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Details:

(FORM UPDATED: 08/11/2010)

**WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS**

2009-10

(session year)

Senate

(Assembly, Senate or Joint)

Committee on ... Education (SC-Ed)

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
(**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
(**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Gigi Godwin (LRB) (August/2011)

Senate

Record of Committee Proceedings

Committee on Education

Senate Bill 414

Relating to: school nurses and the administration of drugs to pupils.

By Senators Lehman, Robson, Miller and Taylor; cosponsored by Representatives Pope-Roberts, Pasch and Turner.

December 02, 2009 Referred to Committee on Education.

January 27, 2010 **PUBLIC HEARING HELD**

Present: (7) Senators Lehman, Jauch, Erpenbach, Hansen,
Olsen, Grothman and Hopper.
Absent: (0) None.

Appearances For

- John Lehman, Racine — Sen., 21st Senate District
- Mike Thompson, Madison — Deputy Superintendent, Department of Public Instruction
- Rachel Gallagher, Madison — Department of Public Instruction
- Lorie Anderson, Madison — UW-Madison School of Nursing
- Kathleen Murphy, Milwaukee — Dr., Wisconsin Association of School Nurses
- Teresa Duchateau, Milwaukee — Wisconsin Association of School Nurses
- Gina Dennik-Champion, Madison — Wisconsin Association of School Nurses

Appearances Against

- None.

Appearances for Information Only

- None.

Registrations For

- None.

Registrations Against

- None.

Registrations for Information Only

SB414?

Kammerud, Jennifer DPI

From: Foy, Morna [morna.foy@wtcsystem.edu]
Sent: Monday, January 25, 2010 1:07 PM
To: Kammerud, Jennifer DPI; Paul Gabriel
Cc: Thompson, Michael DPI; Gallagher, Rachel A. DPI; Cullen, Kathleen E - WTCS; Severson, Annette A - WTCS
Subject: RE: School Nurses

Jennifer -

Both the WTCS and DBA would be okay with the premise of the proposed amendment and rules as you outlined in the email below. As I mentioned in an earlier communication, we understand DPI's administrative capacity constraints and we appreciate your acknowledgement that the baccalaureate degree requirement is an expeditious way to get at DPI's expectations surrounding the desired competencies of school nurses given those constraints.

Given the timing of the legislative review of the bill, we are not proposing adding other preparation requirements or competencies to the list you propose in the rule at this time. However, if possible, we would appreciate some elaboration in the rule about what "preparation" in public health nursing or community nursing includes; I am thinking a "for example" or "such as" or "including" phrase like

...to be a school nurse one would at least have to have a bachelor's degree from a nursing program that is approved by the board of nursing or accredited by the Commission on Collegiate Nursing Education and that includes preparation in public health nursing or community health nursing, including developing and implementing pandemic response programs, conducting community immunization programs, etc.

We don't have any specific competencies in mind, but this information would help clarify the skills and competencies required of a school nurse and give nurse education programs additional guidance in considering their curriculum and future changes to that curriculum.

I also need to be clear that while we can support the bill with the proposed amendment and the proposed administrative rule language at this time, there may be a time in the future when changes in associate degree nursing program curriculum, public expectations for DPI's role in credentialing and oversight of school personnel, school district resources and staffing needs, or other factors would necessitate revisiting this issue. As you have heard me say often, responsiveness is a signature characteristic of Wisconsin's technical colleges and ensuring that our education programs meet the needs of Wisconsin residents and employers will remain our priority.

As I mentioned on the phone, I notice the Senate Education Committee will have a public hearing on the bill this Wednesday. Will DPI's amendment be introduced for that hearing? I'm in all day today, please give me a call.

Morna (and on behalf of Paul Gabriel, District Boards Association)

Morna K. Foy
Vice President - Executive Assistant
Wisconsin Technical College System
4622 University Avenue
Madison, WI 53705

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WTCS
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From: Kammerud, Jennifer DPI [mailto:Jennifer.Kammerud@dpi.wi.gov]
Sent: Thursday, January 21, 2010 1:56 PM
To: Foy, Morna; 'Paul Gabriel'
Cc: Thompson, Michael DPI; Gallagher, Rachel A. DPI
Subject: RE: School Nurses

Morna and Paul,

The department is willing to support an amendment requiring rulemaking to determine the requirements to be a school nurse if there is an agreement as to what the rule will do.

The rule will need to address the employment requirements that are now contained in section two of the bill (AB 616). We would also plan to have it codify the DHS public health nurse requirements.

The public health nurse requirements specifically state that to be a school nurse one would at least have to have a bachelor's degree from a nursing program that is approved by the board of nursing or accredited by the Commission on Collegiate Nursing Education and that includes preparation in public health nursing or community health nursing. We would be open to discussing additional preparation that could be included in this list.

I need to be clear, however, that we will not be supportive, as referenced in Paul's e-mail below, of an alternative competency-based path to being a school nurse until there is greater clarity than exists currently surrounding how the department would ensure those competencies are met to the department's expectations. The bachelor's requirement is an expeditious way to get at our expectations surrounding competencies. Absent that, the department is forced to consider requiring a DPI school nurse license, which we are specifically trying to get away from, or approving nursing programs like we do teacher education programs (in essence becoming a defacto accrediting agency) which we also do not want to be doing.

So my question back to you is whether you will be okay with the premise of the rule as I have outlined in this e-mail? If not, then the department will have to go back to the original language in the bill.

Jennifer

Jennifer Kammerud
Legislative Liaison
Department of Public Instruction
125 South Webster Street
Madison, WI 53707
Ph: 608/266-7073
E-mail: jennifer.kammerud@dpi.wi.gov

From: Paul Gabriel [mailto:pgabriel@districtboards.org]
Sent: Tuesday, January 19, 2010 3:46 PM
To: Kammerud, Jennifer DPI
Cc: Foy, Morna - WTCS
Subject: School Nurses

Dear Jennifer,

Morna and I talked. We appreciate DPI supporting language that will not list specific requirements to be a school nurse in the statute itself. We support having the bill refer to a DPI rule that provides those requirements. We understand that importing DHS public health nurse language into the rule might lead to the "bachelors degree" term appearing in the rule. We will not oppose that, but may try to influence the rule to include other competency-based opportunities as an alternative path to be a school nurse. As I mentioned, we don't control the nursing faculty or others who may also wish to weigh in on the rule process on their own.

Thanks!

PG

Paul Gabriel
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SB414?

Kammerud, Jennifer DPI

From: Foy, Morna [morna.foy@wtcsystem.edu]
Sent: Tuesday, January 26, 2010 3:58 PM
To: Kammerud, Jennifer DPI
Cc: Paul Gabriel
Subject: RE: School Nurses

Jennifer - please proceed with the amendment drafting. We plan to be there tomorrow, will testify/register pending guidance from Lehman's Office. Thank you for all your efforts.

Morna

Morna K. Foy
WTCS
ph: 608.266.2449 fax: 608.266.1285
morna.foy@wtcsystem.edu

From: Kammerud, Jennifer DPI [<mailto:Jennifer.Kammerud@dpi.wi.gov>]
Sent: Monday, January 25, 2010 3:41 PM
To: Foy, Morna; 'Paul Gabriel'
Subject: School Nurses

Morna and Paul,

I have attached below the amendment request and the rule language we would plan on putting forward. We are open to adding in some additional preparation (see highlighted section below). If you are both fine with the amendment request and rule language then we will have the amendment drafted immediately.

Jennifer

Jennifer Kammerud
Legislative Liaison
Department of Public Instruction
125 South Webster Street
Madison, WI 53707
Ph: 608/266-7073
E-mail: jennifer.kammerud@dpi.wi.gov

Amendment Request:

1. Page 3, line 6. Delete that line and replace with the following language:
...meets the qualifications of school nurses prescribed by rules promulgated by the department.
2. Page 3, lines 7-12 should be deleted. (Section 2).
3. Create an effective date for the changes to the definition of a school nurse (Section 1) of September 1, 2010.

Proposed Rule Language

School Nurse Definition

PI 34.01 (52m) will be created to read:

“School nurse” means a person who is a registered nurse licensed under s. 441.06, Stats., or in a party state, as defined in s. 441.50 (2) (j), Stats., and has a bachelor’s degree from a nursing program that is approved by the board of nursing or accredited by the Commission on Collegiate Nursing Education and that includes preparation in public health nursing or community health nursing. An individual shall be considered a school nurse if he or she was employed by, or under contract with, a school board, a board of control of a cooperative educational service agency, a county children with disabilities education board, or an operator of a charter school established under s. 118.40 (2r), Stats., as a school nurse, on or before the effective date of this paragraph (REVISOR INSERT DATE).

PI 34.31 (2) would be amended to read:

(2) SCHOOL NURSE. A school nurse license may be issued to a school nurse who completes a school nurse practicum and receives an institutional endorsement.





January 27, 2010

The Honorable John Lehman
Wisconsin State Senate Education Committee
Room 310 South
State Capitol
P.O. Box 7882
Madison, WI 53707

Re: Support for Senate Bill 414 relating to school nurses and the administration of drugs to pupils.

Senator Lehman and Members of the Committee:

My name is Lori Anderson. I am a member of the faculty of the University of Wisconsin - Madison School of Nursing. My area of research is the care of children with chronic conditions in the school setting and I am a former practicing school nurse who has worked both in a small, rural school system and in a larger urban school system. My testimony is based both on my research and my experiences as a practitioner and a teacher at the baccalaureate level.

Thank you for this opportunity to testify in support of Senate Bill 414. The University of Wisconsin - Madison School of Nursing supports the unified definition of a school nurse as a registered nurse who has a bachelor's degree in nursing. Further, we support the changes regarding the administration of medication to pupils. Senate Bill 414 will enhance the care that Wisconsin children receive in school and enable them to be healthy learners.

Healthy children learn better. Wisconsin's nearly 900,000¹ public school-attending children are no exception. School-age youth increasingly bring a variety of health-related needs into the classroom. With over 94% of children in Wisconsin attending school each day,² the role of the baccalaureate prepared school nurse is critical to the implementation of quality school health services. For some children, contact with a school nurse is the only consistent access to a health care professional that they have. Baccalaureate prepared professional nurses are needed to meet the multiple and complex demands of 21st century health care in educational settings.

Because of advances in health care for children, school nurses have increasingly been asked to provide services to students with chronic conditions and students recovering from surgery, acute illnesses, and injuries. Schools are mandated by federal legislation to provide the services needed to support the education of all students in the least restrictive environment.³ In 2001, 13.4% of children in Wisconsin had special health care needs.⁴ In 2006, that number grew to 15.3%, which is higher than the national level of 13.9%.⁵ Children with special health care needs are three times more likely to miss substantial amounts of school,⁶ are nearly three times as likely to repeat at least one grade as compared to healthy children, and require care that involves multiple medical and educational services that are often fragmented across community, healthcare, and educational systems.⁷

School of Nursing

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School nursing is a specialized area of nursing practice that occurs in a non-health-care, community-based setting. It is a highly independent role. Registered Nurses with a bachelor's degree are prepared for positions in both inpatient and community settings and for moving into leadership responsibilities. Baccalaureate preparation is the entry point for professional nursing practice and is preferred by most nursing leaders. Baccalaureate prepared nurses provide leadership and management skills, are able to apply evidence to practice, and have a foundation in a liberal arts education. Baccalaureate prepared nurses possess knowledge of health promotion, disease prevention, and risk reduction as well as illness and disease management and are prepared to assist individuals, groups, and communities to prevent disease and achieve optimum levels of wellness.^{8 9}

While associate degree programs prepare their students well to deliver task-oriented, bedside nursing care in hospitals and other inpatient settings and in selected community-based settings,¹⁰ it is the nurse with the bachelor's degree who possess a working knowledge of how to access community resources and coordinate between large systems, including public health departments where public health nurses are required to have bachelor's degrees.¹¹

According to the National Association of School Nurses,¹² the role of the school nurse includes providing direct health care to students and staff, including medication administration and the performance of health care procedures utilizing increasingly complex technology. The increasing complexity of providing care to Wisconsin school children with chronic and acute conditions in the school setting, including the administration of medication, underscores the importance of the recommended changes in the medication administration law, which the School of Nursing also supports.

School Nurses are the health care expert within the school, assessing the overall system of care and developing a plan for assuring that health needs are met and taking a leadership role in the development and evaluation of school health policies. The school nurse participates in and provides leadership to coordinated school health programs, crises/disaster management teams, and school health advisory councils. The recent outbreak of the H1N1 influenza virus has highlighted the importance of school nurses. School nurses across Wisconsin were on the front lines of combating this pandemic. They were responsible for evaluating potential cases and carrying out part of the response plans in their area. The school nurse also serves as a liaison between school personnel, family, community, and health care providers.

Baccalaureate preparation in addition to state RN licensure is necessary to enable Wisconsin's school nurses to meet these standards of the National Association of School Nurses¹³ and to provide safe, effective nursing and health care in Wisconsin's schools.

It has been established that the nursing workforce needs to move towards a higher educational model. Baccalaureate education was supported by the US Department of Health and Human Services Health Resources and Services Administration in 1996, the Pew Health Professions Commission in 1998, and most recently in 2009 by the Carnegie Foundation for the Advancement of Teaching.^{14 15} The complexities of health care and interdisciplinary teamwork require maintaining equal status among health care professionals¹⁶ and the educational professionals within the school setting.

There are 25 states that currently require nurses to hold a bachelor's degree for becoming certified as a school nurse. Of these, 13 states mandate the hiring of a baccalaureate prepared school nurses. These include our neighboring states of Minnesota, Iowa, and Illinois.¹⁷

The overarching concern, of course, is the health and safety of Wisconsin school children. This legislation supports the preparation of school nurses at a level that allows them to successfully meet the expected standards of practice at the national level¹⁸ and to provide safe, effective care. Baccalaureate prepared school nurses can make a difference in the health of Wisconsin students.

Thank you for giving the School of Nursing the opportunity to speak in support of Senate Bill 414.

Sincerely,

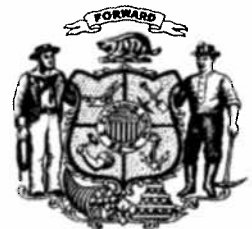
A handwritten signature in black ink, appearing to read "Lori S. Anderson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Lori S. Anderson, PhD, RN
Assistant Professor
University of Wisconsin - Madison

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2. Wisconsin Department of Public Instruction, Wisconsin's Information Network for Successful Schools, *Successful School Guide*. Retrieved 1/5/2010 from <http://data.dpi.state.wi.us/data/graphshell.asp?STYP=9&GraphFile=ATTENDANCE&DETAIL=YES&Group=AllStudents&FAY&DN=None+Chosen&CompareTo=PRIORYEARS&FULLKEY=ZZZZZZZZZZ&ORGLLEVEL=ST&SN=None+Chosen>.
3. Individuals with Disabilities Education Improvement Act of 2004. *PL 108-446*(20 USC 1400 note).
4. *Child and Adolescent Health Measurement Initiative. 2001 National Survey of Children with Special Health Care Needs*. Retrieved 1/5/2010 from www.cshcndata.org.
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14. Nelson, M.A (2002). "Education for professional nursing practice: looking backward into the future." *Online Journal of Issues in Nursing: A Scholarly Journal of the American Nurses Association, 7*(2). Retrieved 2/28/08 at <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume72002/Number2May31/EducationforProfessionalNursingPractice.aspx>
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WISCONSIN STATE LEGISLATURE





WNA
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ASSOCIATION

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TO: Senator John Lehman, Chairperson and Members of the Senate Education
Committee
FROM: Gina Dennik-Champion, RN, MSN, MSHA
Executive Director, Wisconsin Nurses Association
DATE: January 27, 2010
RE: Support SB 414 – School Nurses and the Administration of Drugs to Pupils

Thank you Chairperson Lehman and members of the Senate Education Committee for allowing the Wisconsin Nurses Association the opportunity to testify in support of SB 414. SB 414 addresses professional school nursing practice requirements and medication administration to pupils. My name is Gina Dennik-Champion, I am a RN and I am here today representing the Wisconsin Nurses Association (WNA). As the professional nursing association for any RN in Wisconsin, WNA pleased to share our reasons for why we support SB 414.

According to the Scope and Standards for School Nursing which has been published by the National Association of School Nurses and the American Nurses Association, “The school nurse’s primary role is to support student learning by acting as an advocate and liaison between home, the school, and medical community regarding concerns that may affect a student’s ability to learn [NASN 1999b]” (2005). To put it more simply, the role and responsibility of the school nurse is tri-fold, one they are a direct care provider to the student, two, they are a coordinator of the health promotion and prevention services targeted toward the student population and third, they are the communicable disease “epidemiologist” and monitor for the schools for which they are assigned. School nurses are asked to perform these skills within our educational environments that include the following increasing issues and conditions: child abuse and neglect, domestic and school violence, child and adolescent obesity and inactivity, suicide, alcohol, tobacco, and other drug use, adolescent pregnancy and parenting, environmental health, physical and emotional disabilities and their consequences, mental health, children with complex physical needs and last but not least uninsured.

WNA supports Section 2 of SB 414 which, through grandfathering, moves toward the educational preparation of the school nurse to that of a baccalaureate degree in nursing. We support this because of the dramatic and continued changes and complexity to school nurse’s “patient and school population” and the need for a scope of practice which as stated before, intersects direct patient care, community and public health. We also support the utilization of advanced practice nurses, such as Pediatric Nurse Practitioners or Family Nurse Practitioners in the school setting and would suggest that Statute 115.001 (11)(a) in Section 2 be changed to

include the following, "has a minimum of a baccalaureate degree in nursing".

WNA also supports the patient safety elements that are included in SB 414. The proposed changes to the administration of medication to a pupil, whether it is a prescription or non-prescription drug, appear simple, but it results in a higher standard of health care. The provisions in SB 414 are basic common standards that would expect to be applied in any setting or situation where the administration of a medication is being provided by medical or non-medical personnel. These standards include the following:

- Anyone administering the drug to the pupil must have medication administration training that is approved by the Department of Public Instruction (DPI).
- Immunity from civil liability for those persons administering the medication provided they successfully completed an approved DPI medication administration training program.
- For administration of prescription medication the requirements include, written parental consent and the drug must be provided in the original prescription container that includes the following required labeling, student name, name of drug, the dosage, effective date and directions.
- For administration of non-prescription drugs the requirements include, written consent of the pupil's parent or guardian, health care practitioner written approval for administration of dosages that are different than the recommended therapeutic dose, and, the drug is provided in an original sealed manufacturer's package that includes the ingredients and recommended therapeutic dosage amounts.
- In both cases, the drug is defined as a substance recognized as a drug in the official U.S. pharmacopoeia and national formulary or official homeopathic pharmacopoeia of the United States.

On behalf of WNA, I want to thank you Chairperson Lehman for scheduling this public hearing. I also want to extend sincere appreciation for your sponsorship of SB 414. This is good health policy as it improves the standards of health care practices and practitioners to a very vulnerable population – our children. Please vote yes to SB 414.



Wisconsin State Senate
John Lehman
Senator – 21st District

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Testimony of Senator John Lehman
Senate Bill 414
Senate Committee on Education
January 27, 2010

Thank you for being here today to hear testimony on Senate Bill 414. SB-414 was developed in conjunction with the Department of Public Instruction and the Wisconsin Association of School Nurses to modernize the statutes relating to administering medication to students at school.

Since the original statutes on dispensing medication was passed into law, more and more children are being prescribed advanced pharmaceuticals to treat medical conditions. These treatments often must be administered during the school day. District employees are frequently asked to assist these students with, at times, very complicated drug administration. With complex prescriptions, medication error can occur. According to the Institute of Medicine, mis-administration is the most common but serious mistake made within the healthcare field.

In our local districts school nurses, who are best equipped with the training to assist with drug administration, are often stretched too thinly to be available to administer each student's medication at the prescribed times.

This legislation changes several provisions regarding the distribution of medicine in schools to keep our students healthy and safe.

SB-414 will require that all over-the-counter medicines be brought to the school in their original packaging with information about the proper dosage on the container. The unamended bill states that the medicine must be "sealed," however, we are working with the School Board Association on an amendment to require only that the medicine be in its original container. Additionally, if a parent or guardian requests that school personnel administer more medication than the recommended dosage, they must provide written approval from the student's health care provider.

For prescription drugs, the provisions in SB-414 stipulate that the parent or guardian must bring the drug to the school in the original, pharmacy-labeled package and the labeling must have the pupil's name, the prescriber's name, the name of the drug, the dose, the effective date, and the directions for administration. This information is generally standard on prescription drug labeling.

The bill also requires that any school district employee who administers prescription or non-prescription drugs take a free training program as directed by DPI. The training system is currently available online and provides staff with vital information about administering drugs. Under SB-414, schools will also be required to keep documentation of the dosage given to students and record the date

and time it was dispensed. This sort of record-keeping has proven to be an essential asset in catching errors or recommending future action.

Finally, the unamended version of SB-414 changes the definition of a school nurse to require that school nurses hold at least a bachelor's degree. We, along with DPI, have worked with the technical colleges to craft language that would amend SB-414 to put the qualifications of school nurses into the rule process rather than in statute, which would clear up their initial concerns with the bill. The proposed rule language would require a school nurse to have a bachelor's degree from a nursing program that is approved by the board of nursing or accredited by the Commission on Collegiate Nursing Education and that includes preparation in public health nursing or community health nursing.

The reasoning behind this requirement is that school nurses are asked to do far more than standard clinical work in a setting where they are likely the only medical professional present. Workplace demands call for proper public health training, which is obtained through a baccalaureate program. According to a recently conducted DPI survey almost all school nurses employed in Wisconsin already have a bachelor's degree or greater.

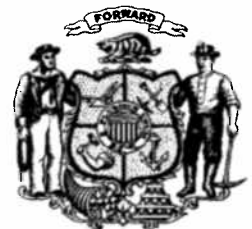
I hope you join me in supporting this important piece of legislation. SB-414 will help ensure that all pupils can be assisted by well-trained and knowledgeable staff acting in accordance with sound policies to keep students safe.

Thank you again for your time and attention to this matter. I will be happy to answer any questions you may have.

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WISCONSIN STATE LEGISLATURE



Senate Committee on Education

Testimony of Deputy State Superintendent Mike Thompson on 2009 Senate Bill 414

January 27, 2010

Thank you to Chairperson Lehman and members of the committee for the opportunity to testify before you today in support of Senate Bill 414. My name is Mike Thompson and I am the Deputy State Superintendent of the Department of Public Instruction. With me today is Rachel Gallagher, the department's school nurse consultant. On behalf of State Superintendent Tony Evers I want to thank the chair for introducing this bill at the department's request.

SB 414, if passed into law, will enhance the health and safety of students by giving schools clear guidance as to what drugs can be administered to students, the instructions that must accompany those drugs, records that must be kept, the training required for those administering drugs and the education requirements for school nurses.

The provisions under the bill are important given the large number of people in the school setting that may have responsibilities for administering drugs to students. The school nurse to pupil ratio in Wisconsin averages one nurse for every 2,359 pupils while the proportion of students with special health care needs is significant.

Thirteen percent of Wisconsin children have special health care needs and eight percent were affected by asthma. Nationally, we know that diabetes affects one in every 400 to 600 children, that six to eight percent of students have food allergies, one percent seizure disorders, and seven percent attention deficit hyperactivity disorder. Schools must provide all students with chronic health conditions a free and appropriate public education.

Students are taking psychotropic medications, controlled substances, injected, rectal, and nebulized medications and getting drug dosages dependent on the clinical situations. Given the scope of health care needs in schools and the high numbers of students to school nurses it is important that the many staff who are not licensed practitioners have the appropriate training to provide the medications they are being asked to administer. In fact, according to a survey conducted by the Wisconsin Public Health Association, most medication in the school setting is being given by non-health providers and 51 percent of all medication is being administered by secretaries. SB 414 addresses this need by requiring school staff who are administering drugs to be trained to do so.

The department has developed an on-line medication training program and webcasts so that staff at any time can take the units of training they may need depending on what they are being asked to administer. This training is free as the department has secured private funding for the program

and is currently available to school districts. Each unit takes 5-10 minutes to complete. However, for safety reasons, the bill does require that if someone is doing more invasive procedures that they receive hands-on training from a health care provider.

This bill requires that drugs, including homeopathic remedies, be officially recognized. It also requires that nonprescription drug products be provided by parents in the original container with the written instructions of the parent and prescription drugs in the original pharmacy labeled package. This language is needed. A wide array of both traditional and non-traditional medicines is now being brought into schools. Often schools are presented with medication in plastic baggies without the identified active ingredient and instructions for administration. Documentation of dosages of medications and errors can help school personnel to avoid double dosing, omissions and learning from medication errors.

Current law does not address how school staff should respond to requests to administer more than the recommended dose of a nonprescription drug for a student. SB 414 clarifies that school staff should only provide more than the recommended dose if the request is accompanied by written approval from the student's health care provider.

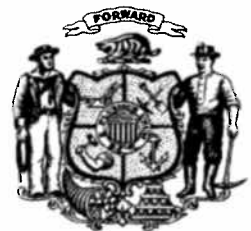
Under the bill school districts must keep a record of the administration of each dose, including errors. It is extremely important that all school districts keep this type of record in case multiple people are providing the student with the medication or in the event something happens. Accurate knowledge of what the student was given can be lifesaving.

The scope of what a school nurse does has changed significantly over time. It is no longer about providing only direct services. They are now expected to develop emergency health care plans for individual students, direct health education, provide consultation, oversee health outreach in a community setting and direct health policy for large populations. Given these responsibilities, the department felt it was important that all incoming school nurses have public health training. While the bill contains a requirement to have a bachelor's to be a school nurse, as we knew that training occurred in the four-year program, the department understands the concerns of the technical colleges who would prefer the credential not be in statute. As a result, the department has worked with the technical colleges and we have agreed upon an amendment putting the requirements to be a school nurse in administrative rule. The rule will be reflective of public health nursing requirements which require a bachelor's degree.

Thank you for the opportunity to testify before you today. I would be happy to answer any questions you may have.



WISCONSIN STATE LEGISLATURE





WASN

Wisconsin Association of School Nurses

Testimony to the Senate Committee on Education in Favor of Senate Bill 414

M. Kathleen Murphy, DNP, RN, FNP-BC
Wisconsin Association of School Nurses

January 27, 2010

My name is Dr. Kathleen Murphy. I am the Health Services Coordinator for the Milwaukee Public Schools. I am a registered nurse and the mother of a child who receives medication in the school setting. I am here today representing the Wisconsin Association of School Nurses (WASN).

On behalf of WASN, I would like to thank you for the opportunity to testify today in favor of Senate Bill 414. I would particularly like to thank Senator Lehman for authoring this important piece of legislation.

The goal of SB 414 is simple: make the delivery of health care services in the school setting safer and more consistent. The bill's key provisions include the following.

1) Change the statutory definition of school nurse to being a nurse with a Bachelor of Science in Nursing (BSN). A nurse with a minimum of a BSN is needed to deal with the diverse health needs and situations that arise in school settings. This standard is consistent with the recommendation of the National Association of School Nurses (NASN). Under the bill, those nurses with lesser credentials currently working in the schools would be grandfathered in, thereby allowing them to continue working.

2) Strengthen and update Wisconsin's school medication law (Chapter 118.29). The statute was written at a time when most medications given were over-the-counter or for acute illnesses. Medication administration has become much more complicated in recent years. Students are now taking complex psychotropic medications, controlled substances, injected, rectal and nebulized medications.

More students are taking medications where the dose is dependent on the changing clinical situation. Examples include a sliding scale for insulin, which depends on the amount of carbohydrates ingested and the blood sugar measurement or emergency medications for asthma or allergic reaction.

There is an increased prevalence and severity of asthma and environmental

allergies, including those with life-threatening potential. Children are discharged earlier from the hospital and return quickly to school. This increases the acuity of conditions, nursing procedures and accommodation plans.

Staff without health care or nursing knowledge can no longer intuitively determine how to assist students. Staff report being nervous about providing services, but sometimes do so because they want to help a child or don't feel they can refuse. Or, conversely, some staff do not have a healthy respect for the potential consequences and liabilities. Both of these situations lead to high potential for errors in administering care, medications, and procedures.

Staff must be able to determine when parent instructions should not be followed. For instance, a student should not be given aspirin if he or she is on a medication that can prolong bleeding or he or she has a viral illness. In addition, parents may take short-cuts, may not use the appropriate and recommended technique, or may try to save dollars by continued use of disposable equipment.

Many horror stories: There are many horror stories from across Wisconsin that highlight why school nurses should have at least the training and experience provided by a BSN and why the school medication law needs to be strengthened. Following are just a handful:

- A child was supposed to be given Dexedrine capsules as soon as he got to school each day. But the parent was inconsistent and, even when medication was provided, it seemed to be ineffective. The school nurse took the capsules to the pharmacy and asked them to be examined. They contained ascorbic acid. The parents had apparently been taking the pills or selling them. The police were contacted and a plan was set up for delivering the medication directly from the pharmacy to the school.
- A child was missing school on a regular basis because he was not receiving the medication he was supposed to be getting at school. The school secretary, who was supposed to be giving him his medication, did not recognize the importance of tracking him down. The mother assumed he was getting the medication.
- An order was delivered for 5 mg of Ritalin to be given daily at school. But the bottle contained 20 mg tablets. While a disaster was averted in this case, the child easily could have been provided dosages well in excess of those prescribed.
- Prescription bottles were provided with two different pills in them, and a parent asked that they be given to a child.
- A student had an order on file for Ritalin to be given at school, but no medication was ever supplied. It turned out the parent was taking the pills.

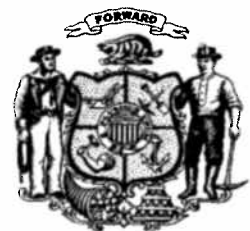
Thank you once again for considering my views and the perspective of school nurses in Wisconsin.

HIGHLIGHTS OF SENATE BILL 414

- Define a school nurse as having a Bachelor of Science in Nursing (BSN). Grandfather in nurses with lesser qualifications who are currently working in the schools. Remove the definition of school nurse as a DPI-certified nurse, but retain the option for DPI certification.
- Tighten up the definition of “drug” and add definitions for “drug product” and “nonprescription drug product” in the school medication law so that only recognized medications that are properly packaged and labeled, in specific dosage form and strength from known manufacturers, can be administered in the school setting.
- Require that a nonprescription drug product be supplied in its original sealed package with a list of ingredients and recommended dosage.
- Require that any request to administer a dose outside the recommended therapeutic dose must have written approval by the child’s health care practitioner.
- Require that a prescription drug be provided in the original, pharmacy-labeled package.
- Require all entities authorized to administer nonprescription drug products and prescription drugs to seek the assistance of one or more “registered professional nurses,” rather than “appropriate health care professionals,” in developing and periodically reviewing written policies. Appropriate health care professionals include emergency medical technicians, first responders, licensed practical nurses, podiatrists, and others.
- Require the documentation of administration of each dose, including errors.
- Delete the requirement that training procedures be included as part of the written policy. Instead, require that any person authorized to administer nonprescription drug products or prescription drugs to pupils receive training approved by DPI.
- Allow glucagon to be administered to any known diabetic student having a severe “low blood sugar with altered consciousness” event, rather than “any” pupil having a “hypoglycemic” event. Require employees to dial 911 or whatever emergency number is available.



WISCONSIN STATE LEGISLATURE



Senate Bill 414—Administering Medication to Students/School Nursing

March 4, 2010

- SB-414 was developed in conjunction with the Department of Public Instruction and the Wisconsin Association of School Nurses to modernize the statutes relating to administering medication to students at school.
- Since the original statutes on dispensing medication were passed into law, more and more children are being prescribed advanced pharmaceuticals to treat medical conditions.
 - These treatments often must be administered during the school day.
 - District employees are frequently asked to assist these students with, at times, very complicated drug administration.
 - With complex prescriptions, medication error can occur. According to the Institute of Medicine, mis-administration is the most common but serious mistake made within the healthcare field.
 - In our local districts school nurses, who are best equipped with the training to assist with drug administration, are often stretched too thinly to be available to administer each student's medication at the prescribed times.
- This legislation changes several provisions regarding the distribution of medicine in schools to keep our students healthy and safe.
 - SB-414 will require that all over-the-counter medicines be brought to the school in their original packaging with information about the proper dosage on the container.
 - Additionally, if a parent or guardian requests that school personnel administer more medication than the recommended dosage, they must provide written approval from the student's health care provider.
 - For prescription drugs, the provisions in SB-414 stipulate that the parent or guardian must bring the drug to the school in the original, pharmacy-labeled package and the labeling must have the pupil's name, the prescriber's name, the name of the drug, the dose, the effective date, and the directions for administration. This information is generally standard on prescription drug labeling.
- The bill also requires that any school district employee who administers prescription or non-prescription drugs take a free training program as directed by DPI.
 - The training system is currently available online and provides staff with vital information about administering drugs.
 - Under SB-414, schools will also be required to keep documentation of the dosage given to students and record the date and time it was dispensed. This sort of record-keeping has proven to be an essential asset in catching errors or recommending future action.
- The bill modifies the definition of "school nurse" to mean a registered nurse who also meets the qualifications for school nurses prescribed by the DPI by rule.
- SB-414 will help ensure that all pupils can be assisted by well-trained and knowledgeable staff acting in accordance with sound policies to keep students safe.



Date: August 27, 2010

To: Public School District Administrators
Private School Administrators

From: Carolyn Stanford Taylor, Assistant State Superintendent (CST)
Division for Learning Support: Equity and Advocacy

Re: Statutory Changes Regarding Administration of Medication to Pupils; School Nurse Definition

SEP 13 2010

WAS SB 414

On March 15, 2010, Governor Doyle signed into law Act 160. This legislation will update Wis. Stat. ch. 118.29, or the Administration of Drugs to Pupils and Emergency Care, and the definition of a school nurse in PI 34. The legislation is intended to improve the safety of medication administration to students in Wisconsin schools and to unify the definition of school nurse in Wisconsin statutes.

The following are key aspects of the statutory changes, effective March 1, 2011:

- School administrators and school personnel must receive DPI-approved medication training to be eligible for the civil liability exemption. School districts should carefully select school personnel in need of medication training.
- Documentation of every dose of medication and medication errors must occur.
- Prescription medication must be sent to school in a pharmacy-labeled container with the student's name, the name of prescriber, the name of prescription medication, the dose, the effective date, and the directions for administration. The prescription medication must be supplied by a parent or guardian.
- Nonprescription medication must be sent to school in the original manufacturer's packaging with a list of active ingredients and recommended therapeutic dosage. The over-the-counter medication must be supplied by the parent or guardian.
- Nonprescription drug products may only be administered in higher than the recommended therapeutic dosage by written approval of the medical provider and parent or guardian.
- Glucagon may be administered to students who have known diabetes and are suffering from severe low blood sugar with an altered state of consciousness.
- Drugs that may be administered in the school setting must be listed in the U.S. Pharmacopoeia and National Formulary or the official homeopathic pharmacopoeia.

For a full copy of the amended law, please see <http://www.legis.state.wi.us/statutes/stat0118.pdf>.

Act 160 requires the Department of Public Instruction (DPI) to approve medication administration training. DPI will be promulgating an administrative rule outlining the specifics of DPI-approved training.

(Over)

DPI will publish a revised document regarding medication administration, including the changes in the law and DPI-approved medication training requirements, after the administrative rule is finalized. *Administration of Drugs to Pupils* describes the laws currently in effect:
<http://www.dpi.wi.gov/sspw/pdf/sndrugs.pdf>.

For resources the DPI has determined are effective training tools, please refer to the DPI medication training web page at: <http://dpi.wi.gov/sspw/medtraining.html>. Once an administrative rule is in place, school districts and private schools can submit medication training courses to DPI for review and approval.

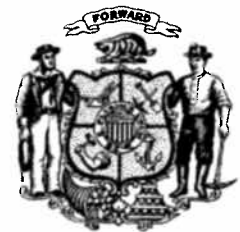
Wisconsin Act 160 requires DPI to prescribe the qualifications for school nurses by rule. DPI has proposed that Wis. Admin. Code sec. PI 34.01(52m) define the qualifications of a school nurse to include a bachelor's degree in nursing and registered nurse licensure through the Wisconsin Department of Regulation and Licensing. The administrative code should become effective December 30, 2010. At that time, all registered nurses with lesser educational preparation, currently hired or contracted as school nurses, will be grandfathered into the definition of school nurse.

If you have further questions, contact Rachel Gallagher, DPI School Nursing and Health Services Consultant, at rachel.gallagher@dpi.wi.gov or (608) 266-8857.

CST:lsc



WISCONSIN STATE LEGISLATURE



SAW
SARA

THE SAFE SCHOOL MEDICATION ACT

- Under s. 118.29 (2) of the Wisconsin Statutes, an authorized individual may administer medication to students if certain conditions are met. The statute was written at a time when most medications given were over-the-counter or for acute illnesses. Medication administration has become much more complicated.
- Students are now taking complex psychotropic medications, controlled substances, injected, rectal and nebulized medications. More students are taking medications where the dose is dependent on the changing clinical situation. Examples include a sliding scale for insulin, which depends on the amount of carbohydrates ingested and the blood sugar measurement or emergency medications for asthma or allergic reaction.
- There is an increased prevalence and severity of asthma and environmental allergies, including those with life-threatening potential. Children are discharged earlier from the hospital and return quickly to school. This increases the acuity of conditions, nursing procedures and accommodation plans.
- Staff without health care or nursing knowledge can no longer intuitively determine how to assist students. Staff report being nervous about providing services, but sometimes do so because they want to help a child or don't feel they can refuse. Or, conversely, some staff do not have a healthy respect for the potential consequences and liabilities. Both of these situations lead to high potential for errors in administering care, medications, and procedures.
- Staff must be able to determine when parent instructions should not be followed. For instance, a student should not be given aspirin if he or she is on a medication that can prolong bleeding or he or she has a viral illness. Finally, some districts rely on parent instructions and training. This is the practice of nursing. Parents may take short-cuts, may not use the appropriate and recommended technique, or may try to save dollars by continued use of disposable equipment.
- The Wisconsin Statutes should be amended to change the definition of school nurse to being a nurse with a Bachelor of Science in Nursing (BSN). A BSN is best prepared to deal with the diverse health needs that arise in the school setting. This standard is consistent with the recommendation of the National Association of School Nurses (NASN).

HIGHLIGHTS OF THE SAFE SCHOOL MEDICATION ACT

- Tighten up the definition of “drug” and add definitions for “drug product” and “nonprescription drug product” in the school medication law so that only recognized medications that are properly packaged and labeled, in specific dosage form and strength from known manufacturers, can be administered in the school setting.
- Require that a nonprescription drug product be supplied in its original sealed package with a list of ingredients and recommended dosage.
- Require that any request to administer a dose outside the recommended therapeutic dose must have written approval by the child’s health care practitioner.
- Require that a prescription drug be provided in the original, pharmacy-labeled package.
- Require all entities authorized to administer nonprescription drug products and prescription drugs to seek the assistance of one or more “registered professional nurses,” rather than “appropriate health care professionals,” in developing and periodically reviewing written policies. Appropriate health care professionals include emergency medical technicians, first responders, licensed practical nurses, podiatrists, and others.
- Require the documentation of administration of each dose, including errors.
- Delete the requirement that training procedures be included as part of the written policy. Instead, require that any person authorized to administer nonprescription drug products or prescription drugs to pupils receive training approved by DPI.
- Allow glucagon to be administered to any known diabetic student having a severe “low blood sugar with altered consciousness” event, rather than “any” pupil having a “hypoglycemic” event. Require employees to dial 911 or whatever emergency number is available.
- Define a school nurse as having a Bachelor of Science in Nursing (BSN). Grandfather in nurses with lesser qualifications who are currently working in the schools. Remove the definition of school nurse as a DPI-certified nurse, but retain the option for DPI certification.

September 28, 2009

Dear District Administrator:

Increasing numbers of our students require medications in order to safely participate at school. Administration of these medications is usually the responsibility of school personnel who are not health-care providers and may lack any relevant training. To help meet this challenge, the Wisconsin Department of Public Instruction now provides a free on-line training program for Wisconsin school personnel to help them master the basics of safe medication administration.

The Medication On-Line Training Program contains three courses divided into 20 units of information on medication administration. Each of the units provides information and an assessment quiz, taking approximately 5-10 minutes to complete.

The topic areas include:

Course 1

- Laws and Regulation
- Confidentiality
- Authorized Role
- Classification of Medication
- Handwashing
- The Five Rights
- Documentation
- Giving Tablets, Capsules and Sprinkles
- Oral Liquid Medication
- Medication Errors

Course 2

- Topical Skin Medication
- Eye Drops and Ointments
- Ear Drops
- Inhalers
- Self-Administration of Medication
- Unusual Situations
- Medication Emergencies

Course 3

- Nebulizers
- Glucagon
- Diastat

Upon completion of each course, the participant receives certification the course was successfully completed.

Learning to safely administer medications is a complex process of obtaining the necessary knowledge and mastering physical skills. The Medication On-Line Training Program provides the necessary knowledge; the school nurse will validate the application of the knowledge and acquisition of the physical medication administration skills.

Course 1 provides information regarding basic medication administration best practices, Wisconsin medication statutes, and oral medication administration techniques. All school district personnel with responsibility for medication administration may take this course. Participants should take the completion certificate to their administrator or school nurse for further oral administration training. Medication courses 2 and 3 teach about different routes of medication administration. To safely administer medications by these routes, a school nurse must provide additional physical skill training and observation. The on-line courses alone are not sufficient to prepare school staff to administer medications safely. Participants in courses 2 and 3 will be asked to provide their school nurse's name and email address. After the participant enrolls in these courses, the school nurse will be notified. Participants will be asked to give their certificate to the school nurse to complete their skill training and observation portion of the training.

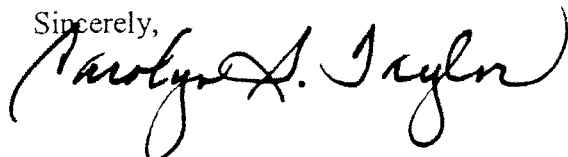
The Wisconsin Medication On-Line Training Program provides on-line training courses, sample medication logs, authorization forms, skill checklists, and question and answer documents regarding relevant Wisconsin statutes.

To view a webcast with further information on the Wisconsin Medication On-Line Training Program, please go to: <http://www.dpi.wi.gov/sspw/schlnurse.html>. To access the training program go to: <http://www.wisconsinschoolmeds.com>.

The Wisconsin Department of Public Instruction would like to thank the following sponsors who helped make the Medication On-Line Training Program available for Wisconsin school districts: the Wisconsin Department of Health Services, the Wisconsin School Safety Coordinators Association, and the Wisconsin Association of School Nurses.

Please contact Rachel Gallagher, school nursing consultant, with questions or concerns at (608) 266-8857 or rachel.gallagher@dpi.wi.gov.

Sincerely,

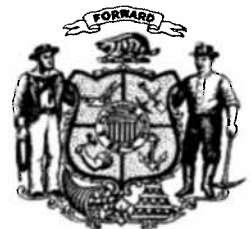


Carolyn Stanford Taylor
Assistant State Superintendent
Division for Learning Support: Equity and Advocacy

CST:jrb



WISCONSIN STATE LEGISLATURE





Registered nurses teach patients and their families how to manage their illness or injury.

Training, Other Qualifications, and Advancement

The three typical educational paths to registered nursing are a bachelor's degree, an associate degree, and a diploma from an approved nursing program. Nurses most commonly enter the occupation by completing an associate degree or bachelor's degree program. Individuals then must complete a national licensing examination in order to obtain a nursing license. Advanced practice nurses—clinical nurse specialists, nurse anesthetists, nurse-midwives, and nurse practitioners—need a master's degree.

Education and training. There are three typical educational paths to registered nursing—a bachelor's of science degree in nursing (BSN), an associate degree in nursing (ADN), and a diploma. BSN programs, offered by colleges and universities, take about 4 years to complete. ADN programs, offered by community and junior colleges, take about 2 to 3 years to complete. Diploma programs, administered in hospitals, last about 3 years. Generally, licensed graduates of any of the three types of educational programs qualify for entry-level positions as a staff nurse. There are hundreds of registered nursing programs that result in an ADN or BSN; however, there are relatively few diploma programs.

Individuals considering a career in nursing should carefully weigh the advantages and disadvantages of enrolling in each type of education program. Advancement opportunities may be more limited for ADN and diploma holders compared to RNs who obtain a BSN or higher. Individuals who complete a bachelor's degree receive more training in areas such as communication, leadership, and critical thinking, all of which are becoming more important as nursing practice becomes more complex. Additionally, bachelor's degree programs offer more clinical experience in nonhospital settings. A bachelor's or higher degree is often necessary for administrative positions, research, consulting, and teaching.

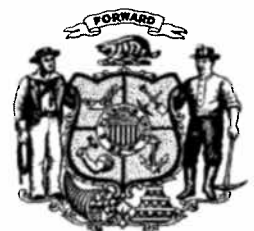
Many RNs with an ADN or diploma later enter bachelor's degree programs to prepare for a broader scope of nursing practice. Often, they can find an entry-level position and then take advantage of tuition reimbursement benefits to work toward a BSN by completing an RN-to-BSN program. Accelerated master's degree in nursing (MSN) programs also are available. They typically take 3-4 years to complete full time and result in the award of both the BSN and MSN.

There are education programs available for people interested in switching to a career in nursing as well. Individuals who already hold a bachelor's degree in another field may enroll in an accelerated BSN program. Accelerated BSN programs last 12 to 18 months and provide the fastest route to a BSN for individuals who already hold a degree. MSN programs also are available for individuals who hold a bachelor's or higher degree in another field; master's degree programs usually last 2 years.

All nursing education programs include classroom instruction and supervised clinical experience in hospitals and other healthcare facilities. Students take courses in anatomy, physiology, microbiology, chemistry, nutrition, psychology and other behavioral sciences, and nursing. Coursework also includes the liberal arts for ADN and BSN students.



WISCONSIN STATE LEGISLATURE



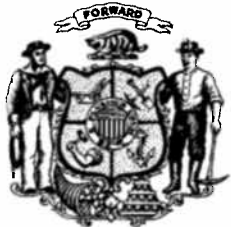
Results of DPI School Nursing Education Survey.

16 or 5% Associate Degree in Nursing (2 year preparation)
9 or 3% Diploma in Nursing (3 year preparation)
231 or 74% Baccalaureate Degree in nursing
54 or 18% Master Degree in Nursing
1 or -% Doctorate Degree in Nursing

388 nurses on the DPI list serve received the email requesting information requesting a response regarding school nursing education preparation. 311 school nurses or 80% of the school nurses responded. Approximately, 92% of school nurses have a baccalaureate, master or doctorate degree.



WISCONSIN STATE LEGISLATURE





**WISCONSIN LEGISLATIVE COUNCIL
AMENDMENT MEMO**

2009 Senate Bill 414

Senate Amendment 1

Memo published: February 23, 2010

Contact: Anne Sappenfield, Senior Staff Attorney (267-9485)
Russ Whitesel, Senior Staff Attorney (266-0922)

2009 Senate Bill 414 makes changes related to the qualifications required of school nurses and to administering prescription and nonprescription drugs to pupils.

Under current law, “school nurse” means a registered nurse who is also certified by the Department of Public Instruction (DPI) as being qualified to perform professional nursing services in a public school. Under the bill, “school nurse” means a registered nurse who also satisfies one or both of the following:

- Has a baccalaureate in nursing.
- Was employed, or under contract, as a school nurse on the effective date of the legislation.

The bill also modifies current law under which certain employees and volunteers may administer any nonprescription drug product to a pupil in compliance with the written instructions of the pupil’s parent or guardian if the pupil’s parent or guardian consents in writing. Under the bill, the nonprescription drug product must be supplied by the pupil’s parent or guardian in the original sealed manufacturer’s package and the package must list the ingredients and recommended therapeutic doses in a legible format.

The bill takes effect on the first day of the 12th month beginning after publication.

Senate Amendment 1 makes the following changes to the bill:

- Modifies the definition of “school nurse” to mean a registered nurse who also meets the qualifications for school nurses prescribed by the DPI by rule.
- Deletes the requirement that a nonprescription drug product must be supplied in a sealed package.
- Provides that the definition of “school nurse” in the bill becomes effective on January 1, 2011.

Legislative History

Senate Bill 414 was introduced by Senator Lehman and others; cosponsored by Representative Pope-Roberts on December 2, 2009. On February 18, 2010, in an executive session, the Senate Education Committee introduced and adopted Senate Amendment 1 to Senate Bill 414 on a vote of Ayes, 7; Noes, 0. The committee voted to recommend passage of the bill, as amended, on a vote of Ayes, 6; Noes, 1.

AS:RW:ksm:ty