



ADMINISTRATION OF MEDICATIONS IN WISCONSIN SCHOOLS

Wisconsin Department of Public Instruction
Carolyn Stanford Taylor, State Superintendent

Administration of Medications in Wisconsin Schools

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Introduction

Administration of Medication in Wisconsin Schools provides a framework for developing policies and procedures that meet the requirements for medication administration in the school setting. This document explains the various Wisconsin laws affecting the administration of medication to students. When applicable, best practice guidelines are included. This document is intended for use by school administrators and school nurses. Local boards of education should review these guidelines with their legal counsel as necessary, to incorporate the guidance within school district policy.

Students may need to take medication(s) during school hours in order to attend school, participate fully in their education program, enhance the students' overall health, or stabilize their chronic health conditions (National Association of School Nurses (NASN) 2017). Administration of medication in school is a complex process, complicated by the health status of the student, the nature of the medication, the route of administration, training requirements, and the willingness and availability of school staff to assume this responsibility.

Federal and state laws obligate school districts to provide for the administration of medication to students if required for their participation in school. [Chapter PI 8.01\(2\)\(g\)](#) of Wisconsin Administrative Code requires school districts to have policies for emergency nursing services, including the administration of medication at all school sponsored activities including but not limited to curricular, co-curricular and extra-curricular activities.

Medication administration in Wisconsin schools is governed by [Wis. Stat. § 118.29](#). This statute allows private, public, or tribal school administrators, principals, school boards, or cooperative educational service agencies to assign the responsibility of medication administration for a student to any school bus operator, any school employee or volunteer, county children with disabilities education board employee or volunteer, or cooperative educational service agency employee or volunteer, any private school employee or volunteer, and any tribal school employee or volunteer.

Individuals selected to administer medications must be authorized in writing by the administrator of a school district, board, or agency, and receive the appropriate instruction or training as indicated in [Wis. Stat. § 118.29\(6\)](#). The law states that individuals may not be required to administer medications to students by any means other than ingestion; however, if individuals are willing, they may be trained to give medications by other routes of administration. Trained school personnel authorized in writing to administer medications to students are immune from civil liability for their acts or omissions in administering medications unless the act or omission constitutes a high degree of negligence. Healthcare professionals are not exempt from liability.

Consultation with appropriate healthcare professionals, including school nurses, is required in the development and periodic review of written policies governing the administration, storage, record keeping, and training of authorized individuals

administering medications (Wis. Stat. § 118.29[4]). While Wis. Stat. § 118.29 uses the term “drug” and “drug product,” the term “medication” is used throughout this document as it is the more common term used in the school setting. This document has been prepared in a question and answer (Q&A) format to provide a more straightforward explanation of how school districts may implement the requirements of Wis. Stat. § 118.29. Several revisions have occurred to Wis. Stat. § 118.29 since the 2012 “Administration of Medications to Pupils” guidance was developed. This document reflects those revisions and expands upon its contents.

This document has been drafted by the Department of Public Instruction’s School Nursing/Health Services Consultant. This document does not provide legal advice. Because the DPI does not administer Board of Nursing rules, the guidance contained in this document regarding nursing rules should not be considered an authoritative interpretation of those rules. Any questions regarding the requirements imposed on nurses by the Board of Nursing should be directed to the Board of Nursing.

Medication Policies and Procedures

1. Who must write the policies and protocols for safe medication administration?

According to [Wis. Stat. § 118.29\(4\)](#), a school board, county children with disabilities education board, cooperative educational service agency, or governing body of a private school (“governing body”) whose employees or volunteers may be authorized to administer nonprescription drug products, or prescription medications are required to adopt a written policy governing the administration of nonprescription drug products and prescription medications to students. In developing the policy, the governing body must seek the assistance of one or more school nurses who are employees of the governing body or who are providing services or consultation of the governing body under Wis. Stat. § 121.02(1)(g).

“School nurse,” as defined in [Wis. Stat. § 115.001\(11\)](#) “means a registered nurse (RN) licensed under ch. 441 or who holds a multistate license, as defined in s. [441.51\(2\)\(h\)](#), issued in a party state, as defined in s. [441.51\(2\)\(k\)](#), who submits evidence satisfactory to the [DPI] that he or she has successfully completed a course, determined to be satisfactory to the [DPI], in public health or community health.”

2. Who may administer nonprescription and prescription medications to students?

A school bus operator (driver) who is validly authorized to operate the school bus and any employee or volunteer of a school or governing board who has been authorized by the administrator or principal of the governing body to do so may administer nonprescription and prescription medications to students. If the medication is inhaled, injected, or administered rectally, or into a nasogastric tube, a gastrostomy tube, or a jejunostomy tube, bus operators, school employees, or volunteers must first successfully complete DPI-approved medication training. In addition, a licensed healthcare provider may also administer nonprescription and prescription medications to students (if within their scope of practice). Registered and licensed practical nurses must comply with the requirements of their licensure. See, e.g., ([Wis. Admin. Code N6.03\[2\]\[a\]](#) and [Wis. Admin code N6.04\[2\]\[a\]](#)).

A registered nurse may delegate the administration of medications to personnel without a healthcare license in the school setting with appropriate training, supervision, and evaluation of school personnel ([Wis. Admin. Code § 6.03\[3\]](#)). Delegation is not required for a school bus driver, employee, or volunteer to administer medications to students if the stipulations in [Wis. Stat. § 118.29](#) are followed.

3. Is medication administration a delegated nursing act?

Depending on the policies of the school district, medication administration might not be a delegated nursing act. Section 118.29 of the Wisconsin statutes allow for a school bus operator, school district, county children with disabilities education board, and cooperative educational service agency employee or volunteer to administer medications to students. School administrators and principals have the authority to assign a school bus operator, school district, county children with disabilities education board, and cooperative educational service agency employee, or volunteer to administer prescription and over-the-counter medication per Wis. Stat. § 118.29. This assignment must be authorized by the administrator in writing. If the school administrator or principal authorizes a school employee to administer medication, the school administrator or principal may be held accountable for such authorization.

In delegation, a delegatee is allowed to perform a specific nursing activity, skill, or procedure that is outside the role and basic educational preparation of the delegatee (National Council of State Boards of Nursing [NCSBN] 2016). School nurses may, at times, choose to assume responsibility and accountability for the administration of medication by oral or other than oral routes, particularly if administration of the medication is part of a student's health care plan. However, according to [Wis. Stat. § 118.29](#), delegation is not required in order for school employees or volunteers to administer medications to students. Please see the DPI guidance [Use of Delegation in the School Setting](#) for a full discussion.

This state school medication law requires training for all medications given other than by oral, ear, eye, and topical routes. If a school nurse provides this training, the nurse is not necessarily delegating the administration of medication; rather, the school personnel are assigned and authorized by the school administrator or principal to carry out a duty allowed by statute. See Question 20.

4. What medications may be administered at school?

Prescription and nonprescription medications may be administered at school. While Wis. Stat. § 118.29 uses the term "drug" and "drug product" the term "medication" is the more common term used in the school setting. Both nonprescription and prescription "drugs" must be recognized as "drugs" in the official U.S. Pharmacopoeia and national formulary or official Homeopathic Pharmacopoeia of the United States or any supplemental publication to these references.

As used in this publication, prescription medication has the meaning as specified in [Wis. Stat. § 450.01\(20\)](#). Prescription medications that may be administered at school by school staff include Schedule II to V controlled substances (Wis. Stat. § 450.01[20][b]).

A "drug product" means a specific drug or drugs in a specific dosage form and strength from a known source of manufacture ([Wis. Stat. § 450.01\[11\]](#) and [Wis. Stat. § 118.29 \[1\]\[bg\]](#)). "Nonprescription drug product" means any nonnarcotic drug product which may be sold without a prescription order and which is

prepackaged for use by consumers and labeled in accordance with the requirements of state and federal law (Wis. Stat. § 118.29[1][dm]).

Prior to administration, prescription medications require written medical practitioner and a parent or guardian authorization. Nonprescription medication requires written guardian instructions. Administration of nonprescription medication in a dosage other than the recommended therapeutic dose requires written approval of the student's medical practitioner. See Question 8.

5. Are over-the-counter (OTC) products such as sunscreen, cough drops, insect repellants, and others considered nonprescription medications?

Classification of these substances as medication depends on the ingredients. The Federal Drug Administration (FDA) states "a drug is a substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease" (FDA 2017.) Wis. Stat. § 450.01(10)(a) and (b) define "drug" to include any substance recognized as a drug in the official U.S. pharmacopeia and national formulary or official homeopathic pharmacopeia of the United States or any supplement to either of them; and any substance intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease or other conditions in persons or other animals. "Drug product" means a specific drug or drugs in a specific dosage form and strength from a known source of manufacture. Wis. Stat. §450.01[11]).

In Wis. Stat. § 118.29, nonprescription medications are defined as any nonnarcotic drug product which may be sold without a prescription order and which is prepackaged for use by the consumer and labeled in accordance with the requirement of state and federal law. Sunscreens, rash ointments, insect repellants, and cough drops used to treat or prevent health conditions, may all have "drug" substances in them, which would mean that parent or guardian consent would be needed. See Resources section for a link to the website to help determine product classification.

6. May school personnel administer essential oils, CBD oil, nutritional supplements, or other homeopathic items to students?

These substances are considered complementary and alternative treatments by The National Center for Complementary and Integrative Health (NCCIH). Alternative medications are not regulated by the FDA and are not required to adhere to standards for accurate labeling, potency, or purity (Davis-Alldrift and Patterson 2017). In order for school staff to administer these substances to students, they must meet the definitions listed in Questions 4 and 5 and be found in the corresponding pharmacopeia. Homeopathic, chiropractic, and naturopathic practitioners are not listed in Wis. Stat. § 118.29(1)(e) as a practitioner from whom schools can accept written instructions. Districts are encouraged to consult with their legal counsel and address such substances in their medication policies. Given the complexities and rapidly changing information surrounding CBD oil, school districts are encouraged to seek legal counsel when developing policies, particularly surrounding CBD product use.

Defusing of essential oils in classrooms or schools is not recommended due to the potential for students, staff, or visitors to have allergic reactions. In order to

administer a nonprescription drug product to students by inhalation in a group setting, individual parent or guardian written consent is required.

7. How must nonprescription and prescription medications be sent to school?

If the nonprescription medication is supplied by the student's parent or guardian, it must be supplied in the original manufacturer's package, and the package must list the ingredients and recommended therapeutic dosage in a legible format.

Prescription medications must be supplied in the original pharmacy-labeled package. The package must list the name of the pupil, name of the prescriber, name of the prescription medication, the dose, the effective date, and the directions in a legible format.

It is considered best practice to have all medication delivered to school by the parent or guardian or other designated adult (Davis-Alldritt and Patterson 2017, 384). School districts should consider the unique needs and environments of their communities, such as environmental factors and socio-economic challenges that may create barriers to the safe delivery of medication to school. These issues should be addressed in school medication policies (NASN, 2017). See Question 13.

8. What documentation is required for a school to administer medications?

Nonprescription medications:

Administration of nonprescription medications to a pupil requires written consent and instructions from the pupil's parent or guardian (Wis. Stat. § 118.29[2][a]1.a). Administration of nonprescription medications to a pupil in a dosage other than the recommended therapeutic dose may be done only if the written request to do so is also accompanied by the written approval of the pupil's practitioner ([Wis. Stat. § 118.29\[2\]\[a\]1.b](#)). A practitioner is defined as a physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist. A practitioner may be licensed in any state in the United States ([Wis. Stat. § 118.29\[1\]\[e\]](#)).

Prescription medications:

Administration of prescription medications to a pupil requires written instructions from a medical practitioner, as well as the written parent or guardian consent ([Wis. Stat. § 118.29 \[2\]\[a\]2](#)).

All medication administration:

Authorization for the person to administer the medication to the pupil must be in writing from the administrator or principal of the school district or governing body ([Wis. Stat. § 118.29\[2\]\[a\]](#)).

Each dose of medication administered must be documented, along with any errors ([Wis. Stat. § 118.29\[4\]](#)). It is considered best practice for documentation to occur immediately after giving the medication and by the individual administering the medication.

Any other documentation required by the local written policy.

9. May a school district accept an order from an out-of-state provider?

[Wis. Stat. § 118.29\(1\)\(e\) and \(2\)](#) provide that a district may accept an order from a physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist licensed in any state. Best practice for registered nurses practicing under Wis. Admin. Code § N 6.03 would be to confirm that the out-of-state medical provider has active privileges in such state and requests that the family obtain an in-state provider as soon as possible to re-establish care.

10. May a school district accept a prescription medication container label as the written order from the provider?

[Wis. Stat. § 118.29\(2\)\(a\)2](#) states that school staff may administer a prescription drug to a student in compliance with the written instructions of a practitioner. The section further delineates that the medication must be supplied to the school in the original pharmacy labeled container. School districts may determine in their medication policy what is considered “written instructions.” Best practice would be for written instructions to include any circumstances under which the practitioner should be contacted. [Wis. Stat. § 118.29\(2\)\(a\)2](#) does not specifically state that written instructions include the signature of the practitioner.

The Department of Public Instruction has a sample medication form on its website. The use of this form is not required.

11. May a school accept telephone orders for a medication from a licensed health care provider or parent or guardian?

The school medication law specifically states written instructions and consent are required for the administration of prescription and nonprescription medications ([Wis. Stat. sec. 118.29\[2\]\[a\]1-\[2\]\[a\]2](#)). School districts should determine in their medication policies who, if anyone, may accept verbal or telephone orders. According to the board of nursing, a registered nurse (RN) may accept a telephone or verbal order from a licensed healthcare provider (Wis. Admin. Code sec. N 6.03[2][a]). In a clinical setting, personnel who are not registered nurses are not permitted to accept verbal or telephone medical provider orders because accuracy can be compromised, presenting a safety concern. Written instructions and consent can be generated and sent electronically if school personnel maintain the student’s privacy and confidentiality with all transmitted communications.

12. May a school accept a written order to adjust the medication dosage based upon the parent or guardian’s instruction?

Per Wis. Admin. Code § N 6.03(2)(a) registered nurses and licensed practical nurses may only administer medication consistent with orders from a practitioner.

Parent or guardian requests to administer non-prescription medication in a dosage other than the recommended therapeutic dosage requires written approval of the student’s practitioner. See questions 4 and 8.

Wis. Stat. § 118.29(2)(a)2 requires the prescription medication to be supplied in the original pharmacy-labeled package, including the dose. Therefore, practitioners' orders instructing schools to consult with a parent or guardian for dosage are not acceptable unless the order specifies a dosage range within which to accept proposed adjustments or dosages.

13. What are some of the policies and procedures a school is required to develop for administration of medications?

A school board, county children with disabilities education board, cooperative educational service agency, or governing body of a private school ("governing body") whose employees or volunteers may be authorized to administer nonprescription medication products, or prescription medications are required to adopt a written policy governing the administration of nonprescription medication products and prescription medications to students. In developing the policy, the school board, board, agency, or governing body are required to seek the assistance of one or more school nurses who are employees of the school board, board, agency or governing body or are providing services or consultation. A school nurse is defined in Wis. Stat. § 115.001(11). The National Association of School Nurses (NASN) considers it best practice for a registered nurse to develop, promote, and implement policies that are evidenced-based to reduce errors and increase safety (NASN 2017).

As stated in [Wis. Stat. § 118.29\(4\)](#), the policy must include procedures for:

- obtaining and filing in the school the written instructions and consent required for medication administration;
- periodic review of these instructions by a registered nurse;
- storage of medications;
- record keeping, including documenting the administration of each dose of medication and errors;

School district policies should be clear about the purpose of medication administration in district schools and the conditions and requirements under which the service will be provided (Davis-Alldritt and Patterson 2017). School districts are encouraged to define the responsibilities for medication administration in their medication policies. For example:

- is medication administration considered by the district to be an act delegated by and under the supervision and direction of the school or registered nurse per Chapter 441?
- is the responsibility for medication administration that of the authorizing school administrator per Wis. Stat. § 118.29(2)(a)?
- or a combination where the school administrator is responsible, yet the school nurse provides direction, training, and consultation to the administrator?

Other circumstances to address in district medication policies include alternative medications such as herbal or homeopathic medications, and experimental/investigational medications (AAP 2009, NASN 2017). Student confidentiality should also be addressed in district medication policies (NASN 2017). Additionally, policies should specify which personnel are allowed to access and administer medications to students and address the disposition of medications no longer needed or in use (National Coordinating Council for Medication Error Reporting and Prevention 2007).

[Wis. Stat. § 118.29\(6\)](#) addresses the required training for school bus drivers, employees, or volunteers to administer medications by certain methods to students.

14. What routes of medication administration may be given at school?

Route describes the method of administration of medication to the student and includes oral, topical, inhalant, nasal, eye, ear, rectal, nasogastric and ostomy tubes, intravenous, intramuscular, and subcutaneous. [Wis. Stat. § 118.29\(6\)](#) addresses the training requirements of medication given via injection, inhalation, rectal, nasogastric, gastrostomy, and jejunostomy routes. State statute dictates that no employee, other than a health care provider, is required to administer a medication to a student by any means other than ingestion ([Wis. Stat. § 118.29\(5\)](#)). An employee may assume the responsibility of giving medication by the listed non-oral routes if they are willing and have been appropriately trained (Wis. Stat. §. 118.29(6), NBCSN 2016).

While Wis. Stat. § 118.29 allows school staff to perform the function of medication administration in schools and school sponsored activities, and it does not specifically address the intravenous administration of medications by unlicensed healthcare staff. School districts should consult with their legal counsel regarding the advantages of defining the administration of medication to students by non-oral routes as functions legally delegated by a registered nurse to school staff rather than simply requiring school administrator authorization.

15. Does Wis. Stat. §118.29 address the administration of medications given on an “as needed” or emergency basis?

Yes. The medication law applies to any medication regardless if given daily, “as needed,” or on an emergency basis. Nonprescription medications require written consent and instructions from a parent or guardian. Prescription medications require written instructions from a licensed health care provider and written consent from the parent or guardian. Ideally, the written instructions should include under what circumstances the medication is to be administered to the student ([Wis. Stat. sec. 118.29\(2\)\(a\)](#)). Also, see Questions 17, 18, and 19.

16. May students self-administer medications while at school?

Wis. Stat. § 118.29 does not address the self-administration of medication by students. Wis. Stat. § 118.291(1r) allows the use of an inhaler by an asthmatic student and Wis. Stat. § 118.292(1r) allows self-injection of emergency epinephrine by a student. Districts are encouraged to address the self-

administration of prescription, non-prescription, and emergency medications in their individual district medication policies. School districts may also want to address the self-administration of medications on school-sponsored field trips.

17. May school districts administer epinephrine and glucagon without the parent or guardian supplying written consent or the medication to schools?

Yes. The law specifically permits authorized personnel to administer epinephrine to students who appear to be having a severe allergic reaction, and glucagon to known students with diabetes for severe low blood sugar with an altered state of consciousness, without parent or guardian and medical provider permission. In both cases, a bus operator, employee, or volunteer must report the event by calling “911.” In areas in which the phone number “911” is not available, he or she must report the event to an emergency medical service provider (Wis. Stat. sec. 118.29[2][a]2m and 2r). School districts may be able to acquire these medications by obtaining a prescription from the school’s medical advisor.

In order to comply with the requirements of Wis. Stat. § 118.29(2) and (6), any bus operator, school employee, or volunteer administering epinephrine or glucagon medications to students must be authorized in writing by an administrator and must receive DPI-approved training. The training is a requirement in order to be immune from civil liability (Wis. Stat. § 118.29[2][a]3 and [b]). This immunity does not apply to healthcare professionals. DPI suggests best practice would be to train individuals most likely to respond to these types of emergency situations.

18. May school districts administer an opioid antagonist to a non-student?

Yes. [Wis. Stat. §118.29\(2\)\(a\)2g](#) allows any bus operator, school employee, or volunteer to administer an opioid antagonist to any student or other person who appears to be undergoing an opioid-related drug overdose if, as soon as practicable, the school bus operator, employee, or volunteer reports the drug overdose by dialing the telephone number “911” or, in an area in which the telephone number “911” is not available, the telephone number for an emergency medical service provider.

In order to comply with the requirements of Wis. Stat. §118.29(2)(a)2g any bus operator, school employee, or volunteer administering an opioid antagonist must be authorized in writing by an administrator and must receive DPI-approved training. The training is a requirement in order to be immune from civil liability (Wis. Stat. § 118.29[2][a]3 and [b]). This immunity does not apply to healthcare professionals.

Similar to epinephrine or glucagon, prior written consents are not required, nor does the individual undergoing an overdose need to supply the opioid antagonist. School districts may be able to acquire opioid antagonists by obtaining a prescription from the school’s medical advisor or other community resources.

19. Are school districts required to stock medications?

No. Wis. Stat. § 118.29 does not address the stocking of medication by districts except for emergency epinephrine auto-injectors. [Wis. Stat. §118.2925\(2\)](#) allows the governing body of a school to adopt a plan for the management of pupils attending the school who have life-threatening allergies. Under such a plan, a physician, an advanced practice nurse prescriber, or a physician assistant may prescribe epinephrine auto-injectors in the name of a school. A school district is not required to develop such a plan. [Wis. Stat. § 118.2925\(5\)](#) outlines immunity from civil liability for practitioners prescribing epinephrine auto injectors for such a plan.

The stocking of other emergency medications such as albuterol, glucagon, or an opioid antagonist is not addressed. School districts are encouraged to seek guidance from the district's legal counsel if they choose to stock other medications, including opioid antagonists. Districts are encouraged to address the stocking of prescription, non-prescription, and emergency medications in their individual district medication policies.

It is the position of the National Association of School Nurses (NASN) that schools should stock albuterol for emergency use by school nurses for students with known asthma, who exhibit symptoms of respiratory distress as specified in standing orders or protocol (NASN 2018). It is the position of the NASN that the safe and effective management of opioid pain reliever (OPR)-related overdose in schools be incorporated into the school emergency preparedness and response plan, which facilitates access to naloxone for the management of OPR-related overdose in the school setting (NASN 2015). Careful consideration should be given to the procurement and storing of opioid antagonists. School districts may choose to reference the NASN's [Naloxone in Schools Toolkit](#) to learn more about issues and concerns.

Training

20. Is medication training required?

Yes, for bus operators, school employees, and volunteers who administer drugs via certain routes of administration. If the medication is inhaled, injected, or administered rectally or into a nasogastric tube, a gastrostomy tube, or a jejunostomy tube, these individuals must first successfully complete DPI-approved medication training ([Wis. Stat. sec. 118.29\[6\]](#)). Although medication training is not required for oral, ear, eye, and topical medications, it is strongly recommended.

The training is also a requirement in order to be immune from civil liability. This requirement does not apply to healthcare professionals. Also, see questions 21 and 22.

21. Does an LPN or an EMT hired as a health aide/assistant require medication administration training?

The training requirement for DPI-approved medication administration training does not apply to healthcare professionals ([Wis. Stat. 118.29\[6\]\[b\]](#)). If practicing within their scope of practice as defined by the Department of Safety and Professional Services (DSPS), licensed healthcare professionals do not need to be authorized in writing by school administrators in order to administer medications to pupils. As noted in question 20 above and 22 below, these healthcare professionals are not immune from civil liability.

22. What is the relationship between training and civil liability exemption?

There is a direct relationship between training and immunity from civil liability. If a school bus operator, school employee or volunteer, county children with disabilities education board employee or volunteer, or cooperative educational service agency employee or volunteer administers any medication via a route listed in the answer to questions 2, 14 and 20 above, that person must have the required training. If that person does not have the required training, there is no civil liability exemption, even though that person has written authorization to administer the medication ([Wis. Stat. § 118.29\[2\]\[a\] 3 and \[6\]\[a\]](#)).

Similarly, if a school district administrator, or school principal, authorizes an employee or volunteer who has not received the required training to administer medication via a route listed in the answer to question 20 above, there is no civil liability exemption for the administrator or principal ([Wis. Stat. § 118.29\[2\]\[b\]](#)).

A school bus operator, school employee or volunteer, county children with disabilities education board employee or volunteer, or cooperative educational service agency employee or volunteer is immune from civil liability for his or her acts or omissions in administering a nonprescription drug product or prescription drug to a student if they have received training and are authorized in writing unless the act or omission constitutes a high degree of negligence

(Wis. Stat § 118.29[2][a]3). This civil liability immunity does not apply to healthcare professionals.

23. What type of training is required to administer medications in school?

Per Wis. Stat. § 118.29(6), if the medication is inhaled, injected, or administered rectally or into a nasogastric tube, a gastrostomy tube, or a jejunostomy tube, school employees or volunteers must first successfully complete DPI-approved medication training. The DPI defines the minimum training requirements. School districts can set their own training requirements, which may go beyond these DPI requirements, in their locally-developed medication policy and procedures. The DPI states that knowledge training and assessment of knowledge are to be completed every four years. Skill demonstration with competency check-off should be completed annually. The skill component must include a demonstration of the administration of medications by a school nurse, medical provider, or adequately-trained parent guardian. School personnel must be able to demonstrate competency in the administration of medications that are inhaled, injected, or administered rectally or into a nasogastric tube, a gastrostomy tube, or a jejunostomy tube, as judged by a school nurse, medical provider, or adequately trained parent or guardian.

Knowledge training and assessment of knowledge along with skill demonstration with competency check-off are required for all medication routes listed above, whether given on a daily basis, as needed, or in an emergency. Medication training is not required for any oral, ear, eye, or topical medications, but is considered best practice.

24. What concepts are included in the DPI training requirements and recommendations?

Training to help school personnel understand the following concepts is required for all staff and volunteers who administer medications to students by any of the routes listed in Wis. Stat. § 118.29(6):

- a) Identify responsibilities under state and federal laws and local policies related to medication administration.
- b) Identify critical hand washing periods and effective procedures.
- c) Understand the need and procedures to maintain confidentiality related to medication administration.
- d) Identify the five rights or guidelines of medication administration: the right student, right medication, right dose, right time, and right route.
- e) Understand medical terminology related to medication administration.
- f) Identify effective documentation of medication administration.
- g) Define medication errors and the need for documentation.
- h) Identify the proper procedures and techniques of the route of administration.

Key concepts in the knowledge portion of the training for emergency medications include:

- i) Identify emergency situations and appropriate procedures for responding to an emergency.
- j) Understand the intended action and student response to the medication.
- k) Understand circumstances/symptoms when medication is administered.
- l) Understand what to do after the medication is administered.

Skill component training for the administration of medication inhaled, injected, or administered rectally or into a nasogastric tube, a gastrostomy tube, or a jejunostomy tube is the same regardless if the medication is given on a daily basis, as needed, or in an emergency. For these specific routes, the school nurse, medical provider, or adequately-trained parent or guardian must provide a demonstration, and school personnel must provide an adequate return demonstration. School nurses are uniquely qualified to assess the competency of the medication administration skills of school personnel.

Recommendations for knowledge training and skill competency in addition to concepts listed in bullet points a-l above include:

- m) Identify proper procedures and techniques for oral medication administration.
- n) Identify proper procedures and techniques for topical medication administration.
- o) Identify proper procedures and techniques for ear medication administration.
- p) Identify proper procedures and techniques for eye medication administration.
- q) Identify proper procedures and techniques for intranasal (non-inhaled) medication administration.
- r) Identify proper procedures and techniques for buccal medication administration.

25. What resources are available to assist school personnel in meeting these training requirements?

The DPI's [School Nursing /Health Services Medication Training](#) web page outlines options for meeting the training requirements. The use of these resources is free. Additional forms and sample assessments are located on the [Medication Administration Resources](#) webpage.

26. Can school districts require parents or guardians to provide the skill component or demonstration for school personnel?

No. School districts can request that parents or guardians assist with a demonstration or assessment of the skill involved in the administration of medications; however, they cannot require the parent or guardian to provide the service. Some parents or guardians may not have received adequate training themselves and, therefore, may lack the appropriate technique and knowledge to be able to successfully train school personnel. Consequently, it is recommended that school districts use registered nurses or medical providers in providing a medication administration demonstration and determining the adequacy of the return demonstration by school personnel.

27. When should school personnel take the training?

If school personnel is giving medications on a daily basis, it is recommended that medication training be completed at the start of the school year. For optimal retention of information for school personnel administering medications on an interim basis, it is preferred that school personnel takes the medication training close to the date they will be expected to begin administering medications. The DPI online webcasts are available 24/7 via Internet access.

To facilitate readiness of school personnel to respond to emergencies, it is recommended that knowledge and skill acquisition training for emergency medication administration such as epinephrine, glucagon, and seizure medications be provided to the school district's designated school personnel before the start of each school year. Skill reinforcement is recommended to occur mid-school year and as needed, based on the school nurse's judgment.

28. How often should the medication training occur?

School personnel should complete the knowledge portion of the medication administration training for required routes at least every four years. Skill training for required routes of administration should occur at the initiation of the medication assignment and repeated annually thereafter. For simplicity, it may be desirable to require both knowledge and skill component training annually. The skill or knowledge component may need to be supplemented if there are significant changes, as determined by school nursing judgment, in the instructions from the medical provider or parent or guardian, in the health of the student, or lapses in the ability of the trained school personnel to administer medications.

29. What are the medication training requirements for staff administering medication in community-based four-year-old kindergartens?

Some four-year-old kindergarten programs are located in community daycare and preschool facilities. If school district personnel at such locations are assigned by the school district administrator to administer medication in which training is required, the school district personnel would be required to receive DPI-approved medication training. If the personnel are not employees or volunteers of the school district, medication training is not required. In these

situations, the community-based personnel should follow the Department of Children and Families medication administration regulations and guidance.

30. What is the recommended documentation of the medication training?

The DPI recommends that school districts maintain personnel records of completed medication training on an ongoing basis. This should include the specific components completed and the dates of the most recent trainings. Competency checklists for documentation of the skill component for all routes of medication administration are available on the [DPI Medication Training](#) and [Medication Administration Resources](#) webpages. The DPI does not maintain records of individuals completing its online medication administration training modules.

31. How can a school district obtain DPI approval for a medication administration training program?

The DPI must approve medication training programs developed by parties other than DPI. For approval, a training program should include education regarding the objectives listed in question 24 and assess both knowledge and skills. See Requirements for DPI Approved Medication Training on the [DPI Medication Administration Resources](#) webpage.

For the approval of a medication administration training program, send the curriculum and a formal letter of request on district letterhead to: School Nursing/Health Services Consultant, Department of Public Instruction, Student Services/Prevention and Wellness Team, P.O. Box 7841, Madison, WI 53707-7841. Allow thirty days for a review of a medication training program. Alternatively, the curriculum and supporting documents can be emailed to the School Nursing/Health Services Consultant.

Administration Issues

32. What is a medication error?

A medication error is defined as medication administration that deviates from the instructions of the medical provider and parent or guardian. Some examples of medication errors include:

- administration of a medication to the wrong student,
- administration of the wrong medication to a student,
- administration of the wrong dosage of medication to the student,
- administration of the medication via the wrong route,
- administration of the medication at the wrong time, and
- failure to administer medication with appropriate medical provider and parent or guardian written instructions.

Each medication error must be documented ([Wis. Stat. § 118.29\[4\]](#)). A template of an incident report form is available on the DPI medication website: <https://dpi.wi.gov/sites/default/files/imce/sspw/doc/snmedadminincidentrpt.doc>.

Situations that are not considered medication errors include: students who refused to consume or are unable to tolerate the medication, lack of supply of the medication from the parent or guardian, and medication for which the parent or guardian has requested staff no longer administer. In the final situation, an order to discontinue the medication should be sought from the prescriber. Careful notation of these situations should be made in the medication log. Incidents of lost, wasted, dropped, or stolen medication should be recorded on incident forms and reported to parent or guardian, school nurse, and school administrator as appropriate (Davis-Alldritt and Patterson 2017).

33. When is a medication considered to be given late?

Appropriate timing of medication administration must take into account the complex nature and variability among medications; the indications for which they are prescribed; the situations in which they are administered; and the needs of the patients receiving them (Department of Health & Human Service Centers for Medicare & Medicaid Services 2011). The Institute for Safe Medication Procedures (ISMP) has issued guidelines calling for non-time-critical scheduled daily medications to be given within two hours of the scheduled time (ISMP 2011). This can be two hours before or after the scheduled time. Circumstances such as the medication needing to be given with food or on an empty stomach should be considered when scheduling medication doses in school.

Time-critical scheduled medications are those for which an early or late administration of greater than thirty minutes might cause harm or have a significant, negative impact on the intended therapeutic or pharmacological effect. Accordingly, prescription scheduled medications identified by the prescriber as time-critical should be administered within thirty minutes before or after their scheduled dosing time, for a total window of one hour (ISMP, 2011).

Given that most medication administration is performed by staff without a healthcare license, it is reasonable that school district policies include a concrete and specific time frame such as thirty minutes before or after the time indicated on the medication consent for all medications. This eliminates the need to know and understand pharmacological and therapeutic effects.

34. How should school districts store medications?

Schools taking possession of medications are responsible to ensure the medication is available to the student it is intended for, while preventing access to the medications by others. Medications should be secure and appropriately stored in locked drawers, locked cabinets, or locked dedicated refrigerators (Davis-Alldrift and Patterson 2017). Arrangements for storage should include plans for quick access and retrieval of emergency medications, such as glucagon, epinephrine, rescue inhalers, opioid antagonist, and seizure control medication (AAP 2009; Davis-Alldrift and Patterson 2017). This includes before and after school hours and during students' off-campus school sponsored activities. School districts considering keeping emergency medications unlocked for quick retrieval should consult with their legal counsel (Davis-Alldrift and Patterson 2017).

School district medication policies are required to address the storage of medications and record keeping. It is considered best practice to institute a system to count and track medications to prevent diversion of medications (Davis-Alldrift and Patterson 2017; McClanahan, Adair Shannon, and Kahn, 2019). Liquid medication can be tracked by documenting the original volume and subtracting the volume of each dose. Controlled substances should be counted upon receipt and each time administered (McClanahan, Adair Shannon, and Kahn, 2019). The use of a two person counting system is recommended upon initial receipt and once monthly.

35. What are the best practice guidelines for medications that require refrigeration?

Medications requiring refrigeration should be stored in a refrigerator used solely for that purpose to avoid cross contamination (Davis-Alldrift and Patterson 2017; NYSED 2017). The temperature of the refrigerator should be monitored, and the refrigerator should be locked or in a locked location (NYSED 2017; McClanahan, Adair Shannon, and Kahn, 2019, 901).

36. How should school districts dispose of unused medications?

Schools take temporary, incidental possession of medications from the parent or guardian in order for medication to be administered to their child or to be available for their child to self-administer at school. As such, every attempt

should be made to return the unused or expired medication to the parent or guardian. Ideally, parents or guardians are notified in writing of their responsibility to pick up any unused medication. Such communication should include a deadline date for pick up including how to make alternative arrangements if the parents or guardians cannot meet the deadline date. Parents or guardians should be informed that any medication not picked up by the deadline or according to the alternative arrangements made by the parent or guardian, will be disposed of. Districts are encouraged to use the resources located on DPI's [Medication Administration Resources](#) webpage to help guide disposal. Additional resources are located under the Resource section of this document.

37. How should school districts deal with students who fail to come to the health office for medication or refuse the medication?

It is recommended that districts' medication administration policies include procedures on what steps school staff must take when a student does not arrive at the health office to take a scheduled medication or when a student refuses to take a scheduled medication.

Punitive responses to students forgetting to come to the office are not recommended. Especially for students whose disability is manifested by poor organization or forgetfulness, a punitive response could be viewed as discriminatory (Davis-Alldrift and Patterson 2017). Instead, the school nurse or administrator should work with teachers and staff administering medications, to put plans into place to remind the student to go to the office, or to locate the student (McClanahan, Adair Shannon, and 2019,906).

When a student refuses to take medication at school, the school nurse should work with the student, parent or guardian, and other school staff to develop possible options. At no time is physical restraint or force appropriate, safe, or legal (Davis-Alldrift and Patterson 2017). While alternative options are being explored, the student's educational needs must be met, and the student cannot be excluded from school unless the students' behavior poses a serious risk of harm to self or others (Davis-Alldrift and Patterson 2017).

38. Does the school medication administration law apply to private schools?

Yes. All requirements listed in Wis. Stat. § 118.29 must be followed by private schools. Private school employees and volunteers who meet the training requirements and are authorized in writing by their administrator or principal may administer medications in the private school setting. However, the medication training curriculum for private school employees, volunteers, or school bus drivers who transport only private students does not need to be approved by the DPI (Wis. Stat. § 118.29[6][c]).

39. How does the administration of drugs and emergency care law differ from the Nurse Practice Act?

The school medication law, Wis. Stat. § 118.29, allows individuals who are not licensed in a healthcare field to administer prescription medications to students. School administrators may authorize school personnel to administer prescription and nonprescription medications to students with appropriate

training. The school medication law requires school districts to develop policies regarding medication administration in school to ensure safety (Wis. Stat. §118.29[4]).

The Nurse Practice Act defines the scope of nursing practice in the state of Wisconsin, describing what a registered nurse (RN) and licensed practical nurse (LPN) may do and how it must be done (Wis. Stat. ch. 441). Associated rules for the practice of nursing outline the nurse's responsibilities and the duties associated with the delegation of medication administration to others (Wis. Admin. Code § N 6.03[3]).

Wis. Admin. Code § N 6.03(2)(a) stipulates that RNs, and LPNs working under the general supervision of an RN or direct supervision of a provider, only accept delegated acts for which there are protocols or written or verbal orders. Thus, RNs and LPNs administering non-prescription medications to students should do so under protocols or written orders.

40. How should the issue of administering medications be handled by school districts when students go on field trips or participate in after-school activities?

School districts must have policies that include protocols for providing emergency nursing services at all school-sponsored events, including field trips or after-school activities (Wis. Admin. Code § PI 8.01(2)(g)(2)). This includes the administration of required medication to students. The parent or guardian may attend the activity and administer the medication to their child, but the school has the ultimate responsibility to ensure that a responsible individual is available to administer the medication. In addition, a child's 504 Accommodation Plan or special education individual educational program (IEP) should include a plan for medication administration and provision of health services at all school-sponsored events.

School administrators should carefully consider the need for requiring training for additional personnel to provide medication administration at before- and after-school events and field trips. More information on this topic is available in the DPI's [Meeting Student Health Needs While on Field Trips – Tool Kit for Wisconsin Schools](#).

41. What factors should school districts consider in regards to administering emergency medications on school busses?

Safety is the primary consideration for the administration of emergency medication on school busses. Students who may require the administration of an emergency medication during transportation to or from school or on a school-sponsored trip should have an Emergency Action Plan or other health plan. School staff, including bus operators should receive instruction in the implementation of this health plan.

Wis. Stat. § 118.29 allows a school bus operator validly authorized under ss. 343.12 and 343.17 (3) (c) to operate the school bus he or she is operating who is authorized in writing by a school district administrator to administer medication to students. DPI training is required for immunity from civil liability for the administration of medication via certain routes (see questions 20 and

22). This training is required for both district contracted and district employed bus operators. School districts may choose to train bus drivers to administer emergency medications or have designated and trained school staff or volunteers ride the bus. Alternatively, school districts may determine that in emergency situations, the local Emergency Medical Services system (EMS) be called. School districts are encouraged to consult their district legal counsel in making this determination.

Additional considerations for administering emergency medications on school busses include providing for follow up care after the medication is administered. In most incidences of emergency administration of medication, the emergency response plan will be for the bus to stop in a safe location while activating EMS. Privacy for the student receiving the emergency medication and supervision of the student's bus companions should be addressed in the district's response plan.

42. What are best practices regarding documentation of medication administration?

Documentation is the sixth right of medication administration. Documentation of medication administration should be completed promptly and includes notation of any medication errors made during the administration process. The medications log (either electronic or paper) should include the student's name and the name and dosage of the medication. The individual giving the medication should record the date and time of administration of the medication. Identification of who administered the medication should be possible. If using paper, documentation should be made in blue or black ink. Medication administration logs are classified as pupil physical health records and are stored and retained as behavioral records ([Wis. Stat. 118.125\[1\]\[a\]](#), [Wis. Stat. 118.125\[1\]\[cm\]](#), [Wis. Stat. 118.125\[3\]](#)). Also, see Question #8.

43. What are the best practices regarding documentation of medication administration?

Documentation is the sixth right of medication administration. Documentation of medication administration should be completed promptly and includes notation of any medication errors made during the administration process. The medications log (either electronic or paper) should include the student's name and the name and dosage of the medication. The individual giving the medication should record the date and time of administration of the medication. Identification of who administered the medication should be possible. If using paper, documentation should be made in blue or black ink. Medication administration logs are classified as pupil physical health records and are stored and retained as behavioral records ([Wis. Stat. 118.125\[1\]\[a\]](#), [Wis. Stat. 118.125\[1\]\[cm\]](#), [Wis. Stat. 118.125\[3\]](#)). Also, see Question #8.

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