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# Milwaukee Public Schools Administration of Student Medication Policy and Procedures

Rev. 7/2018





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## **I. INTRODUCTION**

The Milwaukee Public School District is committed to providing safe administration of medication to our students during the school day. Most students take their medication from parents at home. However, under exceptional circumstances, some students will need to take their medication during the school hours.

This document is designed to assist principals and school staff with the policy and procedures that insure the safe administration of medication to students.

State Statute 118.29 refers to laws regarding medication in schools. It was published and certified on 2/3/18. A copy of the law is in the appendix of this manual.

This document is the product of collaboration between Risk Management, Nursing leadership, and the MPS Medical Advisor.

We have focused our staff medication administration education on the 5 R's: right student, right medication, right dosage, right time and right route.

In schools with school nurses, they serve as a resource for parents, administration and staff with questions about medications. In schools without nurses, the principal is the resource for parents and staff. The design of this document is to assist the principal or school leader, professional nursing staff and other staff who volunteer to administer medication.

### **Purpose**

To ensure safe administration and management of medications by a licensed nurse in the school setting.

### **Background**

Within the Milwaukee Public School District, medication administration is delegated by the parent and principal, with authorization from a physician, to a designee of the building principal. Those guidelines can be found in the document titled Administration of Student Prescription Medication - Policies and Procedures. In addition to those guidelines, the following nursing specific directions are to be followed.

### **Procedure**

General considerations

1. A medical order or authorization form signed annually by a physician, nurse practitioner of health care provider with prescriptive authority, and parent/guardian will be in place prior to any prescription medication administration. Over-the-counter medications require parent signature only. MPS protocol medications (Acetaminophen, Ibuprofen and Albuterol) require parent signature only.
2. A telephone order for a prescriptive medication shall be received only by the nurse, and followed by a signed written order within two working days. (A facsimile or FAX is acceptable.)
3. In accordance with standards of nursing practice, the nurse may refuse to administer or allow any medication to be administered, which, based on her/his assessment and professional judgment, has the potential to be harmful, dangerous or inappropriate. In these cases, the parent and health care provider shall be notified by the nurse and the reason for refusal explained.



4. The nurse shall have a current pharmaceutical reference available for her/his use, such as on-line pharmaceutical references.
5. Non-compliance by parent/guardian to provide the prescribed medication to the nurse for a period of 4 weeks or greater constitutes reason to obtain a discontinue order from the physician/health care provider. If necessary to reinstate the medication service, parent will obtain the medical order via the physician/health care provider.



## **II. POLICY STATEMENTS FOR PRESCRIPTION AND NON-PRESCRIPTION MEDICATION**

### **A. Prescription Medication Policy**

Whenever possible, medications should be administered by the parents to the students while the child is at home. When medications are required during the school day, the school principal, or other DPI trained staff designated by the school principal, may administer medications to students under established procedures and conditions and in compliance with Wisconsin State Statute 118.29.

Before any prescription medication may be administered to a student during the school day in Milwaukee Public Schools, **school personnel must receive written parental/legal guardian signed consent and the signed written instructions from the child's medical provider.**

The **school administrator or his/her designee shall be responsible for reviewing the written** prescribed medication instructions periodically.

The school administrator or his/her designee shall develop a method of confidentiality for the student's medication files.

In addition, **the school administrator shall be responsible for designating maintenance of complete and accurate medication records and the storing of all prescription medications in a safe and secure place.**

All school personnel authorized to administer prescribed medications to students must complete and pass the medication administration training furnished by the Department of Public Instruction. In addition, they shall be provided with appropriate training, instruction, and full review of the policy and procedures of the school district. A copy of their emailed results from the Department of Public Instruction approved medication administration training will be kept in the medication binder or folder along with the medical orders and medication administration record.

Exceptions to this policy are the administration of the protocol Albuterol rescue inhaler, Diastat, Midazolam and Glucagon.

In certain instances, there may not be a nurse assigned to a specific school. In those instances, Unlicensed Assistive Personnel, (UAP) may be assigned to perform the task of providing medication, documentation and other tasks for the student. The nurse delegates only those tasks for which the UAP has the knowledge and skill to perform. The nurse is responsible for training, supervision and support to help the UAP develop a comfort level with the child and the tasks they are asked to perform. Agreement to be a UAP is voluntary. The nurse must establish a consistent route of availability to the UAP for consultation and procedural direction.



**B. Non-Prescription Medication Policy**

Non-prescription, over-the-counter medications should be administered to school children by parents at home whenever possible. School personnel may administer and/or supervise self-administration of non-prescription medications under the following established procedures and conditions:

1. Prior to any non-prescription medication being administered by school personnel and/or self-administered by a student in Milwaukee Public Schools, **the school administrator or his/her designee must receive written parental/legal guardian signed consent and instructions.**
2. Medication must be presented in the original Manufacturer's labeled bottle with dosages appropriate to the age and size of the child.
3. For identification purposes, the original Manufacturer's bottle or container must be labeled with the child's name.
4. If the child is also taking prescription medication at school (behavior, anti-seizure, etc.), to prevent adverse side effects the prescribing physician must sign off on the over-the-counter medication form prior to administering the medication
5. There are **two exceptions** to this procedure related to non-prescription medications. Based on the standing order by the MPS medical advisor, **only the nurse may administer protocol acetaminophen and Ibuprofen** to students with a parent permission form on file. The students may receive these medications if they have fever, pain and headaches.
6. If the parent is requesting a dosage that is greater than the recommended therapeutic dose, they will need to have their physician or licensed medical provider complete the prescription medication authorization form.

**C. General Policies for Prescription and Non-Prescription Medication**

1. Medication, either prescription or over-the-counter, may be kept in a classroom if a locked, secure area can be found. Classroom teachers administering medication to students will be required to complete the DPI approved medication administration training program prior to administering medication.
2. School personnel willing to administer daily oral medications must successfully complete the DPI approved medication training module **every four years**. Skills Check-off is not required. Teachers and staff administering oral medication on fieldtrips must also have a properly labeled medication envelope (see appendix for sample label). **The teachers or staff must successfully complete the DPI approved medication administration training module in advance of the fieldtrip.** Failure to successfully complete the training in advance of the fieldtrip, leaves the teacher or staff member personally liable for any subsequent claims.



### **III. Procedures for the Administration of Non-Prescription and Prescription Medication in Milwaukee Public Schools**

#### **A. General Information:**

1. Prescription medications are those medications that are obtainable only with the written prescription from a licensed physician or licensed medical provider.
2. All prescription drugs that may be administered in a school setting must be listed in the United States Pharmacopoeia and the National Formulary (USP-NF).
3. Non-prescription medications are those medications that can be obtained over-the-counter from a pharmacy, convenience store, grocery store, etc.
4. All non-prescription medications that may be administered in a school setting must be listed in the USP-NF or official homeopathic pharmacopoeia.
5. **NO MEDICATION** will be administered by non-nursing personnel unless the Medication/Procedure Authorization Form is completed by the parent/legal guardian and the licensed medical provider of the child and is returned to the school office.
6. A licensed nurse can take a verbal order from the physician or licensed medical provider for a **prescription medication**, however this must be followed up with a written order within two working days.
7. A new form must be completed **each year** and whenever the physician changes the prescription and/or the prescribed dosage.

#### **B. Procedure for Administering Non-Prescription Medication:**

1. Designated personnel shall administer non-prescription (over-the-counter) medications to students only with parental/legal guardian approval as indicated by written consent on the Non-Prescription Medication Parent Consent Form. This form is to remain at the school site and on record in the student's record file. The Medication Administration Record (MAR) form shall be completed with each dose given.
2. If the parent request for over-the-counter medication exceeds the therapeutic recommended dosage for a non-prescription medication, a licensed health care provider's signature is required on the Medication Authorization Prescription form.
3. It is recommended that any requests for OTC medications from pregnant students are clarified with their physician.
4. **Under no circumstances should school personnel provide over-the-counter medication or other non-prescription medications to students without meeting all of the above criteria.**
5. **Phone consent by parents or guardian for any medication, including over the counter medication, is not permissible.**



6. Copies of completed consent forms are to be maintained in the office of the school principal or designee of each school building. Upon discontinuance of medication or at the end of the school year, over-the-counter medication consent forms and the MAR are to be filed in a separate folder and can be destroyed after 5 years.

**C. Procedure for Administering Prescription Medication:**

1. Medications to be administered at school must have the following information printed in language understandable to the lay person in charge of administering the medication to the student whose name appears on the prescription container:
  - a. child's full name
  - b. name of drug and dosage
  - c. time drug is to be administered
  - d. quantity of drug to be administered
  - e. physician's name
  - f. pharmacy's name and telephone number
  - g. quantity of medication in the pharmaceutical container (actual count may be different than amount on the label, due to parent taking out home supply)

(NOTE: Authorized staff assigned to administer medication **must count** the number of pills in the pharmaceutical container upon receipt.)

**All medications (except for authorized self-carry medications) must be brought in to school by a parent. When medication is brought to school, the quantity of pills should be verified and co-signed by the school administrator or other staff on the back of the MAR. A parent or guardian may also observe the count and sign the back of the Medication Administration Record Sheet.**

2. All prescription medications require a medical provider and parent/guardian's written permission.
3. Medications will be taken by the child at the designated time (30 minutes before or 30 minutes after the designated time is acceptable), administered by the individual(s) who have been DPI medication trained.
4. The physician's order is valid for 1 calendar year. The prescription on the bottle must match the physician's order and not exceed the expiration date on the bottle.
5. School personnel will need to obtain their learning certificate through the DPI Medication Training Program. Administrators must keep a copy of the medication binder.
6. Student should be given 3-5 ounces of water with which to take the medication and it needs to be swallowed under the observation of the nurse, principal or designee.
7. After the medication is administered, the person administering it must sign the MAR on the correct date and time along with their initials and time given. On the back of the sheet, they must sign their name and initials.

It is the responsibility of the student to go to the designated location at the designated time to



get his/her medication. Consideration should be given for age and the ability of the student to safely assume this responsibility.

**The school designee shall locate the child who is in school who fails to report for the prescribed medication. Failure to do so constitutes a medication error and an incident report must be completed.** If the school designee is unable to locate the child due to absence or truancy, the school designee shall note the absence on the Medication Administration Record Sheet and contact the parent/legal guardian immediately.

8. **If the student refuses to take the prescribed medication**, the parent/legal guardian will be contacted immediately. The student's medication administration record shall reflect the reason student did not take prescribed medication(s) (i.e. absent, vomited up, refused, error, etc.).
9. To monitor this function, the school administrator must identify **at least two (2) people per school building who will administer the prescribed medications**. Individuals authorized to administer prescribed medications to students shall receive appropriate DPI approved instruction and training concerning the process. If the Principal is unable to establish 2 volunteers, he/she is responsible for ensuring medications are provided to students as ordered by their health care provider.
10. **As a safeguard, the administration of medications should be monitored by the school administrator or licensed nurse**. If further training or assistance is needed to set up the procedures, contact an MPS Nurse Coordinator.

**D. Procedure for Storage of Prescription Medication:**

1. Prescription medications are to be kept in a safe, locked location, not accessible to students or other people in the school building, and **checked out only by a district employee or agent designated to administer the medication**.
2. The **key** to the file, cabinet or desk where medication is locked, must be placed in a magnetic key holder. The key holder then must be kept in another location which is also locked or not accessible by those not designated to administer medication. For example, the medication key to the medication cabinet should be kept in the magnetic key holder. The key holder is kept in a magnetic file cabinet which is also locked. **Keys to the medication cabinet should never to be taken off the school grounds. The keys to the nurse's office should not be stored with the other keys. Only the principal, assistant principal, agent designated to administer medication, school engineer, and school nurse should have access to the nurse's office.**
3. When medications arrive at school, the medication must be counted, entered on the MAR, and then secured in a locked space.
4. Medications may require refrigeration and the school should store these medications accordingly. If refrigeration storage is not available, the child's medical provider shall be advised immediately. Exceptions shall be approved by the provider.
5. The nurse's office should not be used for other functions when the nurse is not in the building.



6. Medication, either prescription or over-the-counter, may be kept in a classroom if a locked, secure area can be found. If a secure, locked area is not available in the classroom, medications must be kept in a secure place in the main office. Classroom teachers administering medication to students daily will also need to complete the DPI approved medication administration training program prior to administering medication.
7. When the child has five or fewer doses left, the parents should be advised to bring in additional medication

**E. Administrative and Record-Keeping Information for Prescription Medication:**

**Accurate and confidential** written records shall be established and maintained for each student receiving medication:

1. All medication administration shall be recorded on the medication administration record (MAR) form.
2. Record any adverse side effects and the action taken on the back of the medication administration record form (MAR).
3. The MAR, as defined in the district's medication policy, will be filed in a separate folder and kept for 5 years. Treatment forms initiated in conjunction with a school health service record will be filed in that health record and be held separate from the pupil's cumulative school record.
4. The school principal shall maintain a daily up-to-date record of students in his/her school requiring medication during school hours.
5. The record shall include the school name, school year, student's name, grade level, type of medication, dosage, time to be given, parent/legal guardian's name, physician's name (listed on the medication procedure authorization form), the names of the individuals designated for administering the medication as indicated in the medication administration record, and the date which the medication is/has been to be discontinued.
6. Copies of completed consent forms are to be maintained in the office of the school principal or nurse's office of each school building. Upon discontinuance of medication or at the end of the school year, medication consent forms and the Medication Administration Record Sheet are to be filed in a separate folder and kept for five years.
7. School personnel will report any unusual behavior of students on prescribed medications to the school principal, designated school administrator, or school nurse and these will be shared with the parents and/or physician as soon as possible.
8. School personnel will report any unusual behavior of students on prescribed medications to the school principal, designated school administrator, or school nurse and these will be shared with the parents and/or physician as soon as possible.
9. School clarification be required regarding the administration of prescription medication, or the student is experiencing side effects from the prescribed medications, the child's parent/guardian and/or the health care provider should be contacted.



10. Parents should be informed that any prescribed medication remaining at the end of the school year should be picked up by the parent/guardian. If they are not picked up, the prescribed medications(s) will be disposed of by the school district in the recommended manner. Medication orders will be valid for one year. This shall be contained in the written instructions from the prescribing medical provider.
11. Further, NEW written instructions must be received from the medical provider if the drug is to be discontinued, the dosage changed, or the time the medication is to be administered is changed from the original instruction.
12. If a parent reports that a medication has been discontinued, the physician or licensed medical provider is required to sign the Discontinue Medication form and fax it to the school. If the medication has not been brought to school by the parent within four weeks of receipt of the medication, the nurse shall contact the physician for a discontinue order and notify the parent.
13. If the parent/guardian contacts the school to administer a student's medication outside of the prescribed time, they shall be advised that this can only occur if the prescribing health care provider can be reached for a revised medication authorization. Such authorization from prescribing health care provider must be in writing for non-nursing school staff.

#### **F. Reporting Errors in Medication Administration**

The safety of the child who consumed the medication is the first and foremost consideration when an error in medication administration occurs

The definition of medication error is the one or more of the following events occurring when administering a medication:

- **Wrong student** receives a medication. Using a picture from our database and placing it on the medication administration record can help in preventing this occurrence.
- **Wrong medication** is administered to the student. Reading the bottle and checking the pill description on the bottle can facilitate the correct administration of the medication. Many medications look alike. Ideally a nurse should verify the contents and dose of medications.
- **Wrong dosage** of medication is administered to the student. An incorrect milligrams, grams, milliliter, cubic centimeters, or international units.
- **Wrong time** of administration of the medication. To be considered on time, a medication must be administered within a half an hour before or a half hour after the prescribed time.
- **Wrong route** of medication occurs when the medication is given in a location on the body that the medication was not prescribed for.

There are events that may occur during medication administration which are not considered medication errors. If a parent requests that the school hold a prescribed medication, the parent has this right and this would not be an error. If a student cannot tolerate the medication and vomits the medication after administration, this is not an error. In the event the student refuses to receive the prescribed medication, this is not a medication error. When a student is unable to tolerate the medication, or refuses to take the



medication, the parent should be notified before the end of the school day. These situations should be documented in the medication log on the medication administration record.

### **Procedures when Medication Error Occurs**

1. When an error occurs, contacting the child's health care provider for guidance immediately is primary. The school designee must immediately advise his or her school principal of the error and contact the child's health care provider for further instructions. If the student's health care provider cannot be reached, contact Poison Control IMMEDIATELY at 1-800-222-1222. Poison Control will advise you regarding appropriate first aid and follow-up (calling 911, etc.) based on the medication and dose consumed.
2. The principal or designee must then contact the student's parent or guardian and advise them of the circumstances, the condition of the student, and the action taken.
3. After the student is stable, the school principal shall contact his or her Regional Executive Specialist and the Office of Procurement & Risk Management at 475-8340, or 475-8555. The nurse must contact their immediate supervisor, the nurse coordinator when an error occurs.
4. Complete a Health Service Incident report and FAX a copy to the Student Health Services Supervisor at 438-3404.

### **G. Emergency Administration of Medications by Means Other Than Ingestion (Orally):**

- a. School personnel, except licensed nurses, are not required to administer medications by means other than ingestion (orally).
- b. Personnel designated by the school principal to administer medications may indicate a willingness to provide medications in an emergency by means other than ingestion (orally). These personnel shall receive appropriate instruction from the student's medical provider and parent/guardian and/or Milwaukee Public Schools nursing personnel. They are also required to undergo DPI medication training for the appropriate type of medication to be given, for example EpiPen injection.

### **Asthma inhalers, Nebulizer treatments, Epi-Pens, Diastat and Midazolam:**

In accordance with state law, schools recognize the importance of students being allowed to carry an asthma inhaler or EpiPen in case of an emergency need by the student (Wis. Stat. sec. 118.291 and 118.292). The **inhaler, EpiPen, Midazolam and Diastat** are **prescribed medications** and the rules and regulations of the Milwaukee Public School district in compliance with Wisconsin State Statute 118.29 must still be adhered to in the administration of these forms of medications.

#### **1. Asthma inhalers:**

- a. By law, students may self-carry a rescue inhaler on his/her person with a "Release Form for Inhaler Use" completed and signed by the student's licensed medical provider, principal, or designee, nurse and the parent/legal guardian (refer to the section on authorization release forms of this manual) (Wis. Stat. sec 118.291). Self-carry generally occurs in 5th grade or later but



request to self-carry for younger students will be reviewed on a case by case basis. If School personnel are **providing supervision of students self-administering medication, they must have successfully completed a DPI approved MDI/inhaler training.**

- b. The **students must demonstrate their ability to self-administer the inhaler without assistance of the school administrator or the licensed nurse.** The school is absolved from any responsibility including safeguarding the student's inhaler.
- c. If the parent/legal guardian believes an inhaler should be kept in the school office or classroom, a **“Medication/Procedure Authorization Form” must be completed and signed by the child's licensed medical provider and the parent/legal guardian.** Such medications may be kept in a secure place in the classroom by the student's teacher, along with the required Medication Administration Record Sheet. In such cases where it is not deemed appropriate, the emergency medication will be kept in a secure place by the school principal, or designee, taking into consideration the need for emergency access to the medication.
- d. At any time that the school principal or his/her school designee is informed or witnesses that the student who self-carries his/her inhaler is misusing or managing it inappropriately, the school principal or the school designee shall inform the parent/legal guardian of his/her child's behavior with the inhaler. At that time, further directions as to the way the prescribed medication will be managed or administered shall be obtained from the prescribing physician.
- e. Based on the standing order by the MPS Medical Advisor, a nurse may administer a rescue inhaler to a student with asthma-like symptoms with parent/guardian written permission.

2. **Nebulizer (administration of medications via aerosol mist treatments):**

- a. AEROSOL MEDICATIONS will be administered under the supervision of the school building administrator or his/her designee in accordance with medical providers orders, parent/legal guardian consent and manufacturer's instructions for specific equipment used.
- b. Parent/legal guardian must provide the prescribed medications and all individual disposable items necessary to administer the medication (mouth piece, corrugated tubing, cup holder, etc.).
- c. Staff personnel assigned to assist the student with the administration of the aerosol medication will receive DPI approved training from the online course, check off from the nurse, and will be available for the general and/or direct supervision of the student during the procedure including set-up and clean-up.
- d. Staff personnel must be willing to assume this responsibility.
- e. The school nurse will determine the competency of the individual assigned to administer the medication and will provide the necessary instruction, supervision and evaluation. If there is no nurse available, the principal shall contact the Student Health Services Supervisor for additional instructions.
- f. All medication changes will be under the supervision of the licensed health care provider in collaboration with the school principal and/or the school designee.



- g. School principal or his/her designee will assist the school nurse in determining where treatments will be administered and where equipment will be maintained (cleansed, air-dried, and stored).
  - h. Nebulizer treatments prescribed as “PRN” or “as needed” will be accompanied by specific guidelines from the student’s medical provider.
  - i. All treatments will be recorded on a Medication Administration Record Sheet and shared with the parent by phone, note or in personal conversation.
3. **Epinephrine (EpiPens):** All epinephrine will be administered via an EpiPen Auto Injection or similar epinephrine delivery system. Responsible students will be allowed to carry and self-administer epinephrine. However, due to the potential severity of allergic reaction, the district shall require that students who carry and self-administer epinephrine to:
- a. Have written parental/legal guardian and the health care provider’s signed authorization forms on file (in the event the student is unable to respond and administer the medication, school personnel will be able to assume procedure).
  - b. Review with the nurse or trained staff, the technique of administering the epinephrine.
  - c. Seek help immediately if they have been stung and are going to administer epinephrine.

**School district employees may administer Epinephrine to students who:**

- a. Have written parental/legal guardian permission consent forms for epinephrine administration on file with the school principal.
- b. Have written medication authorization forms on file stating specific directions for administration of epinephrine.
- c. In the event of an anaphylactic reaction of a student or staff member and the person does not have their own prescribed EpiPen, an emergency stock EpiPen – **if available** - can be administered by the nurse or any trained staff member.

**Any district employee may be authorized to administer epinephrine who:**

- a. Is willing to assume that responsibility,
- b. Is authorized in writing by the school principal or his/her designee,
- c. Has been sufficiently instructed by the student’s health care provider, DPI approved training course and/or licensed nurse in recognizing the signs and symptoms of allergic reaction **AND** on the proper administration of the EpiPen Injection. **In accordance with state law, any student receiving Epinephrine for a possible allergic reaction, 911 should be called as soon as practicable to report the administration of epinephrine. The student will be assessed by emergency medical personnel and follow-up with a medical provider is recommended (Wis. Stat. sec. 118.29(2)2m).** The used EpiPen cartridge will be sent along to the hospital with the EMTs.



4. **Diastat:** Some children with seizure disorders have prolonged seizures. Longer seizures can contribute to complications. Dependent on the student's medical orders, medication for prolonged seizures may be required. This is when rectal diastat may be ordered. The correct dose should be compared with the information on the medical order. **This medication can only be given by a licensed nurse due to the side-effect of respiratory depression, assessment needs of the student, as well as on-going monitoring needs.** If a licensed nurse is not present, 911 is to be called.
  - a. Have written parental/legal guardian and the health care provider has signed authorization forms on file.
  - b. Review the technique of administering intranasal midazolam.
  
5. **Midazolam (Intranasal and Buccal):** This medication may be ordered to be given in the event of an emergency during seizure activity. The medication is dispensed in an intranasal form as well as a buccal form. The dosage should be reviewed with the medical order upon receipt. **This medication can only be given by a licensed nurse due to the side-effect of respiratory depression, assessment needs of the student as well as on-going monitoring needs.** If a licensed nurse is not present, 911 is to be called.
  - a. Have written parental/legal guardian and the health care provider has signed authorization forms on file.
  - b. Review the technique of administering intranasal midazolam.

**ANYTIME A LIFE-THREATENING SITUATION IS SUSPECTED:**

- a. Direct another person to notify the office to call 9-911 and request paramedic assistance. The caller should include:
  - i. The ill or injured person's location
  - ii. The ill or injured person's suspected injury/illness (i.e., allergic reaction, bee sting, etc.)
  - iii. Student/staff member name
- b. Follow the general procedures for Life Threatening Emergency. Initiate a Code Blue under the school's Emergency Response Plan. First Aid Responders should remain with the student/staff member until the rescue squad arrives.
- c. Complete a Health Services Incident/Accident report.
- d. Route incident/accident report to the appropriate supervisor – including the principal, Nursing Coordinator, Risk Management and the Student Health Services Supervisor.

**H. Theft of Student Medication Administered by Staff:**



**H. Theft of Student Medication Administered by Staff:**

As soon as the theft is discovered, the school leader or administrator must:

- a. Consult with the nurse, if available. The nurse should contact their immediate supervisor.
- b. Contact the Milwaukee Police Department Non-Emergency Line 933-4444 and report the theft.
- c. Contact School Safety through the school's safety assistant or through Safety Operations at 345-6630.
- d. Contact your regional executive specialist.
- e. Contact the parent and advise them of the actions taken and appropriate need (i.e. replacing medications, etc.).

Each situation is unique, and follow-up to the incident will depend upon the police investigation and consequences.

The District's primary concern is the safety of the child. If the medication is crucial to their well-being, it will be necessary to replace the missing medication as soon as possible

It is the responsibility of the principal or school leader to ensure that subsequent thefts do not occur. The principal and school safety staff must take steps to prevent a subsequent theft.

**I. Handling, Storage and Disposal of Medications:**

1. All controlled substances will be delivered by a parent or parent designee to school as it is prescribed. The medication /treatment sheet will be signed, indicating the number delivered and counter-signed by another nurse, parent or school administrator. Refer to nursing drug references for questions re: identifying a controlled substance.
2. All medications shall be stored in their original pharmacy or manufacturer labeled containers and in such a manner as to render them safe and effective. Expiration dates shall be checked upon receipt.
3. All medications to be administered by school personnel shall be kept in a securely locked cabinet used exclusively for medications. Medications requiring refrigeration shall be stored in a refrigerator in a secure, locked box.
4. In accordance with standards of nursing practice, nurses will check the medication bottle label against the medication order three times before administering it.
5. All medications shall be returned to the parent/guardian at the end of the school year. If the parent does not pick up medications, the school nurse will follow the MPS District procedure for disposing of medication.



- a. One month prior to the end of the school year, the school must contact the parent or guardian of any student receiving medication at school, **by phone and in writing**, and inform them that they must pick up the medication by the last day of school and provide that date. The school must also inform the parent or guardian that if he/she fails to pick up the medication, it will be discarded per instructions contained in this procedure.
- b. If a parent fails to pick up the medication, the school should secure the medication until the end of the year.
- c. The date of these communications, as well as the date of pick up, or failure to pick up must be recorded on the back of the Medication Administration Record Sheet.
- d. After the last day of school, if a parent has not picked up the medication or made other arrangements, the school must dispose of the medication in the following manner:
  - To dispose of medication, used coffee grounds should be put in a zip lock bag and the medications dumped into the coffee grounds. The zip lock bag should be sealed and put in the garbage. Within hours, the medication will dissolve and become dissolute.
  - For each bottle of medication placed in the coffee grounds, two staff must witness the action and sign off on the Medication Administration Record Sheet.
  - Sharps shall be disposed of in closeable, puncture resistant, disposable containers that are leak proof on the sides and bottom and that are clearly labeled or color-coded. These containers shall always be maintained in an upright position, easily accessible to sharps users and MPS personnel, and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. Sharps containers shall be replaced, and contents disposed of **as needed**. The sharps container should be replaced when it is approximately 75% full. To properly dispose of sharps containers, the school site's Building Engineer must create a Work Order for Shop 926 – Environmental Services to pick up the container. If there is a question about disposing of medication, the principal may contact a MPS nursing coordinator for assistance.

**The following are recommendations from the City of Milwaukee Health Department regarding resources for disposal of medications:**

## MAIL BACK PROGRAM



## MEDICINE COLLECTION



Properly disposing of unused, unwanted, or old medications helps prevent medicines from being taken by others and protects our environment. Never flush or pour unused or expired medicine down the drain. Water reclamation facilities are not designed to remove all of them, and trace amounts of pharmaceuticals are showing up in rivers and lakes around the world.

### Here's what you can do:

#### Drop Box

In the city of Milwaukee, medications may be taken 24/7 to disposal drop boxes at Milwaukee Police Districts 2 through 7, as well as the Milwaukee Municipal Court site (951 N. James Lovell St.) Monday through Friday from 8 a.m. – 4:45 p.m.

#### Police station sites:

##### District 1:

749 W. State Street  
2nd Floor. Milwaukee, WI 53233  
414-935-7213

##### District 2:

245 W. Lincoln Ave.  
Milwaukee, WI 53207  
414-935-7222

##### District 3:

2333 N. 49th Street  
Milwaukee, WI 53210  
414-935-7233

##### District 4:

6929 W. Silver Spring Dr.  
Milwaukee, WI 53218  
414-935-7243

District 5:  
2920 N. 4th Street  
Milwaukee, WI 53212  
414-935-7252

District 6:  
3006 S. 27th Street  
Milwaukee, WI 53215  
414-935-7262

District 7:  
3626 W. Fond du Lac Ave.  
Milwaukee, WI 53216  
414-935-7272

### **Mail-Back Program: Envelope Pick-up Locations**

FREE postage-paid drug-disposal envelopes are available to area residents for the disposal of unwanted or expired prescriptions. Pick up an envelope at any of the locations below. Empty the contents of your unwanted or expired prescription drug vials into the secure envelope, seal it, and place it in the mail.

#### CVS Pharmacy Locations:

- 7550 W. Perkins Place, Milwaukee, WI 53216
- 3860 S. 27th St., Milwaukee, WI 53221
- 1316 W. Forest Home Ave., Milwaukee, WI 53204
- 1650 Farwell Ave., Milwaukee, WI 53202
- 6330 N. 76th St., Milwaukee, WI 53218
- 2607 N. Downer Ave., Milwaukee, WI 53211
- 5929 W. Lisbon Ave., Milwaukee, WI 53210
- 3030 W. Villard Ave., Milwaukee, WI 53209
- 5740 S. Packard Ave., Cudahy, WI 53110
- Inside Target, 2950 S. Chase Ave., Milwaukee, WI 53207

Milwaukee Police Department (see list on previous page for locations)

[Cudahy Police Department, 5050 S. Lake Drive, Cudahy, WI 53110](#)

[Milwaukee Metropolitan Sewerage District, 260 W. Seeboth St., Milwaukee, WI 53204](#)

- For drop-box disposal, it is recommended that unused pills be transferred to a clear plastic bag. For mail-in disposal, empty the contents of pill bottles into the secure envelope. You do not have to take individual pills out of plastic pillow or bubble packaging.
- Empty pill bottles or containers may go into your recycling bin or the garbage.



<b>DISPOSE OF:</b>	<p>Prescription medications, patches, ointments</p> <p>Over-the-counter medications, patches, ointments</p> <p>Non-aerosol medical sprays and vials</p> <p>Pet medications</p>
<b>DO NOT PLACE IN DROP BOXES OR MAIL-IN ENVELOPES:</b>	<p>Illegal drugs</p> <p>Needles/sharps (<a href="#">click here for medical sharps guidance</a>)</p> <p>Bio-hazardous material (anything containing a bodily fluid or blood)</p> <p>Inhalers</p> <p>Aerosol cans</p> <p>Personal care products (shampoo, soaps, lotions, sunscreens, etc.)</p> <p>Household hazardous waste (paint, pesticides, oil, gas)</p>

**IV. Medication administration procedures for students on field trips:**

Many students who receive medication at school also attend school field trips, whether one day or overnight/extended. This policy and procedure applies equally to the administration of prescription and non-prescription medication during any MPS sponsored field trip. Foreign field trips, however, have additional requirements.

**A. Before the field trip:**

Field trip planning should begin far in advance of any field trip. Refer to Administrative Procedure 30 (Field Trips and Excursions) on mConnect for more detailed guidelines. At least fourteen (14) days prior to the field trip, the principal or his/her designee must confirm the following procedure is followed:

- a. The principal or his/her designee must ensure that the teacher or staff member responsible for the field trip and any other staff member responsible for administering medication on the field trip has successfully completed the DPI approved training for inhalers or EpiPens depending on the medication needs of the students. It is highly recommended that if there is an extended field trip or multiple students receiving medications, the designee completes the DPI medication training course.



- b. A staff member is aware of each student’s medication needs.
- c. Prior to the field trip, the trained staff member has collected the necessary medication for each student. The school designee must complete the name of the student, medication and dosage to be given, and time to be given on the preprinted medication envelope. The school designee must securely tape the envelope containing the prescribed medication to prevent loss of the medication.
- d. The staff member responsible for administering medication to a student on the field trip must be aware of any side-effects of the medication and know the student’s contact person should an emergency occur.
- e. **Foreign Field Trips** – The US Department of State currently requires that all prescription medications be kept in their original container, and the label must clearly identify the person using the medicine. Also, each traveler must have a letter from their prescribing physician that lists all prescription medicine being carried by the traveler, and the reason for the prescription. Whenever possible, it is advised that medications be kept in checked luggage. However, due to extended flight times, that may not always be practical.

### **Training Requirements for Fieldtrips**

#### **Oral medication:**

For local field trips and after-school programs, staff must read and understand all information on medication envelopes:

- name of the student
- name of medication
- Dose
- Time of the dose

The nurse or administrator must seal the envelope and provide to the organizing staff member. After the fieldtrip, the organizing staff member must return the envelope to the nurse or administrator and confirm the dose and the time administered.

#### **Inhalers and EpiPens:**

The following outlines when medication administration training is required by the Department of Public Instruction for a staff member attending the field trip:

- **Inhalers** – At least one staff member must take the DPI medication training module on inhalers only if **ANY** student below grade 5 or unable to self-administer is prescribed an inhaler and has provided appropriate forms for administration at school. The staff member must also have a “skills check” with a licensed nurse. Students who can self-administer inhalers and have an appropriate medication self-carry permission form signed and on file can



carry and use their own inhalers without help from the teacher - and a special medication administration course is not required.

NOTE: If the school is not prepared with DPI trained staff for a field trip, per the Medication Administration for Field Trips and After School Program form, the field trip should be cancelled (students should not be excluded).

It is the parent's responsibility to ensure medication, that is physician ordered and signed for by the parent, be available for administration at school; this also includes field trips. If the parent fails to deliver the prescribed medication to school within four weeks of the school receiving the order, the nurse is responsible for notifying the physician and requesting a discontinuation order. If a nurse is not assigned to the school, please contact the Student Health Services Supervisor at 414-438-3695 for assistance.

- **EpiPens** – At least one staff member must take the DPI medication training module when **ANY** student attending the field trip is prescribed an EpiPen and has provided the appropriate forms for use of an EpiPen. The staff member must also have a “skills check” with a school nurse.
- In the event of an emergency and the prescribed medication has not been provided by the parent, 911 will be activated.

#### B. **DPI Medication Training Directions**

**Website to access the training:**

<https://dpi.wi.gov/sspw/pupil-services/school-nurse/training/medication> or search via internet “DPI Medication Training” and click the Medication Training WI DPI link

**Oral medications training:**

You must complete the DPI medication training **every four years**. NO skills test necessary.

- Scroll to “Medication Administration Principles (Basic, Oral, Ear, Eye and Topical)” link, click on it (under Option 1 section). Review information contained in link.
- Complete the online assessment
- Email results and confirmation to nurse
- Nurse will place the results in medication binder.

If required, take the following trainings:

EpiPen

You must complete the DPI medication training **every four years**. IN ADDITION, the skills competency checklist is required **every year** to be completed with the nurse.

- View EpiPen Video
- Complete the online assessment
- Email results and confirmation to the nurse
- See nurse to complete skills competency checklist



- Nurse will place both the confirmation of the online assessment and skills competency Checklist in the school medication binder.

#### Rescue Inhaler

You must complete the DPI medication training **every four years**. IN ADDITION, the skills competency checklist is required **every year** to be completed with the nurse.

- View Rescue Inhaler Video
- Complete the online assessment
- Email results and confirmation to the nurse
- Nurse will place both the confirmation of the online assessment and skills competency checklist in the school medication binder.

#### IMPORTANT

#### NOTE

Each administrator is ultimately responsible for medication administration in his/her building and must complete the training to ensure compliance with state law. This is in addition to, not in lieu of, having a volunteer(s) trained at your school. The district will continue to update this information for administrators and staff as it receives further clarification and Frequently Asked Questions from DPI. **MPS personnel may not prohibit students requiring medication from attending any field trip due to the failure of MPS personnel to obtain training and/or appropriate documentation. Field trips are not permitted unless trained MPS personnel (as outlined above) are present on the field trip.**

*NOTE: If the school is not prepared with DPI trained staff for a field trip, per the Medication Administration for Field Trips and After School Program form, the field trip should be cancelled (students should not be excluded).*

#### **B. Following the Field Trip:**

The staff member(s) assigned to administer student prescribed medications during the field trip will be responsible for the following:

1. Leave each envelope used to store the medication in the school office so that the appropriate documentation is completed immediately upon return from the field trip.
2. Within three (3) days following the field trip, the responsible staff member must transfer all information from the field trip prescribed medication envelope label to the student's medication records, including date and time the medication was administered. Nurses may also write "FT" in the box on the MAR and save the returned envelopes from the field trip.
3. The staff member must then sign the reverse side of the Medication Administration Record Sheet with full name and initials.



# Nursing Policies and Procedures

## Nebulizer Treatment Policy

### I. Purpose

To provide medication in an aerosol form to be inhaled by the student. This medication is used to dilate and relax airways and reduce problems with respirations.

### II. Policy

- Demonstrate (using a doll or manikin if possible) what the child is to do as appropriate for developmental age.
- Assess respiratory status before treatment with peak flow meter if ordered.
- The student should be sitting upright during the treatment.
- Check medication label three times when preparing liquid medication for nebulizer cup.
- Assist the student if necessary, to keep the nebulizer cup upright.
- Make sure the child keeps a tight seal around the mouthpiece and does not breathe through the nose. (If a tight seal cannot be kept, a mask may have to be ordered)
- Student should breathe slowly.
- Allow the student to rest if he/she becomes upset, restless, or irritable.
- After treatment is completed, assess respiratory status per peak flow meter if ordered.

### III. Procedure

1. Plug the machine into the electrical outlet.
2. Wash hands.
3. Assemble nebulizer and attach to compressor.
4. Place the medications in to nebulizer cup.
5. Place mouthpiece into student's mouth.
6. Turn on compressor.
7. Continue the treatment until all the medication is nebulized.
8. Disassemble and clean machine (use soapy hot water and clean water rinse, let air dry).



## **Albuterol Inhaler Policy and Procedure**

### **Policy:**

- The Albuterol inhaler is an essential emergency nursing medication providing respiratory relief for students with asthma.
- The administration of the Albuterol inhaler can prevent the need for emergency medical service transportation and emergency room visits and increased attendance in school.
- With the requirement of a respiratory assessment of the student to determine the need for the Albuterol inhaler, **a nurse is the only school personnel that may administer the protocol medication.**
- All non-nurse school personnel are required to receive knowledge and skill-based medication training to assist a student in the administration of a rescue inhaler.

### **Procedure:**

#### **When a student is in acute respiratory distress:**

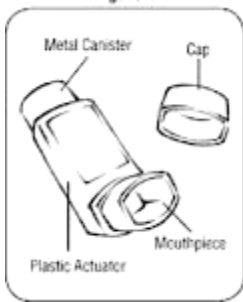
**\*\*\*\* If anytime in the process, the nurse sees the student's symptoms worsening or not improving with significant symptoms, use nursing clinical judgment and call 911 at any time in this process.**

1. Have student sit down, relax and try to slow their breathing.
2. Apply gloves.
3. Nurse completes a nursing respiratory assessment – (see below). Nurse may need to abbreviate assessment depending on intensity of presenting symptoms.
4. Ask – Does student have his or her own inhaler?
  - If yes, proceed with their inhaler.
  - If student does not have an inhaler, obtain the protocol MDI and a spacer.
5. Quickly explain to student what you are doing.
6. Shake inhaler for 5 seconds and prime inhaler as appropriate (see below).
7. Apply spacer to mouthpiece of inhaler.
8. Instruct student to place lips around the other end of spacer.
9. Have student breathe out.
10. Depress canister while having student breathe in slowly.
11. Hold breath for 10 seconds and release breath (students in distress may not be able to hold breathe for 10 seconds. Have them hold as long as possible to get medication to base of lung tissue.
12. Administer up to 4-6 puffs over one minute.
13. After 20 minutes, repeat steps 8-11 for up to 6 puffs.
14. After 20 minutes, if the student's symptoms have not improved or have gotten more severe, obtain stock supply of epinephrine, activate crisis response team and call 911.
15. Check dose of medications
16. Pull blue cap off the EpiPen or EpiPen Jr.
  - 0.15 mg for students 55 pounds or 25 kilograms
  - 0.30 mg for students **greater** than 55 pounds or 25 kilograms
17. Place orange tip against the outside of leg, mid-way between knee and hip and apply pressure until you feel the injector deploy.
18. Hold the auto-injector against the thigh as directed for 3-10 seconds.



19. Remove the auto-injector from leg and note time.
20. Begin cardiopulmonary resuscitation as necessary.
21. Give auto-injector to emergency personnel.
22. Dispose of cardboard spacer.
23. Remove gloves and wash hands.
24. Call parents.
25. Call nursing coordinator to inform of the 911 call.
26. Document event and medication administration.

**Parts of an Albuterol Rescue Inhaler:**



**Plastic Actuator** is the device where the canister rest. The canister needs to be firmly seated in the actuator for release of the medication.

**Metal Canister** is where the medication is stored.

**Mouthpiece** is where the spacer is placed.

**Spacer** is the tube that is placed around the mouthpiece and the inserted into the lips of the student.

**Assessment**

May include all or part of the following:

Respiratory Assessment		
• Dry hacky cough	• Wheezing	• Shortness of breath
• Complaints of chest tightness	• Retractions	• Nasal flaring
• Color changes: pale or blue	• Decreased pulse oximeter readings	• Decreased peak flow readings
• Shoulders rise with each breath	• Increased respiratory rate for age	• Not able to talk in sentences without taking a breath
• Check for ingestion of foreign object		
Mental status		
• Agitated	• Anxious	• Lethargic
• Apprehensive	• Restlessness	

Normal respiratory rates per age (breaths per minute):

- Preschooler (3–6 years) 22–34
- School-age (6–12 years) 18–30
- Adolescent (12–18 years) 12–16

Peak Flow procedure and rates:

John Hopkins Medicine, Pediatric Peak Flow Meter Procedure is available

[https://www.hopkinsmedicine.org/healthlibrary/test\\_procedures/pulmonary/peak\\_flow\\_measurement\\_92,P07755](https://www.hopkinsmedicine.org/healthlibrary/test_procedures/pulmonary/peak_flow_measurement_92,P07755)

Cornell University normal predicted average peak expiratory flow Calculator can be found at: <http://www-users.med.cornell.edu/~spon/picu/calc/peakflow.htm>

Pulse Oximeter:

Pulse oximeter is a diagnostic tool that enables the indirect measurement of the percentage of oxygenated hemoglobin in a patient's capillary blood producing an oxygen saturation value.

Oxygen saturation of 97% and above is normal in a child without lung disease. [Mau MK, Yamasato KS, Yamamoto LG. Hawaii Med J. 2005 Feb;64\(2\):42, 44-5 available at: <http://www.ncbi.nlm.nih.gov/pubmed/15871568>.](#)

### **Priming Albuterol Rescue Inhaler:**

If the inhaler is new or not used in a two-week time period, take off cap to the actuator and depress the canister four times away from students.

### **Cleaning of HFA inhalers:**

It is very important that the actuator is cleaned, so the medication does not build up and block the release of the medication. After five puffs with the inhaler, clean the actuator.

1. Remove canister from actuator. Never immerse the Albuterol canister in water.
2. Wash the actuator though the top with warm running water for 30 seconds. Then wash the actuator again through the mouthpiece.
3. Look into the mouthpiece to make sure any medicine build up has been completely washed away, repeat if necessary to release all the medication.

Shake off as much water from actuator as you can. Allow to air dry overnight. When actuator is dry, place the canister firmly in the actuator.

## **Analgesic/Antipyretic Policy and Procedure**

### **Policy:**

- The goal of providing analgesics to students is to increase student safety, well-being, and attendance.
- Due to the assessment required to establish the need for the analgesics, the nurse is the only school personnel that may administer the medication.
- Current analgesics approved for protocol administration are Acetaminophen and Ibuprofen.

### **Procedure:**

#### Assessment - Pain

1. Intensity –
  - Rate headache from 1-10 (10=most severe)
  - Non-verbal Wong-Baker Assessment Tool available at: <http://www.wongbakerfaces.org/>.
2. Location –
  - Unilateral – one sided
  - Bilateral - two sided
3. Qualities of pain –
  - Stabbing, throbbing, pulsating, dull, achy
  - Constant or intermittent
4. Time of Day –
  - Consistent or variable
5. Triggers for headache
  - Strong smells, noise, visual disturbance
  - Interventions
  - Strategies utilized to decrease the pain (including use of analgesics/antipyretic)
6. Other factors causing headaches – **Do not medicate** if the following are present and you believe causing the headache.
  - Hunger
  - Tired
  - Stressed
  - Injured head
  - Vision difficulties – Migraines activity can produce vision problems before and during headache activity, including flashing lights and photophobia)
  - Rebound headaches
  - Other factors such as: allergies, type 1 diabetes mellitus, etc.

#### Assessment – Fever



1. Take student temperature – temperatures over 101° Fahrenheit are fevers and student should be excluded.
2. Assess other symptoms including gastrointestinal, respiratory or neurological systems.
3. Call parent to exclude the student. If parent is unavailable to pick up the student and student remains febrile with temperature over 101° Fahrenheit, medicate and continue to try to contact home to exclude. Follow the administration procedures; take the student’s temperature in 1-hour increments.
4. The nurse is to use his/her judgment in excluding a student with a febrile illness. Exclusion from school is appropriate when a student is too ill to participate in school activities, the condition creates an unsafe or unhealthy environment for others at school, or when the illness requires a level of care or observation that cannot be managed at school.

### Administration

1. Complete assessment of student (please see above).
2. Assess if recently medicated with analgesic or anti-pyretic medication.
3. Determine that a parent has authorized the school to administer the medication per protocol.
4. Determine correct dosage.
5. Student and nurse wash hands.
6. Dispense medication by placing medication in cap or medicine cup and dropping the medication into students washed hands.
7. If stomach is empty give crackers with the medication.
8. Nurse washes hands.
9. Documents administration of the medication.
10. Notify parent as appropriate.
11. Evaluates the effectiveness of the intervention.

### Drug Information

#### **Acetaminophen:**

- Indications: mild to moderate pain and reduction of fever.
- Some common brand names: Aspirin-free Anacin®, Cetafen®, Mapap®, Tylenol®
- Contraindications:
  - Hypersensitivity to Acetaminophen or components
  - Active liver disease
  - Active gastrointestinal bleeding
  - Pregnancy
  - Hemolytic anemia secondary to a G-6-PD deficiency
- Do not administer more than 2 doses per week for headaches to avoid the rebound effect.
- Side Effects: Hypersensitivity reactions, rash, blood dyscrasias, renal injury with chronic use, and hepatic necrosis with overdose.
- Dosage: 15 mg/kg/dose

#### **Ibuprofen:**



- Indications: Treatment of inflammatory diseases, mild to moderate pain, dysmenorrhea, reduction of fever migraine, gout and cystic fibrosis
- Some common brand names: Addaprin®, Advil®, Ibu-200®, Midol Cramps and Body Aches®
- Contraindications:
  - Hypersensitivity to ibuprofen, aspirin, or other NSAIDs,
  - Active GI bleeding,
  - Ulcer disease, and
  - “Aspirin triad”: asthma, rhinitis, and aspirin intolerance
  - Do not administer any two doses with less than an 8-hour time interval.
- Do not administer more than 2 doses per week for headaches to avoid the rebound effect.
- Side effects: edema, hypertension, increased risk of thrombotic events, dizziness, headache, nervousness, aseptic meningitis, pruritus, rash, Steven-Johnson Syndrome, necrolysis, fluid retention, abdominal pain
- Dosage: 10 mg/kg/dose

### **Calculations:**

#### **Equivalents**

**1 pound = 0.45359237 kilograms**

**1 kilogram = 2.204622622 pounds**

#### **Calculating the exact dose using 10 mg/kg/dose.**

Example: A 5<sup>th</sup> grade student is requesting Ibuprofen for menstrual cramping.

1. The student weighs 80 pounds. To calculate from pounds to kilogram divide by 2.2 for 36 kilogram.
2. Multiply 36 kg X 10 = 360 mg

### **Definitions:**

- **Analgesic** is any member of the group of drugs used to relieve pain (achieve **analgesia**).
- **Antipyretic** are medication that decrease elevated body temperature.
- **Contraindication** is a condition or factor that serves as a reason to withhold a certain medical treatment.
- **Rebound headaches** are headaches that are caused by the overuse or misuse of non-steroidal anti-inflammatory medication such as Ibuprofen and Acetaminophen. Rebound headaches occur when the medication wears off. The individual may experience a withdrawal reaction, prompting them to take more medication, which only leads to another headache and the desire to take more medication. The cycle continues until the individual starts to suffer from chronic daily headaches with more severe headache pain and more frequent headaches. Although rebound headaches are variable by dosage and individuals, it is not recommended that students receive more than 2 doses in one week for headaches.



## Acetaminophen/Ibuprofen Dosing Chart

Student's Weight (Kilograms)	Ibuprofen in Mg 10 mg/kg/dose q 8°	Acetaminophen in Mg 15 mg/kg/dose q 6°	Mapap® Liquid – Acetaminophen 160mg/5 ml
10	100	150	4.0 ml
11	110	165	5.0 ml
12	120	180	5.0 ml
13	130	195	6.0ml
14	140	210	6.0 ml
15	150	225	7.0 ml
16	160	240	7.5 ml
17	170	255	8.0 ml
18	180	270	8.0 ml
19	190	285	9.0 ml
20	<b>200</b>	300	9.0 ml
21	210	315	9.5 ml
22	220	<b>330</b>	10.0 ml
23	230	345	10.5 ml
24	240	360	11.0 ml
25	250	375	11.5 ml
26	260	390	12.0 ml
27	270	405	12.5 ml
28	280	420	13.0 ml
29	290	435	13.5 ml
30	300	450	14.0 ml
31	310	465	14.5 ml
32	320	480	15.0 ml
33	330	495	15.5 ml
34	340	510	15.5 ml
35	350	525	16.0 ml
36	360	540	16.5 ml
37	370	555	17.0 ml
38	380	570	17.5 ml
39	390	585	18.0 ml
40	<b>400</b>	600	18.5 ml
41	<b>Maximum dose</b>	615	19.0 ml
42		630	19.5 ml
43		645	20.0 ml
44		<b>Maximum Dosage</b>	<b>Maximum Dosage</b>
45			
46			

All dosages are rounded down, so we do not exceed the 15 mg/kg/doses; and dosage is the same at multiple weights based on this fact. Also, the Mapap® Liquid (Acetaminophen) dose chart is 11mg/kg/dose for MPS, therefore the chart on the bottle is different than this dosing chart



### Wong-Baker FACES® Pain Rating Scale



**0**

No  
Hurt



**2**

Hurts  
Little Bit



**4**

Hurts  
Little More



**6**

Hurts  
Even More



**8**

Hurts  
Whole Lot



**10**

Hurts  
Worst

## Nursing Administration of Emergency Medications

Two medications are available for emergency intervention of status epilepticus. Due to the complexity of the task and significant side effects of these medications, they may only be administered by the nurse as they may increase the risk of serious or life-threatening breathing problems or sedation.

1. Rectal Diazepam
2. Midazolam

### Rectal Diazepam (Diastat)

**Purpose:** To interrupt cluster seizures (episodes of increased seizure activity) in people who are taking other medications to treat epilepsy (seizures). Given for seizures lasting longer than 3-5 minutes. The dosage is based on age, weight, medical condition and response to treatment.

### Procedure:

Diazepam comes as a gel to instill rectally using a prefilled syringe with a special plastic tip. Follow the directions on the prescription label carefully. If used regularly, diazepam may be habit forming. It should not be used more than 5 times a month or more often than every 5 days. If it is needed more often than this, the physician should be consulted.



1. Time all seizure activity from start to finish and provide first aid by removing furniture and placing blanket or clothing under head.
2. Apply gloves.
3. Put the person having seizures on his/her side in a place where he/she cannot fall.
4. Remove the protective cover from the syringe by pushing it up with your thumb and then pulling it off.
5. Put lubricating jelly on the rectal tip.
6. With the person on his/her side facing you, bend the upper leg forward and separate the buttocks to expose the rectum.
7. Gently insert the syringe tip into the rectum until the rim is snug against the rectal opening.
8. Slowly count to 3 while pushing in the plunger until it stops.
9. Hold the buttocks together so the gel doesn't leak from the rectum, and slowly count to 3 before letting go.
10. Keep the person on his/her side. Take note of what time the diazepam rectal gel was given.
11. Monitor pulse, respirations, and seizure activity.
12. Call 911
13. Remove gloves and wash hands.

- 14. Notify parent
- 15. Document the event

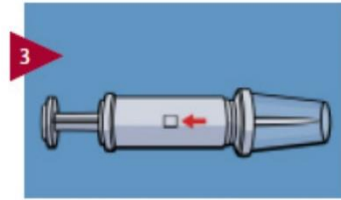
### Rectal Administration of Diazepam (Diastat)



1 Put person on their side where they can't fall.



2 Get medicine.



3 Get syringe. Note: seal pin is attached to the cap.



4 Push up with thumb and pull to remove cap from syringe. **Be sure seal pin is removed with the cap.**



5 Lubricate rectal tip with lubricating jelly.



6 Turn person on side facing you.



7 Bend upper leg forward to expose rectum.



8 Separate buttocks to expose rectum.



9 Gently insert syringe tip into rectum. Note: rim should be snug against rectal opening.

**SLOWLY... COUNT OUT LOUD TO THREE... 1...2...3**



10 Slowly count to 3 while gently pushing plunger in until it stops.



11 Slowly count to 3 before removing syringe from rectum.



12 Slowly count to 3 while holding buttocks together to prevent leakage.

### Diazepam (Diastat) Dosing Chart:

2 - 5 Years 0.5 mg/kg		6 - 11 Years 0.3 mg/kg		12+ Years 0.2 mg/kg	
Weight (kg)	Dose (mg)	Weight (kg)	Dose (mg)	Weight (kg)	Dose (mg)
6 to 10	5	10 to 16	5	14 to 25	5
11 to 15	7.5	17 to 25	7.5	26 to 37	7.5
16 to 20	10	26 to 33	10	38 to 50	10
21 to 25	12.5	34 to 41	12.5	51 to 62	12.5
26 to 30	15	42 to 50	15	63 to 75	15
31 to 35	17.5	51 to 58	17.5	76 to 87	17.5
36 to 44	20	59 to 74	20	88 to 111	20

#### Side effects of Diazepam (Diastat):

Drowsiness, dizziness, headache, pain, stomach pain, nervousness, flushing, diarrhea, unsteadiness, abnormal “high” mood, lack of coordination, runny nose, problems falling asleep or staying asleep. Serious side effects include rash, trouble breathing, overexcitement, hallucinating (seeing things or hearing voices that do not exist), rage.

#### Contraindications:

Allergies to oxazepam or temazepam or the active ingredients in this product. Do not eat or drink grapefruit while using this medication. Tell your doctor if you are taking herbal products.

### Intranasal Midazolam Administration



#### Purpose:

To interrupt Status Epileptics or acute repetitive seizure disorder. Midazolam is a benzodiazepine medication like diazepam (valium). It works more quickly than diazepam but does not last as long.

**Procedure:**

Intranasal Midazolam should be administered as indicated by the medical provider and parent medication authorization form. Swallowing midazolam is not recommended as it is not absorbed well through the stomach. Typically, intranasal Midazolam is administered after 5 minutes of continuous seizures or acute repetitive seizure activity for 10 minutes or longer.

Some policies will account for dead space in the syringe. However, Children’s Hospital of WI medical providers will account for the calculation of dead space into the amount of drug prescribed.

Specific details for giving your child midazolam should be documented in an Emergency Medication Management Plan and your child’s general Epilepsy Management Plan.

1. Time all seizure activity from start to finish and provide first aide by removing furniture and placing blanket or clothing under head.
2. Apply gloves.
3. Pull the plunger of the syringe back until the black seal is at the mark on your syringe.
4. Pop the protective plastic cap off the bottle of Versed® (Midazolam).



**This hand should be gloved.**

5. Connect the syringe (twist or slip) to the needle or needleless access device and puncture the rubber seal of the medication bottle vial.
6. Tip the bottle up-side down so the syringe is on the bottom and the bottle rubber seal faces down.
7. Compress the syringe plunger – injecting air into the bottle vial.
8. Pull the plunger back and allow the syringe to fill with medication (look inside the bottle to see that the tip of the needle is within the liquid drug, otherwise you will just draw the air back out). Draw up the proper volume of medication required to treat the patient.
9. Twist off/remove the syringe from the needle/needleless device.
10. Attach the atomizer tip via Luer lock mechanism – this product twists into place. Slip Luer is also effective as long as the tip is firmly seated on the syringe tip



**This hand should be gloved.**

11. Using your free hand to hold the crown of the head stable, place the tip of the atomizer snugly against the nostril aiming slightly up and outward (towards the top of the ear).



12. Quickly compress the syringe plunger to deliver half of the medication into the nostril.
13. Move the device over to the opposite nostril and administer the remaining medication into that nostril.
14. Monitor pulse, respirations and seizure activity.
15. Call 911.
16. Remove gloves and wash hands.
17. Notify parent.
18. Document event.

### Buccal Midazolam

#### Procedure:

Buccal: placed on the inside of the cheek (an area called the buccal mucosa)

Buccal midazolam can be given by either:

- drops squeezed directly from the ampoule (ampoule method)
- drops trickled from a syringe into which the midazolam has been drawn up (syringe method).

Each ampoule delivers about 18 drops (the volume can vary slightly from 16–20 drops, but this is OK).

#### • Buccal midazolam

##### Buccal midazolam – ampoule method

**Step 1:** Open the plastic ampoule of midazolam by twisting off the top.



**Step 2:** Drip onto a tissue the drops that you do **not** need. For example, if your doctor prescribes half the contents of one ampoule 2.5mg, first drip out nine drops so that nine drops remain in the ampoule to give to the student. If by accident you drip out eight or 10 drops, just give the remainder as it is still a safe dose.



**Step 3:** Lay the student on their side (recovery position). Open their lips and squeeze the remaining midazolam from the ampoule into the inside of the lower cheek (closest to the ground), between the lips and side teeth. There is no need to open the student's jaw. The solution does not need to be swallowed. Give three squeezes of the ampoule to make sure it has all been given. Remove the ampoule to check that all of the solution has been squeezed out. If any remains, reinsert the ampoule and give three more squeezes.



**Step 4:** Watch student's breathing and seizure activity while they remain lying on their side in the recovery position.

**Step 5:** Write down the time that the seizure started, when the midazolam was given and when the seizure stopped.

**Buccal midazolam – syringe method**

**Step 1:** Open the plastic ampoule of midazolam by twisting off the top.



**Step 2:** Insert the syringe into the ampoule and hold the ampoule and syringe upright with the ampoule above the syringe. Withdraw the required dose as prescribed by the doctor into a 1 mL syringe. Push out any big air bubbles and check the amount of midazolam in the syringe. Remove the ampoule from the syringe.



**Step 3:** Lay your student on their side (recovery position). Open their lips and slowly trickle the midazolam from the syringe into the inside of the lower cheek (closest to the ground), between the lips and side teeth. There is no need to open your student's jaw. The solution does not need to be swallowed.



**Step 4:** Watch the student's breathing and seizure activity while they remain lying on their side in the first aid position.

**Step 5:** Write down the time that the seizure started, when the midazolam was given and when the seizure stopped.

### Midazolam Dosing chart

Patient age (years)	Weight (kg) .2mg/kg	IN Midazolam volume in ml* 5mg/ml concentration	
		Volume	Dose (mg)
Neonate	3 kg	0.3 ml	0.6 mg
<1 yr	6 kg	0.4 ml	1.2 mg
1 yr	10 kg	0.5ml	2.0 mg
2 yr	14 kg	0.7 ml	2.8 mg
3 yr	16 kg	0.8 ml	3.2 mg
4 yr	18 kg	0.9 ml	3.6 mg
5 yr	20 kg	1.0 ml	4.0 mg
6 yr	22 kg	1.0 ml	4.4 mg
7 yr	24 kg	1.1 ml	4.8 mg
8 yr	26 kg	1.2 ml	5.2 mg
9 yr	28 kg	1.3 ml	5.6 mg
10 yr	30 kg	1.4 ml	6.0 mg
11 yr	32 kg	1.4 ml	6.4 mg
12 yr	34 kg	1.5 ml	6.8 mg
Small teenager	40 kg	1.8 ml	8.0 mg
Adult or full-grown teenager	> 50 kg	2.0 ml	10.0 mg

**Side Effects of Midazolam:**

Hypotension, drowsiness, headache, over sedation, nausea, vomiting, myoclonic jerks, nystagmus, apnea, cough, hiccups, agitation, amnesia, bigeminy (heart arrhythmia), brochospasm, euphoria, hallucinations, and rash.

**Contraindications:**

Allergic reactions to Midazolam, cross sensitivity with other benzodiazepines may occur and narrow-angle glaucoma.

**References:**

Center of Disease Control and Prevention, *Epilepsy*, available at: <http://www.cdc.gov/epilepsy/index.htm>.  
 Epilepsy Foundation, *What is Epilepsy?*, available at: <http://www.cdc.gov/epilepsy/index.htm>.  
 WebMD, *Epilepsy Seizure Types and Symptoms*, available at: <http://www.webmd.com/epilepsy/guide/types-of-seizures-their-symptoms?page=2>.  
 MedlinePlus, Diazepam Rectal  
<https://medlineplus.gov/druginfo/meds/a605033.html>  
 WebMD, Diazepam  
<https://www.webmd.com/drugs/2/drug-4541/diazepam-rectal/details>  
 Midazolam for Seizures  
[https://www.rch.org.au/kidsinfo/fact\\_sheets/Buccal\\_midazolam/](https://www.rch.org.au/kidsinfo/fact_sheets/Buccal_midazolam/)



## **Glucagon**

In MPS, only licensed nursing personnel may administer Glucagon. If licensed nursing personnel are not available in the building or on a field trip, call 911 and request a paramedic unit. Please see Section 2 Procedures, Diabetes Management for further information.

# Wisconsin State Statutes

2015-16 Wisconsin Statutes updated through 2017 Wis. Act 139 and all Supreme Court and Controlled Substances Board Orders effective on or before March 2, 2018. Published and certified under s. 35.18. Changes effective after March 2, 2018 are designated by NOTES. (Published 3-2-18)

118.29 Administration of drugs and emergency care.

118.29(1)(1) Definitions. In this section:

118.29(1)(a) (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.

118.29(1)(b) (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.

118.29(1)(bg) (bg) "Drug product" means a specific drug or drugs in a specific dosage form and strength from a known source of manufacture.

118.29(1)(bm) (bm) "Epinephrine auto-injector" means a device used for the automatic injection of epinephrine into the human body.

118.29(1)(c) (c) "Health care professional" means a person licensed as an emergency medical services practitioner under s. 256.15, a person certified as an emergency medical responder under s. 256.15 (8) or any person licensed, certified, permitted or registered under chs. 441 or 446 to 449.

118.29(1)(d) (d) "High degree of negligence" means criminal negligence, as defined in s. 939.25 (1).

118.29(1)(dm) (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.

118.29(1)(dr) (dr) "Opioid antagonist" has the meaning given in s. 450.01 (13v).

118.29(1)(dt) (dt) "Opioid-related drug overdose" has the meaning given in s. 256.40 (1) (d).

118.29(1)(e) (e) "Practitioner" means any physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist licensed in any state.

118.29(1)(f) (f) "Prescription drug" has the meaning specified in s. 450.01 (20).

118.29(2) (2) Authority to administer drugs; civil liability exemption.

118.29(2)(a)(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:

118.29(2)(a)1. 1.

118.29(2)(a)1.a.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.

118.29(2)(a)1.b. 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.

118.29(2)(a)2. 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.

118.29(2)(a)2g. 2g. May administer an opioid antagonist to any pupil or other person who appears to be undergoing an opioid-related drug overdose if, as soon as practicable, the school bus operator, employee, or volunteer reports the drug overdose by dialing the telephone number "911" or, in an area in which the telephone number "911" is not available, the telephone number for an emergency medical service provider.

118.29(2)(a)2m. 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.

118.29(2)(a)2r. 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.

118.29(2)(a)3. 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. or to a pupil or other person under subd. 2g. 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.

118.29(2)(b) (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.

118.29(3) (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).

118.29(4) (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 who is licensed under s. 441.06 or who holds a multistate license, as defined in s. 441.51 (2) (h), issued in a party state, as defined in s. 441.51 (2) (k), for the storing of nonprescription drug products and prescription drugs, and for record keeping, including documenting the administration of each dose, including errors.

118.29(4m) (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).

118.29(5) (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.

118.29(6) (6) Training.

118.29(6)(a)(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:

118.29(6)(a)1. 1. A nonprescription drug product or prescription drug product that must be injected into a pupil.

118.29(6)(a)2. 2. A nonprescription drug product or prescription drug product that must be inhaled by a pupil.

118.29(6)(a)3. 3. A nonprescription drug product or prescription drug product that must be rectally administered to a pupil.

118.29(6)(a)4. 4. A nonprescription drug product or prescription drug product that must be administered into a nasogastric tube.

118.29(6)(a)5. 5. A nonprescription drug product or prescription drug product that must be administered into a gastrostomy tube.

118.29(6)(a)6. 6. A nonprescription drug product or prescription drug product that must be administered into a jejunostomy tube.

118.29(6)(b) (b) This subsection does not apply to health care professionals.

118.29(6)(c) (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.

118.29 History History: 1983 a. 334; 1985 a. 146 s. 8; 1985 a. 218; 1987 a. 14, 399; 1989 a. 56, 102, 105; 1991 a. 103; 1997 a. 164; 1999 a. 56, 126; 2001 a. 16, 83; 2007 a. 130; 2009 a. 160, 302; 2011 a. 86, 260; 2017 a. 12, 29, 135.

118.291 118.291 Asthmatic pupils; possession and use of inhalers.

118.291(1g)(1g) In this section:

118.291(1g)(a) (a) "Asthma" means a chronic inflammatory disease of the airways, characterized by airway obstruction, which is at least partially reversible and which manifests as increased bronchial responsiveness to a variety of stimuli.

118.291(1g)(b) (b) "School" includes a public, private, and tribal school.

118.291(1r) (1r) While in school, at a school-sponsored activity or under the supervision of a school authority, an asthmatic pupil may possess and use a metered dose inhaler or dry powder inhaler if all of the following are true:

118.291(1r)(a) (a) The pupil uses the inhaler before exercise to prevent the onset of asthmatic symptoms or uses the inhaler to alleviate asthmatic symptoms.

118.291(1r)(b) (b) The pupil has the written approval of the pupil's physician and, if the pupil is a minor, the written approval of the pupil's parent or guardian.

118.291(1r)(c) (c) The pupil has provided the school principal with a copy of the approval or approvals under par. (b).

118.291(2) (2)

118.291(2)(a)(a) No school district, school board or school district employee is civilly liable for injury to a pupil caused by a school district employee who prohibits a pupil from using an inhaler because of the employee's good faith belief that the requirements of sub. (1r) had not been satisfied or who allows a pupil to use an inhaler because of the employee's good faith belief that the requirements of sub. (1r) had been satisfied.

118.291(2)(b) (b) No private school or private school employee is civilly liable for injury to a pupil caused by a private school employee who prohibits a pupil from using an inhaler because of the employee's good faith belief that the requirements of sub. (1r) had not been satisfied or who allows a pupil to use an inhaler because of the employee's good faith belief that the requirements of sub. (1r) had been satisfied.

118.291(2)(c) (c) No tribal school or tribal school employee is civilly liable for injury to a pupil caused by a tribal school employee who prohibits a pupil from using an inhaler because of the employee's good faith belief that the requirements of sub. (1r) had not been satisfied or who allows a pupil to use an inhaler because of the employee's good faith belief that the requirements of sub. (1r) had been satisfied.

118.291 History History: 1997 a. 77; 2005 a. 398; 2009 a. 302.

118.292 118.292 Possession and use of epinephrine auto-injectors.

118.292(1g)(1g) In this section:

118.292(1g)(a) (a) "Emergency situation" means a situation in which a pupil reasonably believes that he or she is experiencing a severe allergic reaction, including anaphylaxis, that requires the administration of epinephrine to avoid severe injury or death.

118.292(1g)(b) (b) "Epinephrine auto-injector" means a device used for the automatic injection of epinephrine into the human body to prevent or treat a life-threatening allergic reaction.

118.292(1g)(c) (c) "School" includes a public, private, and tribal school.

118.292(1r) (1r) While in school, at a school-sponsored activity or under the supervision of a school authority, a pupil may possess and use an epinephrine auto-injector if all of the following are true:

118.292(1r)(a) (a) The pupil uses the epinephrine auto-injector to prevent the onset or alleviate the symptoms of an emergency situation.

118.292(1r)(b) (b) The pupil has the written approval of the pupil's physician and, if the pupil is a minor, the written approval of the pupil's parent or guardian.

118.292(1r)(c) (c) The pupil has provided the school principal with a copy of the approval or approvals under par. (b).

118.292(2) (2) No school board, school district, private school, or tribal school, or any employee of the foregoing, is civilly liable for an injury incurred by any of the following:

118.292(2)(a) (a) A pupil as a result of using an epinephrine auto-injector under sub. (1r).

118.292(2)(b) (b) Any person as a result of a pupil possessing or using an epinephrine auto-injector under sub. (1r).

118.292 History History: 2011 a. 85.

118.2925 118.2925 Life-threatening allergies in schools; use of epinephrine auto-injectors.

118.2925(1) (1) Definitions. In this section:

118.2925(1)(a) (a) "Administer" means the direct application of an epinephrine auto-injector to a person's body.

118.2925(1)(b) (b) "Advanced practice nurse prescriber" means an advanced practice nurse who is certified under s. 441.16.

118.2925(1)(c) (c) "Designated school personnel" means an employee, agent, or volunteer of a school, designated by the governing body of the school, who has completed the training specified in the plan adopted by the governing body of the school in sub. (2) (a).

118.2925(1)(d) (d) "Epinephrine auto-injector" means a device used for the automatic injection of epinephrine into the human body to prevent or treat a life-threatening allergic reaction.

118.2925(1)(e) (e) "Physician" means a person licensed to practice medicine and surgery under ch. 448.

118.2925(1)(f) (f) "Physician assistant" means a person licensed under s. 448.04 (1) (f).

118.2925(1)(g) (g) "School" means a public, private, or tribal school.

118.2925(1)(h) (h) "Self-administer" means to administer an epinephrine auto-injector to one's own body.

118.2925(2) (2) School plan.

118.2925(2)(a)(a) The governing body of a school may adopt a plan for the management of pupils attending the school who have life-threatening allergies. If the governing body of a school does so, it shall specify in the plan the training necessary to perform the activities under sub. (4). The governing body of a school may not adopt a plan unless it has been approved by a physician.

118.2925(2)(b) (b) The governing body of a school that has adopted a plan under par. (a) shall make the plan available on the governing body's Internet site or the Internet site of each school under its jurisdiction or, if an Internet site does not exist, give a copy of the plan to any person upon request.

118.2925(3) (3) Prescriptions for schools. A physician, an advanced practice nurse prescriber, or a physician assistant may prescribe epinephrine auto-injectors in the name of a school that has adopted a plan under sub. (2) (a), to be maintained by the school for use under sub. (4).

118.2925(4) (4) Use of epinephrine auto-injectors. The governing body of a school that has adopted a plan under sub. (2) (a) may authorize a school nurse or designated school personnel to do any of the following on school premises or at a school-sponsored activity:

118.2925(4)(a) (a) Provide an epinephrine auto-injector to a pupil to self-administer the epinephrine auto-injector in accordance with a prescription specific to the pupil that is on file with the school.

118.2925(4)(b) (b) Administer an epinephrine auto-injector to a pupil in accordance with a prescription specific to the pupil that is on file with the school.

118.2925(4)(c) (c) Administer an epinephrine auto-injector to a pupil or other person who the school nurse or designated school personnel in good faith believes is experiencing anaphylaxis in accordance with a standing protocol from a physician, an advanced practice nurse prescriber, or a physician assistant, regardless of whether the pupil or other person has a prescription for an epinephrine auto-injector. If the pupil or other person does not have a prescription for an epinephrine auto-injector, or the person who administers the epinephrine auto-injector does not know whether the pupil or other person has a prescription for an epinephrine auto-injector, the person who administers the epinephrine auto-injector shall, as soon as practicable, report the administration 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.

118.2925(4m) (4m) Independent authority.

118.2925(4m)(a)(a) The authority to self-administer an epinephrine auto-injector under sub. (4) (a) is independent of the authorized possession and use of an epinephrine auto-injector under s. 118.292 (1r).

118.2925(4m)(b) (b) The authority to administer an epinephrine auto-injector under sub. (4) (b) and (c) is independent of the authority to administer an epinephrine auto-injector under s. 118.29 (2) (a) 2. and 2m.

118.2925(5) (5) Immunity from civil liability; exemption from practice of medicine. A school and its designated school personnel, and a physician, advanced practice nurse prescriber, or physician assistant who provides a prescription or standing protocol for school epinephrine auto-injectors, are not liable for any injury that results from the administration or self-administration of an epinephrine auto-injector under this section, regardless of whether authorization was given by the pupil's parent or guardian or by the pupil's physician, physician assistant, or advanced practice nurse prescriber, unless the injury is the result of an act or omission that constitutes gross negligence or willful or wanton misconduct. The immunity from liability provided under this subsection is in addition to and not in lieu of that provided under s. 895.48.

118.2925(6m) (6m) Health care professionals. Nothing in this section prohibits a health care professional, as defined in s. 118.29 (1) (c), from acting within the scope of practice of the health care professional's license, certificate, permit, or registration.

118.2925 History History: 2013 a. 239.

118.293 118.293 Concussion and head injury.

118.293(1) (1) In this section:

118.293(1)(a) (a) "Credential" means a license or certificate of certification issued by this state.

118.293(1)(am) (am) "Health care provider" means a person to whom all of the following apply:

118.293(1)(am)1. 1. He or she holds a credential that authorizes the person to provide health care.

118.293(1)(am)2. 2. He or she is trained and has experience in evaluating and managing pediatric concussions and head injuries.

118.293(1)(am)3. 3. He or she is practicing within the scope of his or her credential.

118.293(1)(c) (c) "Youth athletic activity" means an organized athletic activity in which the participants, a majority of whom are under 19 years of age, are engaged in an athletic game or competition against another team, club, or entity, or in practice or preparation for an organized athletic game or competition against another team, club, or entity. "Youth athletic activity" does not include a college or university activity or an activity that is incidental to a nonathletic program.

118.293(2) (2) In consultation with the Wisconsin Interscholastic Athletic Association, the department shall develop guidelines and other information for the purpose of educating athletic coaches and pupil athletes and their parents or guardians about the nature and risk of concussion and head injury in youth athletic activities.

118.293(3) (3)

118.293(3)(a)(a) At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

118.293(3)(b) (b)

118.293(3)(b)1.1. Notwithstanding par. (a), a public or private school is not required to distribute an information sheet to a pupil enrolled in the school who wishes to participate in a youth athletic activity operated by the school during a school year, and a pupil enrolled in the school may participate in that youth athletic activity without returning an appropriately signed information sheet for that activity, if the pupil has returned an appropriately signed information sheet for another youth athletic activity operated by the school during the same school year.

118.293(3)(b)2. 2. Notwithstanding par. (a), a private club is not required to distribute an information sheet to a person who wishes to participate in a youth athletic activity operated by the private club, and a person may participate in that youth athletic activity without returning an appropriately signed information sheet for the activity, if the person has returned an appropriately signed information sheet to the club within the previous 365 days.

118.293(4) (4)

118.293(4)(a)(a) An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.

118.293(4)(b) (b) A person who has been removed from a youth athletic activity under par. (a) may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

118.293(5) (5)

118.293(5)(a)(a) Any athletic coach, official involved in an athletic activity, or volunteer who fails to remove a person from a youth athletic activity under sub. (4) (a) is immune from civil liability for any injury resulting from that omission unless it constitutes gross negligence or willful or wanton misconduct.

118.293(5)(b) (b) Any volunteer who authorizes a person to participate in a youth athletic activity under sub. (4) (b) is immune from civil liability for any injury resulting from that act unless the act constitutes gross negligence or willful or wanton misconduct.

118.293(6) (6) This section does not create any liability for, or a cause of action against, any person.

118.293 History History: 2011 a. 172; 2013 a. 93.

118.295 118.295 Suicide intervention; civil liability exemption. Any school board, private school, tribal school, county children with disabilities education board, or cooperative educational service agency, and any officer, employee, or volunteer thereof, who in good faith attempts to prevent suicide by a pupil is immune from civil liability for his or her acts or omissions in respect to the suicide or attempted suicide. The civil liability immunity provided in this section is in addition to and not in lieu of that provided under s. 895.48 (1).

118.295 History History: 1985 a. 29; 1987 a. 14; 1997 a. 164; 2009 a. 302.