7 (12) Delegation to authorized direct care staff 8 trained under Section 15.4 of the Mental Health and 9 Developmental Disabilities Administrative Act consistent 10 with the policies of the Department.
- Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician, dentist, or podiatrist to a licensed practical nurse, a registered professional nurse, or other persons.
- 15 (Source: P.A. 95-639, eff. 10-5-07; 95-876, eff. 8-21-08.)
- 16 (225 ILCS 65/50-75)
- 17 (Section scheduled to be repealed on January 1, 2018)
- 18 Sec. 50-75. Nursing delegation.
- 19 (a) For the purposes of this Section:
- "Delegation" means transferring to an individual the authority to perform a selected nursing activity or task, in a selected situation.
- "Nursing activity" means any work requiring the use of knowledge acquired by completion of an approved program for licensure, including advanced education, continuing education,

- 1 and experience as a licensed practical nurse or professional
- 2 nurse, as defined by the Department by rule.
- 3 "Task" means work not requiring nursing knowledge,
- 4 judgment, or decision-making, as defined by the Department by
- 5 rule.
- 6 (b) Nursing shall be practiced by licensed practical
- 7 nurses, registered professional nurses, and advanced practice
- 8 nurses. In the delivery of nursing care, nurses work with many
- 9 other licensed professionals and other persons. An advanced
- 10 practice nurse may delegate to registered professional nurses,
- 11 licensed practical nurses, and others persons.
- 12 (c) A registered professional nurse shall not delegate any
- 13 nursing activity requiring the specialized knowledge,
- 14 judgment, and skill of a licensed nurse to an unlicensed
- 15 person, including medication administration. A registered
- 16 professional nurse may delegate nursing activities to other
- 17 registered professional nurses or licensed practical nurses.
- 18 A registered nurse may delegate tasks to other licensed and
- 19 unlicensed persons. A licensed practical nurse who has been
- 20 delegated a nursing activity shall not re-delegate the nursing
- 21 activity. A registered professional nurse or advanced practice
- 22 nurse retains the right to refuse to delegate or to stop or
- 23 rescind a previously authorized delegation.
- 24 (d) Nothing in this Section prevents a school nurse, a
- 25 <u>registered professional nurse</u>, or an advanced practice nurse
- 26 from teaching or training other persons in first aid, emergency

- 1 <u>care</u>, or cardiopulmonary resuscitation.
- 2 (Source: P.A. 95-639, eff. 10-5-07.)
- 3 Section 50. Federal law. Nothing in this Act shall limit
- 4 any rights available under federal law.
- 5 Section 99. Effective date. This Act takes effect January
- 6 1, 2010.

L		INDEX
2	Statutes amend	ded in order of appearance
3	105 ILCS 5/10-20.14b	from Ch. 122, par. 10-20.14b
1	105 ILCS 5/10-22.21b	from Ch. 122, par. 10-22.21b
5	225 ILCS 65/50-15	was 225 ILCS 65/5-15

SB2048

6 225 ILCS 65/50-75

- 13 - LRB096 06040 ASK 16122 b