

Administration of Medications to Pupils

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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 ch. N 6 in determining if a task, such as medication administration, is appropriate to be delegated to personnel without a health care license.

In accordance with 2009 Wisconsin Act 160, this edition of *Administration of Drugs to Pupils Q&A* represents changes in Wis. Stat. sec. 118.29 which became effective March 1, 2011.

A complete copy of the state statutes are available at <http://www.legis.state.wi.us>.

Questions

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- 2. Who may administer nonprescription and prescription medications to pupils?**
- 3. What medications may be administered at school?**
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Changes in Wis. Stat. sec. 118.29 became effective March 1, 2011.

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

Questions and Answers

- 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 completed the training required under Wis. Stat. sec. 118.29(6) and has been authorized by the administrator or principal of the governing body to do so may administer nonprescription and prescription medications to students. 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?**

Any substance recognized as a medication 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)

Nonprescription and prescription medications may be administered at school.

A nonprescription medication is any non-narcotic medication 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.

A prescription medication is all of the following, but does not include blood, blood components intended for transfusion, or biological products that are also medical devices:

(a) A drug, drug product, or drug-containing preparation that is subject to 21 U.S.C. 353(b) or 21 C.F.R. 201.105.

(b) A controlled substance included in schedules II to V of chapter 961, whether by statute or rule, except a substance that by law may be dispensed without the prescription order of a practitioner. Controlled substances are included within this definition for purposes of Wis. Stat. subsecs. 450.11(3), (4)(a), and (8), only and for violations thereof punishable under Wis. Stat. sec. 450.11(9).

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

Nonprescription medications must be supplied by the pupil's parent or guardian in the original manufacturer's package. The package must list the ingredients and recommended therapeutic dosage in a legible format.

Prescription medications must be supplied by the pupil's parent or guardian in the original pharmacy-labeled package. The package must list the name of 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

*Required
Documentation*

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.

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,
- administering 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 consider medication errors include: students who refused to consume 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

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-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 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. If a school district wants to administer nonprescription medications to students via a stock supply with parent permission, may they do so?

No. The law states that all prescription and nonprescription medications must be supplied by the parent except the administration in an emergency as described in question 9 of glucagon for severe low blood sugars and epinephrine by auto injector for severe allergic reactions.

11. 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)).

12. Is medication training required?

Yes, school personnel and volunteers who administer medication in the school setting are required to receive training approved by the Department of Public Instruction (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.

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

School administrators are immune from civil liability for the act of authorization of medication administration unless the act constitutes a high degree of negligence or the administrator or principal authorized a person who has not received the required training. Similarly, school personnel are immune from civil liability for their acts or omissions in administering prescription and nonprescription medications unless the school personnel have not received approved training or unless the act constitutes a high degree of negligence (Wis. Stat. sec 118.29(2)(b)). However, the

*Training and Civil
Liability Exemption*

civil liability exemption continues to be available to all school personnel and volunteers who render emergency care to a student, including administration of emergency medications, such as glucagon and epinephrine, through the appropriate delivery device to stabilize a student before emergency medical services arrive, regardless of training. This particular civil liability exemption does not apply to health care professionals (Wis. Stat. sec. 118.29(3)).

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

By law, medication training is required to administer all medications to students enrolled in school. The training must be approved by the Department of Public Instruction (Wis. Stat. sec. 118.29(6)).

15. What concepts are included in the Department of Public Instruction (DPI) training requirements?

DPI-approved training requirements for medication administration training are different for the oral, emergency, and other non-oral routes of administration.

The following medication training requirements 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 requires acquisition of knowledge regarding important concepts and principles of medication administration. No skill training is required. The objectives school personnel must master for administering oral medication during the school day include the following:

- 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.

Training to address objectives (a) through (h) is required for all school personnel administering oral medications during the school day.

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 should have a properly labeled medication package for oral medication administration. The medication label must 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 involves two training components: knowledge and administration skill. The knowledge portion of the training for emergency medications includes the following:

- a. Understand the need and procedures to maintain confidentiality related to medication administration.
- b. Identify the five rights or guidelines of medication administration: the right student, right medication, right dose, right time, and right route.
- c. Identify effective documentation of medication administration.
- d. Identify emergency situations and appropriate procedures for responding to an emergency.
- e. 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 include eye, ear, topical, inhalants (including controller inhalers), and gastrostomy access. Training for administration of these routes must include specific concepts. The knowledge portion of the training must 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, topical, and gastrostomy tube routes of medication administration.

The skill component for the administration of topical, and gastrostomy medication routes 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.

16. 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):

1. 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 the program. The first course covers policies, laws, principles of general medication administration, and specific procedures for oral medication administration. Course 1 satisfies the training requirement to administer oral medications. Completion of Courses 1 and 2 satisfies the training requirement regarding the knowledge needed to administer non-oral routes of medication administration. Completion of Course 3 satisfies requirements on insulin administration. Completion of Course 4 satisfies the knowledge requirement to administer emergency medications.

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

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

Each webcast takes five to thirty minutes to complete. For nonhealth-care professionals, two to three hours are needed to complete all four courses.

2. Webcasts of the medication administration procedures 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 an adequate demonstration of the skill to a nurse, medical provider, or adequately-trained and willing parent.

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

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

Medication Administration Training Requirements Summary

<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>	
	Required Topics <i>(for additional detail, see objectives, page 7-8)</i>	Optional Resources*	
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 	Wisconsin DPI online webcasts and tests Course 1 during the school day. <i>Appropriate, instructions with properly-labeled medication package are required for off grounds or after-school hours school-sponsored activities.</i>	None required
Non-oral <ul style="list-style-type: none"> • eye • ear • topical • inhalers • gastrostomy tube 	Topics listed in the oral medication administration section and the specific procedure for the route of medication administration needed	Wisconsin DPI online webcasts and tests Course 1 AND specific unit(s) in Course 2 related to the route(s) of administration to be used	Required verification of skill for all, except eye and ear, by nurse or physician (recommended) or by skilled and willing parent
Injections <ul style="list-style-type: none"> • syringe • insulin pen 		Wisconsin DPI online webcast and test specific to the route of administration	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 		Wisconsin DPI online webcast and test specific to the route of administration	Required verification of skill by nurse or physician (recommended) or by skilled and willing parent

*School districts and private schools can submit other medication training courses to DPI for review and approval.

The Medication Administration Training Requirements Summary is available at: <http://dpi.wi.gov/sspw/medtraining.html>.

17. 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 non-oral 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.

18. 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 Wisconsin Department of Public Instruction 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 school nursing judgment.

19. How often should the medication training occur?

School personnel should complete the knowledge portion of the medication administration training at least every four years. Skill training for non-oral 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.

20. 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, 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.

21. 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 School Meds Training Course and skill competency checklists. 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 should be taken to the school nurse or other designated staff for scoring.

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

Medication training programs must be approved by the Wisconsin Department of Public Instruction. For approval, a training program should include education regarding the objectives listed in question 13 and assess both knowledge and skills.

For approval of a medication administration training program, contact Rachel Gallagher, School Nurse Consultant. Please send the curriculum to Rachel Gallagher via e-mail at rachel.gallagher@dpi.wi.gov, or by mail to Rachel Gallagher, Department of Public Instruction, P.O. Box 7841, Madison, WI 53707-7841. Allow thirty days for review of your medication training program.

23. 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,

Telephone Orders

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)).

24. 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.

25. 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. ch. 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

26. 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 plan (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.

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

Yes. A licensed practical nurse's 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)

118.29 Administration of drugs to pupils and emergency care.

(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, and 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 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, the nonprescription drug product is supplied by the pupil's parent or guardian in the original manufacturer's package, and the package lists 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 by the pupil's parent or guardian 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 phone 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.

(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.

(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. Notwithstanding sub. (2)(a)1. to 2r., no school bus driver, employee, or volunteer may administer a nonprescription drug product or prescription drug under sub. (2)(a)1. or 2., use an epinephrine auto-injector under sub. (2)(a)2m., or administer glucagon under sub. (2)(a) 2r. unless

he or she has received training, approved by the department, in administering nonprescription drug products and prescription drugs. This subsection does not apply to health care professionals.

This act takes effect on the first day of the 12th month beginning after publication (March 1, 2011).

