

ADMINISTRATION OF DRUG PRODUCTS/MEDICATIONS TO STUDENTS

Drug products/medications are given to students in the school setting, including alternative placements, to continue or maintain a medical therapy that promotes health, prevents disease, relieves symptoms of illness, or aids in diagnosis. Parent(s)/guardian(s) should administer medications to students outside of the school day whenever possible.

The Appleton Area School District (AASD) shall administer medication in accordance with Wisconsin State Statutes §§ 118.29, 118.291, 118.292, 121.02(1)(g), and 939.25(1). The District may administer prescription medication to a student in compliance with the written instruction of a licensed practitioner, as defined by Statute § 118.29, and written consent from the student's parent/guardian.

Administration of nonprescription medication requires the written instruction and consent of the student's parent/guardian. A request to administer a nonprescription medication in a dosage other than the recommended age-based dosing must also be accompanied by the written approval of a licensed practitioner.

For the safety and protection of all students, substances that are not United States Food and Drug Administration (FDA)-approved will not be administered in the school setting.

Students with asthma may possess and self-administer a metered dose or dry powder inhaler with the written approval of a licensed practitioner and parent/guardian.

Students with epinephrine may possess and self-administer for the purpose of treating a severe allergic reaction to include anaphylaxis, with the written approval of a licensed practitioner and parent/guardian.

Two doses of adult stock epinephrine and two doses of pediatric stock epinephrine will be available at each school location. Epinephrine will be available at each school location, not including community 4K sites. The stock epinephrine must remain on school grounds and will not be taken off campus (i.e., field trips). If an individual appears to be experiencing a severe allergic reaction, dial 911 or the emergency medical service provider. Any individual who is trained on the proper administration of epinephrine may administer epinephrine to the individual experiencing a severe allergic reaction. Individuals receiving the epinephrine should be transported to the local emergency department by ambulance.

Naloxone nasal spray will be available at each school location, not including community 4K sites. The naloxone will remain on school grounds and will not be taken off campus (i.e., field trips). If an individual shows signs of an opioid overdose or

if an overdose is suspected, immediately dial 911 for emergency services. Any AASD staff member who is properly trained following a Department of Public Instruction-approved training in the administration of naloxone spray may administer naloxone to the individual who is showing signs of an opioid overdose.

A school administrator will authorize in writing any school employee to administer oral and non-oral prescription or nonprescription medication to students. With the exception of stock epinephrine administration of non-oral medication or medication by means other than ingestion, may be done by any school employee with proper training and evaluation. Determining such individuals will be the joint responsibility of the building administrator and the school nurse. Employees, other than health care professionals, who are authorized to give non-oral medication, will receive training approved by the District and the Department of Public Instruction (DPI).

School employees, other than school nurses, who are authorized and trained to administer medication are immune from civil liability for his or her acts or omissions in administering medication to a student unless the act or omission constitutes criminal negligence which is defined in state law as a “high degree of negligence” (§ 939.25 (1), Wis. Stats). School nurses are regulated by Chapter 441, the Nurse Practitioner Act.

The school administrator who authorizes an employee to administer oral medication and who has received required training for administering non-oral medications will be immune from civil liability for the action authorized, unless a court determines that the action constitutes criminal negligence which is defined in state law as a “high degree of negligence” (§ 939.25 (1), Wis. Stats).

Procedures for obtaining and filing written instructions and consents for medication administration, and the protocols for storage, administration, and documentation are delineated in this policy’s Administrative Rule.

Legal References: Wisconsin State Statutes 118.29, 118.291, 118.295, 118.292, 121.02(1)(g), and 939.25(1)
Wisconsin Administrative Code N. 6.03(3); Chapter 441

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ADMINISTRATION OF DRUG PRODUCTS/MEDICATIONS TO STUDENTS Procedures

I. Training of Designee

A school administrator will authorize in writing any school employee to administer oral and non-oral prescription or nonprescription medication to students in compliance with Wisconsin State Statutes §§ 118.29 and 118.291. Employees, other than school nurses, who are authorized to administer non-oral medications to students will receive training approved by the District and DPI, when available. Administration of non-oral medication or medication by means other than ingestion may be done by any school employee with proper training and evaluation. Determining such individuals will be the joint responsibility of the building administrator and the school nurse.

School personnel should complete the knowledge portion of the medication administration training for required routes (non-oral) at least every 4 years and more frequently if needed, as provided on the DPI website. Skill training for the required routes of administration must occur at initiation of the medication assignment and should be repeated annually thereafter. This training is provided by the District.

II. Consent to Administer

A. Prescription Medications

Parent/guardian is responsible for providing the school with a completed medication form for each medication administered at school (forms HS-017, HS-018. The statement must include:

- Student name, date of birth
- Medication name, dose, route, frequency, time/conditions, duration, directions
- Reason for medication
- Precautions, possible untoward reactions, and/or interventions
- Name of licensed practitioner
- Parent/guardian signature, licensed practitioner signature, date

Requests must be renewed each school year or more often if changes occur. The required forms must be completed and submitted each school year, even if no changes in medication or dosing have occurred. The prescribing licensed practitioner may be notified by school personnel when the parent/guardian requests the discontinuation of any medication at school. Medications must be supplied by the parent/guardian in the original pharmacy-labeled package and the package name of the student, prescriber, prescription drug product, dose,

effective date, and the directions in a legible format. All controlled substances must be delivered to the school by a parent/guardian or other adult.

The school nurse shall be informed by school personnel of all students receiving medication and any changes in dosage. The school nurse will review the medication record periodically and use professional judgment in contacting the practitioner, school personnel, or parent/guardian to resolve inconsistencies in administration directions.

B. Nonprescription Medications

Nonprescription medication (over-the-counter), which is FDA approved, can be administered at school (refer to Section V. for all field trip and activities off school premises). A written, signed statement from the parent/guardian must be on file at the school authorizing school personnel to administer a nonprescription medication.

Nonprescription medication must be supplied in the original manufacturer's package by the parent/guardian. The package must list the ingredients and recommended age-based dosing in a legible format with the student's name affixed.

If a nonprescription medication is requested to be administered in a dosage other than the recommended age-based dosing or is intended for long-term use on a daily basis, it must be accompanied by the written approval of a licensed practitioner.

A limited amount of stock medications will be available in the health room for students in grades 6-12 with the approval of the District Medical Advisor. These medications are acetaminophen, ibuprofen, diphenhydramine, and calcium carbonate. If a parent/guardian wishes for their student to receive as-needed medications from this supply, they will be required to give consent through online registration or in writing using the following form: "Consent for Administering Stock Medications at School."

C. Alternative Medication

For the safety and protection of all students, alternative medications (i.e., food supplements and natural products) will not be given in the school setting.

D. Antineoplastics, Oral Chemotherapeutic Agents, and Other Hazardous Drugs

Permission to administer medications in these drug categories may be granted upon review by the building administrator and school nurse in consultation with the District medical advisor after consideration of safe handling and disposal precautions.

E. Research Medication

Medication prescriptions that do not fall within the established FDA guidelines for pediatric use and/or dosing may fall into the following two categories:

- Off-label medications are those FDA-approved medications prescribed for non-approved indications in children.
- Pediatric experimental or investigational drugs are those medications currently involved in clinical trials. These medications are undergoing formal study to determine the efficacy and safety of pediatric dosing, but they do not have FDA approval.

Requests to administer research medication in school will be evaluated on an individual basis by the school nurse. The following materials will be required from the prescribing licensed practitioner:

1. Information regarding the protocol or a study summary from the research organization
2. Signed parent/guardian permission
3. Reporting requirements
4. Any follow-up required nursing actions to be taken at school
5. Additional information/documentation may be requested as needed

Permission to administer medications in these drug categories may be granted upon review by the building administrator and school nurse in consultation with the District medical advisor. The District reserves the right to refuse to administer the medication.

F. Stock Epinephrine

Stock Epinephrine will be available in District school buildings for the health and safety of all individuals with known and unknown allergic reactions to foods or other environmental items. The District supply of stock epinephrine section of the policy will void whenever the Superintendent or designee is, for whatever reason, unable to: (1) obtain for the District a prescription for stock epinephrine from a physician or advanced practice nurse licensed to practice medicine in all its branches, or (2) fill the District's prescription for stock epinephrine.

A stock epinephrine should be retrieved for use when symptoms of anaphylaxis are identified:

- Difficulty swallowing or tightening of the throat
- Difficulty breathing
- Nausea and vomiting

- Swelling of the face or extremities
- Skin rash, hives

Two doses of adult stock epinephrine and two doses of pediatric stock epinephrine will be available at each school location. If an individual appears to be experiencing a severe allergic reaction, the protocol is to dial “911” or the emergency medical service provider. Any individual who is trained to administer epinephrine may do so to the individual experiencing a severe allergic reaction. Individuals receiving the epinephrine should be transported to the local emergency department by ambulance.

G. Stock Naloxone Nasal Spray

Stock naloxone nasal spray will be available in District School Buildings for the safety of all individuals. Naloxone is a medication that is an opioid antagonist that rapidly reverses an opioid-related drug overdose and has no effect on someone who does not have opioids in their system. The District supply of stock naloxone section of the policy will void whenever the Superintendent or designee is, for whatever reason, unable to: (1) obtain for the District a prescription for stock naloxone from a physician or advanced practice nurse licensed to practice medicine in all its branches, or (2) fill the District’s prescription for stock naloxone.

Stock naloxone nasal spray should be retrieved for use when the symptoms of an opioid-related drug overdose are identified:

- Unconsciousness
- Very small pupils
- Slow or shallow breathing
- An inability to speak
- Faint heartbeat
- Limp arms and legs
- Pale skin
- Purple lips and fingernails
- Vomiting

If an individual appears to be experiencing an opioid-related drug overdose, the protocol is to dial 911. An individual trained to administer naloxone through a DPI-approved training may do so to the individual who is showing signs of an opioid-related drug overdose. Individuals receiving naloxone should be transported to the local emergency room by ambulance.

H. Undesignated Albuterol

The District shall provide or administer the medication as necessary, as defined in WI Statute 118.2915 (1)(i). Undesignated albuterol means an albuterol prescribed in the name of the District or one of its schools. A school nurse or trained personnel may administer an undesignated albuterol to a

person when they, in good faith, believe a person is experiencing respiratory distress. Respiratory distress may be characterized as mild-to-moderate or severe. Each building administrator and/or school nurse shall maintain the names of trained personnel.

Undesignated albuterol will be available at each school location, not including community 4K sites. The albuterol will remain on school grounds and will not be taken off campus (i.e., field trips). If an individual shows signs of respiratory distress, follow the undesignated albuterol protocol. Any AASD staff member who is properly trained following a Department of Public Instruction-approved training in the administration of albuterol may administer albuterol to the individual who is showing signs of respiratory distress.

The District Supply of Undesignated albuterol section of the policy will void whenever the Superintendent or designee is, for whatever reason, unable to: (1) obtain for the District a prescription for undesignated albuterol from a physician or advanced practice nurse licensed to practice medicine in all its branches, or (2) fill the District's prescription for undesignated school albuterol.

Upon any administration of an undesignated albuterol, the Superintendent or designee(s) must ensure all notifications required by State law and administrative procedures occur.

District supply of undesignated albuterol will be stored in a secure location in the health room or (school-designated location) with other locked medications.

Upon implementation of this policy, the protections from liability and hold-harmless provisions applicable under State law apply. No one, including, without limitation, parents/guardians of students, should rely on the District for the availability of undesignated medication. This policy does not guarantee the availability of undesignated medications. Students and their parents/guardians should consult their own physician regarding these medications(s).

III. Self-Administered Medications

- A. Students with asthma may possess and self-administer metered dose inhalers or dry powder inhalers for the purpose of preventing or alleviating the onset of asthmatic symptoms. The student must have the written approval of a licensed practitioner and the written approval of the student's parent/guardian. A copy of this approval will be present in the student's school and maintained in the behavioral record (Wisconsin State Statute § 118.291).
- B. Students may possess and self-administer a prescription medication upon the written approval of a licensed practitioner and the written approval of the

student's parent/guardian. A copy of this approval will be present in the student's school and maintained in the behavioral record. The student will possess no more than the daily supply of the medication at a time, and the medication must be in the original pharmacy-labeled package.

- C. A student may possess and self-administer an epinephrine for the purpose of treating a severe allergic reaction, including anaphylaxis, that requires the administration of epinephrine to avoid severe injury or death. The student must have written approval of a licensed practitioner and written approval of the student's parent/guardian. A copy of this approval will be present in the student's school and maintained in the behavioral record (Wisconsin State Statute § 118.292). If a student administers epinephrine, dial "911" or an emergency medical service provider.
- D. A student may possess and self-administer nonprescription medications. A written statement identifying the medication and granting permission for self-administration is to be signed by the parent/guardian and maintained in the behavioral file.

Factors to be considered will be:

- Type of medication
- Reason for medication
- Age of the student

IV. Expired Medications

Parents/guardians are strongly encouraged to supply a medication that will not expire during the school year. For the safety of our students, expired medications should not be administered at school.

V. Administration of Medications for Field Trips

Field trips may include school-sponsored activities off school grounds, athletics, student groups or clubs, and any overnight events/field trips where a student has a medication on file that may need to be given. If a student is receiving medication at school on a daily basis, or an as-needed basis, it is the responsibility of the staff person who is organizing the field trip to ensure that the student receives the medication per the parent/guardian/physician consents, and as indicated by the parent on the field trip permission form. All information regarding student medication administration is confidential and must be protected accordingly.

The procedures below outline steps to ensure that students receive their required medications.

A. Field Trips – Regular School Day

Prior to the field trip

- A minimum of one staff person who is attending the field trip must have successfully completed the applicable DPI-approved training, depending on the medication needs of the students and the AASD skills training checklist with the school nurse. Current training documentation must be on file with the District prior to the date of the field trip.
- The staff person organizing the field trip must provide a list of participating students to the school secretary or designee prior to the event. The school secretary or designee will review the list of students and determine which students have medications at school.
- Parents/guardians are required to complete the medication portion of the field trip permission slip, indicating if medications are required.

Day of the field trip

- The medication will be prepared by the school secretary or designee. The daily medication dose will be put into a white envelope or Ziploc bag with the student's name, the organizing staff person's name, and the time to be given. The envelope or bag will include a field trip medication form with the student's name, name of medication, dose, and time to be given, special instructions, and a place for the organizing staff person to sign that the medication was administered.
- It is the responsibility of the organizing staff person to see that the medication is given on time and that the student takes the medication. The organizing staff person will sign the form to document the time the medication was administered. "As needed" medications, such as asthma inhalers, if used by the student, will follow the same procedure.

After the field trip

- The organizing staff person will return all forms and all medication to the school secretary or designee promptly upon return from the event.
- The school secretary or designee will document on the medication record that the medication was administered, sign their initials and the initials of the staff person who administered the medication, and note the time the medication was administered. The field trip medication form may be stapled to the medication record.

B. Field Trips – Extended Beyond Regular School Day

Field trips that extend beyond the regular school day may require more doses of a medication to be administered that are not normally given during the school day. If additional medications and/or doses are required, consent for those medications must be on file prior to departure.

- The parent/guardian must provide the medication in a pharmacy-labeled bottle (prescription) or over-the-counter packaging (non-prescription). The required paperwork must be completed, indicating all doses and times the medication is to be administered. Only the amount of medication needed on the field trip should be sent.

- The school secretary or designee may consult with the school nurse regarding questions/organization of the medication.
- It is the responsibility of the organizing staff person to see that the medication is administered on time and that the student successfully takes the medication. The staff person administering the medication on the field trip will document on the field trip medication form all doses of medication that are administered. The Regular School Day “Prior to the field trip” protocols (detailed above) must be completed prior to the trip.
- Emergency medications (i.e., asthma inhalers, epinephrine, glucagon) should be accessible to the student while on a field trip.
- Upon return from the field trip, forms and medication will be returned to the school secretary or designee.
- The school secretary or designee will document on the medication record that the medication was administered, sign their initials and the initials of the staff person, and note the time the medication was administered. The field trip medication form may be stapled to the medication record.

VI. Medication Storage

Medication will be stored in a secure location. Medication that needs to be accessible to the student will be stored in an appropriate location per student need (i.e., emergency medications) and stored to maintain quality (i.e., refrigeration). For the safety of our students, the AASD will not store and administer extra medications for instances when a dose was missed at home.

Building stock epinephrine and stock naloxone will be stored in or near the AED cabinet, will not leave the school grounds, and will be checked and documented monthly by the staff person completing the AED check. The staff person will also maintain a schedule for tracking stock epinephrine and naloxone status and expiration dates.

The parent/guardian or student with parent/guardian permission shall pick up unused portions of medication within seven days after the completion of the school year, when a student transfers out of the district, or when medications have been discontinued. Unused portions of controlled substances may not be transported by students. Anytime after seven days and documentation of written or verbal notification to the parent/guardian, medications will be disposed of according to the medication disposal protocol.

VII. Medication Disposal

The safe disposal of medication can prevent diversion and protect the environment. If at all possible, medications should be returned to the student's parent/guardian who has the prescription for the medication. When returning the medication is not possible, the school must assume responsibility for managing the pharmaceutical waste. Schools must follow state law for businesses and institutions for managing waste.

There are four categories of medications for the management of disposal:

1. Controlled Substances (e.g., narcotic pain medication and stimulant medications): per the Medication Disposal Protocol
2. Hazardous Medication Waste: schools may take advantage of the state hazardous waste contract to manage hazardous waste medications. The building engineers should be contacted for this disposal.
3. Infectious Medication Waste (e.g., Sharps containers): Contact the Building Engineer to properly dispose of Sharps containers.
4. Non-hazardous Medication Waste (e.g. Tylenol, antibiotics etc.): May be disposed of at a designated pharmaceutical drop-off site.

VIII. Documentation

An accurate individual student record of administered medication will include:

- Demographic data such as name, birthdate, grade, and school year.
- Medication name, dose, date/time given, date of expiration if applicable.
- Signature of the person administering.
- Dose changes will be dated, with the signature of the designee, and reviewed by the school nurse.
- Exceptions (i.e., absent, no school, refused) will be documented on the individual student record.
- Errors (i.e., wrong student, wrong time, wrong medication, wrong dose, wrong route) will be documented on the Medication Incident Review Form (HS-019)
- For controlled substances, school office personnel shall verify the amount of the medication delivered by counting and documenting individual units of medication in the presence of the parent/guardian, adult who delivers it or another staff person. Two adults verify the medication count by initialing the medication administration form.

Situations that are not considered medication errors include: students who refuse to consume or are unable to tolerate the medication, a lack of supply of the medication from the parent/guardian, and a medication held by a parent. These situations are documented in the medication log, and the parent/guardian is notified.

The Student Medication Record, including consent forms, will be maintained per AASD Student Records policy 347 after discontinuation of the medication.

IX. Allergy Environment

The District cannot guarantee an allergy-free environment, but recognizes that the risk of accidental exposure to allergens can be reduced in the school setting.

The District is committed to working cooperatively with students, parents/guardians, and medical providers to minimize accidental exposure to known allergens and improve safety in the learning environment.

The focus of allergy management will be on prevention, education, awareness, communication, and emergency response. The District will ensure that interventions and individual health care plans for students with allergies are based on medically accurate information to the extent information is known to the District and evidence-based practices.

X. Rights and Responsibilities

Authorized school personnel have the responsibility to:

- See that the medication is given within 30 minutes before or after the time specified by the parent/guardian and the prescribing licensed practitioner.
- Maintain the medication administered at school in a secure place that also maintains medication quality (i.e., refrigeration for liquid antibiotics).
- Report to the school nurse any dose changes, inconsistencies, medication side effects, or medication errors. In the event of a drug administration error, the parent/guardian and the school nurse will be notified, and the licensed practitioner notified if the parent/guardian or the school nurse determines it is required or necessary under the circumstances. The Medication Incident Review Form shall be completed by the employee involved within 24 hours of the incident.
- Have access to the Administration of Drug Products/Medications to Students Policy 453.4 for immediate reference. Document all medication administered or the reason medication was not administered (i.e., absent, refusal, error).
- Respect confidentiality. Student medication administration information is confidential and must be protected accordingly.

Authorized school personnel have the right to refuse to administer medication to students when the medication administration procedures, as described in Section II above, have not been completed.

The school nurse has the responsibility to:

- Review medications and any changes in medications administered at school when informed by designated school personnel of new medication or of any changes.
- Use professional judgment in carrying out the policy.
- Verify skills competency for the administration of non-oral medications.

XI. Distribution of Policy and Liability Waiver

- All school employees who are authorized and trained to administer medication

to a student shall have access to this policy and shall be advised that, pursuant to the provision in Wisconsin State Statutes §§ 118.29, 118.291, 118.292 that they are immune from civil liability for any acts or omissions in administering a prescription or nonprescription medication to a student in accordance with this policy unless he or she is a healthcare professional or the act or omission constitutes criminal negligence which is defined in state law as a “high degree of negligence” (§ 939.25 (1), Wis. Stats).

- The school administrator who authorizes an employee to administer a prescription or nonprescription medication to a student is immune from civil liability for the act of authorization unless it constitutes criminal negligence, which is defined in state law as a “high degree of negligence” (§ 939.25 (1), Wis. Stats).
- With the exception of the administration of emergency epinephrine, undesignated albuterol, and naloxone as outlined above, a person administering a medication by means other than ingestion to a student is not immune from civil liability if he or she has not received DPI-approved training. The authorizer is not immune from civil liability if he or she authorizes a person who has not received DPI-approved training to administer medication by means other than ingestion to a student.

Refer to DPI Medication Training and Resources and the accompanying District forms.

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