



Administration of Drugs to Pupils

Third Edition

February 2012

Administration of Medications to Pupils

Developed by
Rachel Gallagher, RN, CPNP, NCSN
School Nursing Consultant



Wisconsin Department of Public Instruction
Tony Evers, State Superintendent
Madison, Wisconsin

This publication is available from:

Student Services/Prevention and Wellness Team
Wisconsin Department of Public Instruction
125 South Webster Street
Madison, WI 53707-7841
(608) 266-8960

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Introduction

Medication administration in schools is governed by Wis. Stat. sec. 118.29. This statute allows private or public school administrators, principals, school boards, or cooperative educational service agencies to assign the responsibility of medication administration for a student to any employee or volunteer of a school, county children with disabilities education board, and cooperative educational service agency. Individuals selected to administer medications must receive the assignment in writing by the administrator of a school district, board, or agency, and receive the appropriate instruction or training by a health care professional. 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. School personnel administering medications to students are exempt from civil liability if acting in good faith and have appropriate training. Health care providers are not exempt from liability. Consultation with appropriate health care professionals is needed in the development and periodic review of written policies governing the administration, storage, record-keeping, and training of authorized individuals administering medications.

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, the availability of nursing staff to delegate administration, and the availability of school staff to assume this responsibility. School nurses are governed by Wis. Admin. Code sec. N 6 in determining if a task, such as medication administration, is appropriate to be delegated to personnel without a health care license.

On March 1, 2011, 2009 Wisconsin Act 160 revised the medication law requiring school districts to provide Department of Public Instruction (DPI) approved medication training for all medication and receive all medication from parents in an appropriately-labeled container. In accordance with 2011 Act 86, the training requirements were modified and medications do not need to be supplied by parents. This edition of *Administration of Medications to Pupils* represents changes in Wis. Stat. sec. 118.29, which became effective December 9, 2011.

A complete copy of the above state statute is included in this document and available at <https://docs.legis.wisconsin.gov/statutes/statutes/118/29>.

Medication Policies and Procedures

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

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. 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. sec. 121.02(1)(g).

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

A school bus driver or other 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, school employees or volunteers must first successfully complete DPI-approved medication training. In addition, a health care provider may also administer nonprescription and prescription medications to students.

A school or public health nurse may delegate the administration of medications to personnel without a health care license in the school setting with appropriate training, supervision, and evaluation of school personnel (Wis. Admin. Code sec. N 6.03(3)).

3. What medications may be administered at school?

All prescription and nonprescription medications may be administered at school.

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.

U.S. Pharmacopoeia (<http://www.uspnf.com/uspnf/login>)

U. S. Homeopathic Pharmacopoeia
(http://www.hpus.com/online_database/register_action.php)

A prescription drug is a substance recognized as a drug defined in Wis. Stat. sec. 450.01(1)(10)(a),(b),(c),(d). This statute defines drugs as:

- Any substance recognized in the official U.S. Pharmacopoeia and national formulary or official Homeopathic Pharmacopoeia of the United States or any supplemental publication to these references.
- Any substance involved in the diagnosis, cure, mitigation, treatment or prevention of disease or other conditions in people.
- Any substance other than a device or food intended to affect the structure or function of the body of the person.
- Any substance which is intended for the use or consumption in or for the mechanical, industrial, manufacturing, or scientific application or purposes.

Prior to administration, prescription medications require a written medical provider and parent authorization. Wisconsin Statutes sec. 450 may be viewed at:
<https://docs.legis.wisconsin.gov/statutes/statutes/450.pdf>.

A nonprescription medication is any non-narcotic medication product that may be sold without a prescription order.

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

If the nonprescription medication is supplied by the pupil'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.

5. 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. sec. 118.29(2)(1)(2)). 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. sec. 118.29(2)(1)(b)). Practitioner is defined as a physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist. Practitioner may be licensed in any state in the United States (Wis. Stat. sec. 118.29(e)).

Prescription medications:

Administration of prescription medications to a pupil requires written instructions from a medical practitioner, as well as parent or guardian consent.

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. sec.118.29(2)(a)).

Each dose of medication administered must be documented along with any errors (Wis. Stat. sec. 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.

6. What is a medication error?

A medication error is defined as medication administration that deviates from the instructions of the medical provider and parent. 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 a medication with appropriate medical provider and parent instructions.

Each medication error must be documented (Wis. Stat. sec 118.29(4)). A template of an incident report form is available

on the Department of Public Instruction medication website: <http://dpi.wi.gov/sspw/medtraining.html>.

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, and a medication held by a parent. Careful notation of these situations should be made in the medication log.

7. 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. As stated in Wis. Stat. sec. 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; and
- appropriate training of persons who are authorized to administer medications to pupils.

The National Association of School Nurses considers it best practice for a registered nurse to review all new medication orders for proper dosage, route, and periodicity prior to administering medication to ensure the safety of all children.¹

Medication Policies and Procedures

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

Route describes the method of administration of medication to the pupil and includes: oral, topical, inhalant, nasal, eye, ear, rectal, intravenous, intramuscular, and subcutaneous. State law does not limit the “route” of medication that may be administered at school. State statute dictates that no employee, other than a health care provider, is required to administer a medication or prescription medication to a pupil by any means other than ingestion (Wis. Stat. sec. 118.29(5)). An employee may assume the responsibility of giving a medication by non-oral routes if they are willing and have been appropriately trained (Wis. Stat. sec. 118.29(6)), and it is a task that can be delegated to an employee without a health care license (Wis. Admin. Code sec. N 6.03(3)(a),(b),(c),(d)).

9. May school districts administer glucagon and epinephrine without the parent supplying the prescription medications to schools?

Yes. The law specifically permits authorized personnel to administer epinephrine to students who appear to be having an allergic reaction, and glucagon to known students with diabetes for severe low blood sugar with an altered state of consciousness, without parent and medical provider permission. In both cases, a bus driver, 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 provider (Wis. Stat. sec. 118.29(2)). School districts may be able to acquire these medications by obtaining a prescription from the school’s medical advisor.

10. Does Wis. Stat. sec. 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 “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. The written instructions should include under what circumstances the medication is to be administered to the student (Wis. Stat. sec. 118.29(2)(a)).

Training

11. Is medication training required?

Yes, for some 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, school employees or volunteers must first successfully complete DPI-approved medication training (Wis. Stat. sec. 118.29(6)). This requirement does not apply to health care professionals including: medical providers, emergency medical technicians, and registered and licensed practical nurses.

Although medication training is not required for oral, ear, eye, and topical medications, it is strongly recommended.

12. What is the relationship between training and civil liability exemption? There is a direct relationship between training and immunity from civil liability, but only in limited circumstances.

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 question 11 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. sec. 118.29(a)(3) and (6)).

Similarly, if a school district administrator, or school principal, authorizes an employee or volunteer who has not received the required training to administer a medication via a route listed in the answer to question 11 above, there is no civil liability exemption for the administrator or principal.

There is a different standard for emergency situations. In such situations, any school bus operator, employee, or volunteer who in good faith renders emergency care to a pupil of a public, private, or tribal school is immune from civil liability for his or her acts or omissions in rendering such emergency care (Wis. Stat. sec. 118.29(3)).

*Relationship between
Civil Liability
Exemption and
Medication Training*

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

By law, 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 (Wis. Stat. sec. 118.29(6)). State law defines the minimum training requirements. School districts can set their own training requirements, which go beyond the state law, in their locally-developed medication policy and procedures.

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

The following medication training requirements and recommendations were based on a review of the medication training curricula throughout the country and an investigation of the medical and nursing literature.

Oral medication administration does not require any medication training under state law. However, training to help school personnel understand the following concepts is recommended for all staff and volunteers who administer oral medications.

- 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 need for documentation.
- h. Identify proper procedures for oral medication administration.

It is recommended that school personnel and volunteers authorized by an administrator or principal to administer prescription and nonprescription oral medications to students during school-sponsored events held off school grounds or after school hours have a properly labeled medication package for oral medication administration. The medication label should include:

- student's name,
- name of medication,
- medication dosage,

- date and time of administration, and
- instructions pertinent to the administration of the medication to the student.

Emergency medications training for the use of rescue (immediate-acting) inhalers, epinephrine, glucagon, and rectal diazepam is required and involves two training components: knowledge and administration skill. The knowledge portion of the training for emergency medications includes the following:

- Understand the need and procedures to maintain confidentiality related to medication administration.
- Identify the five rights or guidelines of medication administration: the right student, right medication, right dose, right time, and right route.
- Identify effective documentation of medication administration.
- Identify emergency situations and appropriate procedures for responding to an emergency.
- Identify procedures related to emergency administration of inhaler, epinephrine, glucagon, and rectal diazepam.

For school personnel to complete the training for emergency medication administration, DPI also requires a skill component. The skill component must include a demonstration of administration of these emergency medications by a school nurse, medical provider, or adequately-trained parent. School personnel must be able to adequately demonstrate the administration of rescue inhalers, epinephrine, glucagon, and/or rectal diazepam as judged by a school nurse, medical provider, or adequately-trained parent.

Non-oral routes of administration vary in whether or not training is required. Administration of eye, ear, and topical medications do not require medication training. However, training is strongly recommended. Training for administration of these routes should include specific concepts. The knowledge portion of the training should include the same learning objectives listed in (a) through (h) in the oral medication section and the following:

Identify procedures related to the eye, ear, and topical routes of medication administration.

The skill component for the administration of medication through a gastrostomy, jejunostomy, and nasogastric tube follows the same skill component requirements as the emergency medication training. For these specific routes that school personnel are assigned to administer, the school nurse, medical provider, or adequately-trained parent must provide a demonstration and school

personnel must provide an adequate demonstration. School nurses are uniquely skilled to assess the competency of the medication administration skills of school personnel.

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

The following free resources have been approved by the department for training to meet the requirements of Wis. Stat. sec. 118.29(6):

Wisconsin DPI-approved webcasts and tests satisfy the knowledge portion of the objectives. This program has four courses with twelve webcasts and tests embedded in it. The first course covers policies, laws, principles of general medication administration, and specific procedures for oral medication administration. Course 1 satisfies the training recommendations to administer oral medications. Similarly, completion of Courses 1 and 2 of the knowledge training for eye, ear, and topical medication is recommended but not required. After completion of this webcast and test, school personnel must provide an adequate demonstration of the skill to a nurse, medical provider, or adequately trained and willing parent.

Specific units in Course 3 satisfy knowledge requirements on insulin administration as an injectable medication. Completion of specific units within Course 4 satisfies the knowledge requirement to administer emergency medications including: inhaled, rectal, gastrostomy, jejunostomy, and injectable routes of medication administration.

**Wisconsin Department of Public Instruction
On-Line Course**

Course 1	Course 2	Course 3	Course 4
Oral (optional)	Non-oral	Injections	Emergency
Laws and policies	Topical skin medication (optional)	Insulin administration by syringe	Epinephrine by Epi-Pen™ and Twinject
Confidentiality	Eye drops and ointments (optional)	Insulin administration by insulin pen	Glucagon
Medical terminology	Ear drops (optional)		Using a nebulizer
Hand washing	Ostomy low-profile access		Rectal diazepam
The five rights or guidelines			Rescue inhaler
Self-administration			
Documentation			
Giving tablets, capsules, and liquids			
Medication errors			

The designated optional units are routes of administration that are recommended, but not required. Each webcast takes five to thirty minutes to complete. For non-health care professionals, two to three hours are needed to complete all four courses.

Resources available include:

1. Webcasts and tests for epinephrine by auto injector, glucagon, rectal diazepam, and inhalers satisfy the knowledge portion of the emergency medication training. Available webcasts include:
 - a. Save a Life with Epinephrine
 - b. Save a Life with Glucagon
 - c. Save a Life with Rectal Diazepam
 - d. Rescue Inhaler: Helping Students with Asthma Breathe Better

After watching these webcasts, school personnel must provide a demonstration of the skill to a nurse, medical provider, or adequately trained and willing parent.

2. Competency checklists for documentation of the skill component of each route of medication administration.
3. Templates of forms and medication policies.

All resources are available on the DPI medication training and resources webpage located at:
http://sspw.dpi.wi.gov/sspw_medtraining.

The Medication Administration Training *Recommendations*

<i>Types of Medications</i>	<i>Knowledge</i> <i>Recommended every four years and more frequently as needed</i>		<i>Skill Competency</i> <i>Recommended yearly and more frequently if needed</i>
	<i>Recommended Topics</i>	<i>Optional Resources*</i>	
Oral	<ul style="list-style-type: none"> • State and federal laws • Hand washing • Confidentiality • Five rights • Medical terminology • Documentation • Medication errors • Self-administration • Procedure for oral medication administration 	<p>Wisconsin DPI online webcasts and tests.</p> <p><i>Course 1 during the school day.</i></p> <p><i>Appropriate instructions with properly labeled medication package are recommended for off grounds or after-school hours school-sponsored activities.</i></p>	None.
Non-oral	<ul style="list-style-type: none"> • eye • ear • topical 	<p>Specific webcast and tests are recommended.</p> <p>Wisconsin DPI online webcasts and tests.</p>	<p>Verification of skill is recommended by nurse, physician, or a skilled and willing parent.</p>

The Medication Administration Training *Requirements*

<i>Types of Medications</i>	<i>Knowledge</i> <i>Required every four years and more frequently as needed</i>	<i>Skill Competency</i> <i>Required yearly and more frequently if needed</i>
Non-oral <ul style="list-style-type: none"> • inhalers • gastrostomy tube • jejunostomy tube 	Specific webcast and test.	<ul style="list-style-type: none"> • Required verification of skill for all, by nurse or physician (recommended), or by skilled and willing parent.
Injections <ul style="list-style-type: none"> • syringe • insulin pen 	Specific webcast and test.	<ul style="list-style-type: none"> • Required verification of skill by nurse or physician (recommended), or by skilled and willing parent.
Emergency <ul style="list-style-type: none"> • rescue inhalers • epinephrine • glucagon • rectal diazepam 	Specific webcast and test.	<ul style="list-style-type: none"> • Required verification of skill by nurse or physician (recommended), or by skilled and willing parent.

Information is also available at: http://sspw.dpi.wi.gov/sspw_medtraining.

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

No. School districts can request that parents assist with a demonstration or assessment of the skill involved in the administration of medications; however, they cannot require the parent to provide the service. Some parents 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 nurses or medical providers in providing a medication administration demonstration, and determining the adequacy of the demonstration by school personnel.

17. When should school personnel take the training?

If school personnel are giving medications on a daily basis, it is recommended that the 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 take the medication training close to the date they will be expected to begin administering medications. The DPI online webcasts are available 24 hours a day 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 rectal diazepam 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.

18. 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 must occur at initiation of the medication assignment and should be repeated annually thereafter. For simplicity, it may be desirable to require both knowledge and skill component training annually. The skill 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, in the health of the student, or lapses in the ability of the trained school personnel to administer medications.

19. 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 personnel at such locations are assigned by the school administrator to administer medication in which training is required, the school 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 Department of Children and Families medication administration regulations and guidance.

20. 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 most recent trainings. Documentation of the training can be secured by the certification issued with successful completion of the Wisconsin TRAIN Training Course and skill competency checklists. TRAIN is a Wisconsin Department of Health Services electronic training platform. The advantage of using the TRAIN Medication Training resource is that the program provides a post assessment and certificate of completion. Competency checklists for documentation of the skill component for all routes of medication administration are available on the DPI medication training webpage. Completed webcast tests available on the DPI medication training website should be taken to the school nurse or other designated staff for scoring.

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

Required medication training programs developed by parties other than DPI must be approved by the DPI. For approval, a training program should include education regarding the objectives listed in question 14 and assess both knowledge and skills.

For approval of a medication administration training program, please send the curriculum to School Nursing Consultant, Department of Public Instruction, Student Services/Prevention and Wellness Team, P.O. Box 7841, Madison, WI 53707-7841. Allow thirty days for review of a medication training program.

Administration Issues

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

No. The school medication law specifically states written instructions and consent are required for administration of prescription and nonprescription medications (Wis. Stat. sec. 118.29(2)). School 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. According to the board of nursing, a registered nurse (RN) may accept a telephone order from a licensed health care provider, but not from a parent. A telephone order must be confirmed by a written order by the medical provider (Wis. Admin. Code sec. N 6.03(2)(a)).

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

Yes. All requirements listed in Wis. Stat. sec. 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.

24. How does the Administration of Drugs to Pupils and Emergency Care Law differ from the Nurse Practice Act?

The school medication law, Wis. Stat. sec. 118.29, is the only Wisconsin law that allows individuals who are not licensed in a health care field to administer prescription medications to non-family members. School administrators may authorize school personnel to administer prescription and nonprescription medications to students with appropriate training. The medication law requires school districts to develop policies regarding medication administration in school to ensure safety (Wis. Stat. sec. 118.29(4)).

The Nurse Practice Act defines 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. sec. 441). Associated rules for the practice of nursing outlines the nurse's responsibilities and the duties associated with

the delegation of medication administration to others (Wis. Admin. Code sec. N 6.03(3)).²

25. 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 emergency medication administration at all school-sponsored events, including field trips or after-school activities (Wis. Admin. Code sec. PI 8.01(2)(g)(2)). 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.

26. Can an LPN provide school health services as long as supervision is provided by a nurse, physician, podiatrist, dentist, or optometrist?

Yes. Licensed practical nurses' scope of practice requires they practice under the general supervision and direction of an RN or the direction of physician, dentist, podiatrist, or optometrist. An RN may delegate a task to an LPN, provided the LPN has adequate knowledge to perform the task and the nurse is available for consultation and direction. Delegated tasks must either be part of a student's individualized health care plan that is developed, maintained, and evaluated by a school nurse, or under practice protocols developed by the school nurse and medical advisor. Direction does not necessarily need to be on site, but adequate supervision including, at a minimum, availability by telephone of the registered nurse, physician, or dentist, is essential (Wis. Admin. Code sec. N 6.04 (1)).

References

1. The National Association of School Nurses' Position Statement, "Medication Administration in the School Setting." June 2003.
2. The National Council of State Boards of Nursing definition of nursing delegation is available at: <https://www.ncsbn.org/323.htm#Definitions>.

Resources

American Nurses Association paper regarding "Principles of Delegation," p. 4. Link: <http://www.safestaffingsaveslives.org/WhatisSafeStaffing/SafeStaffingPrinciples/PrinciplesforDelegationhtml.aspx>.

National Council of State Board of Nursing and American Nurses Association, "Joint Statement on Nursing Delegation." 2006. Link: <https://www.ncsbn.org/1056.htm>.

Rehabilitation Act of 1973, sec. 504, is available at: <http://www.ed.gov/about/offices/list/ocr/docs/edlite-FAPE504.html>.

Wisconsin Administrative Code Chapter N 6, Standards of Practice for Registered Nurses and Licensed Practical Nurses, is available at: www.legis.state.wi.us/.

Wisconsin Statute Section 118.29(1-6)

(1) DEFINITIONS. In this section:

(a) "Administer" means the direct application of a nonprescription drug product or prescription drug, whether by injection, ingestion or other means, to the human body.

(b) "Drug" means any substance recognized as a drug in the official U.S. pharmacopoeia and national formulary or official homeopathic pharmacopoeia of the United States or any supplement to either of them.

(bg) "Drug product" means a specific drug or drugs in a specific dosage form and strength from a known source of manufacture.

(bm) "Epinephrine auto-injector" means a device used for the automatic injection of epinephrine into the human body.

(c) "Health care professional" means a person licensed as an emergency medical technician under s. [256.15](#), a person certified as a first responder under s. [256.15 \(8\)](#) or any person licensed, certified, permitted or registered under chs. [441](#) or [446](#) to [449](#).

(d) "High degree of negligence" means criminal negligence, as defined in s. [939.25 \(1\)](#).

(dm) "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.

(e) "Practitioner" means any physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist licensed in any state.

(f) "Prescription drug" has the meaning specified in s. [450.01 \(20\)](#).

(2) AUTHORITY TO ADMINISTER DRUGS; CIVIL LIABILITY EXEMPTION.

(a) Notwithstanding chs. [441](#), [447](#), [448](#), and [450](#), 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, any school employee or volunteer, county children with disabilities education board employee or volunteer or cooperative educational service agency employee or volunteer authorized in writing by the administrator of the school district, the board or the agency, respectively, or by a school principal, any private school employee or volunteer authorized in writing by a private school administrator or private school principal, and any tribal school employee or volunteer authorized in writing by a tribal school administrator or tribal school principal:

1.

a. Except as provided in subd. [1. b.](#), may administer any nonprescription drug product which may lawfully be sold over the counter without a prescription to a pupil in compliance with the written instructions of the pupil's parent or guardian if the pupil's parent or guardian consents in writing. If the nonprescription drug product is supplied by the pupil's parent or guardian, the nonprescription drug product shall be supplied in the original manufacturer's package, and the package must list the ingredients and recommended therapeutic dose in a legible format.

b. May administer a nonprescription drug product to a pupil in a dosage other than the recommended therapeutic dose only if the request to do so is accompanied by the written approval of the pupil's practitioner.

2. May administer a prescription drug to a pupil in compliance with the written instructions of a practitioner if the pupil's parent or guardian consents in writing; the prescription drug is supplied in the original pharmacy-labeled

package; and the package specifies the name of the pupil, the name of the prescriber, the name of the prescription drug, the dose, the effective date, and the directions in a legible format.

2m. Except for epinephrine administered under subd. [2.](#), may use an epinephrine auto-injector to administer epinephrine to any pupil who appears to be experiencing a severe allergic reaction if, as soon as practicable, the school bus operator, employee or volunteer reports the allergic reaction 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.

2r. Except for glucagon administered under subd. [2.](#), may administer glucagon to any pupil who the school bus driver, employee, or volunteer knows is diabetic and who appears to be experiencing a severe low blood sugar event with altered consciousness if, as soon as practicable, the school bus operator, employee, or volunteer reports the event 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.

3. Subject to sub. [\(4m\)](#), is immune from civil liability for his or her acts or omissions in administering a nonprescription drug product or prescription drug to a pupil under subd. [1.](#), [2.](#), [2m.](#), or [2r.](#) unless the act is in violation of sub. [\(6\)](#) or the act or omission constitutes a high degree of negligence. This subdivision does not apply to health care professionals.

NOTE: Subd. 3. is shown as affected by 2 acts of the 2009 Wisconsin legislature and as merged by the legislative reference bureau under s. 13.92 (2) (i).

(b) Subject to sub. [\(4m\)](#), any school district administrator, county children with disabilities education board administrator, cooperative educational service agency administrator, public, private, or tribal school principal, or private or tribal school administrator who authorizes an employee or volunteer to administer a nonprescription drug product or prescription drug to a pupil under par. [\(a\)](#) is immune from civil liability for the act of authorization unless it constitutes a high degree of negligence or the administrator or principal authorizes a person who has not received the required training under sub. [\(6\)](#) to administer a nonprescription drug product or prescription drug to a pupil.

NOTE: Par. (b) is shown as affected by 2 acts of the 2009 Wisconsin legislature and as merged by the legislative reference bureau under s. 13.92 (2) (i).

(3) EMERGENCY CARE; CIVIL LIABILITY EXEMPTION. Any school bus operator validly authorized under ss. [343.12](#) and [343.17 \(3\) \(c\)](#) to operate the school bus he or she is operating and any public, private, or tribal school employee or volunteer, county children with disabilities education board employee or volunteer, or cooperative educational service agency employee or volunteer, other than a health care professional, who in good faith renders emergency care to a pupil of a public, private, or tribal school is immune from civil liability for his or her acts or omissions in rendering such emergency care. The immunity from civil liability provided under this subsection is in addition to and not in lieu of that provided under s. [895.48 \(1\)](#).

(4) WRITTEN POLICIES. Any school board, county children with disabilities education board, cooperative educational service agency or governing body of a private school whose employees or volunteers may be authorized to administer nonprescription drug products or prescription drugs to pupils under this section shall adopt a written policy governing the administration of nonprescription drug products and prescription drugs to pupils. In developing the policy, the school board, board, agency or governing body shall 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 under s. [121.02 \(1\) \(g\)](#).

The policy shall include procedures for obtaining and filing in the school or other appropriate facility the written instructions and consent required under sub. (2) (a), for the periodic review of such written instructions by a registered nurse licensed under s. 441.06 or in a party state, as defined in s. 441.50 (2) (j), for the storing of nonprescription drug products and prescription drugs, and for record keeping, including documenting the administration of each dose, including errors.

(4m) APPLICABILITY TO TRIBAL SCHOOL EMPLOYEES. The immunity under sub. (2) applies to a tribal school employee, administrator, or volunteer only if the governing body of the tribal school has adopted a written policy that complies with sub. (4).

(5) EXEMPTION. No employee except a health care professional may be required to administer a nonprescription drug product or prescription drug to a pupil under this section by any means other than ingestion.

(6) TRAINING.

(a) Notwithstanding sub. (2) (a) 1. to 2r., and subject to pars. (b) and (c), no school bus driver, employee, or volunteer may administer any of the following nonprescription drug products or prescription drugs unless he or she has received training, approved by the department, in administering these nonprescription drug products and prescription drugs:

1. A nonprescription drug product or prescription drug product that must be injected into a pupil.

2. A nonprescription drug product or prescription drug product that must be inhaled by a pupil.

3. A nonprescription drug product or prescription drug product that must be rectally administered to a pupil.

4. A nonprescription drug product or prescription drug product that must be administered into a nasogastric tube.

5. A nonprescription drug product or prescription drug product that must be administered into a gastrostomy tube.

6. A nonprescription drug product or prescription drug product that must be administered into a jejunostomy tube.

(b) This subsection does not apply to health care professionals.

(c) The training required under par. (a) need not be approved by the department when the training is completed by a school bus driver that transports only pupils enrolled in a private school, an employee of a private school, or a volunteer in or for a private school.