



Stocking and Administering Opioid Antagonists in Wisconsin Schools

Opioid abuse, inadvertent fentanyl exposure via contamination of illegal drugs and counterfeit pills is a public health threat. School districts are increasingly interested in stocking supplies of opioid antagonists, such as naloxone, to have a supply readily available to respond to opioid overdoses occurring on school property. The Department of Public Instruction (DPI) provides this guidance regarding the training component of Wisconsin’s pupil medication law ([Wis. Stat. § 118.29](#)) as it pertains to the administration of opioid antagonists by school staff, and the ability of school districts to stock opioid antagonists for emergency use in the event of an opioid overdose.

In 2017 language was added to Wisconsin statute regarding the emergency administration of an opioid antagonist to pupils and other persons who appear to be undergoing an opioid-related drug overdose ([Wisc. Stat. §118.29\[2\]\[a\]2g](#)). Additionally, [Assembly Bill 223](#), now 2023 Wisconsin Act 194, was enacted in April 2024 which provides civil immunity for schools, its designated school personnel, and a physician, advanced practice nurse prescriber, or physician assistant who provides or administers an opioid antagonist in a school setting; and specifies that this civil immunity exists regardless of whether a student’s parent, guardian, or medical provider gave authorization. However, this civil immunity would not apply if an injury is the result of gross negligence or willful or wanton misconduct of the administering entity or person. This statute is not part of [Wisc. Stat. §118.29\(2\)\(a\)2g](#), but [Wis. Stat. §895.478\(3m\)](#).

While DPI provides this guidance, school districts and school boards are strongly encouraged to consult with the district’s legal counsel when developing new policies and protocols.

The DPI has training resources posted on the [Opioid Antagonist Training Resources website](#).

1) Are medication consents required?

No. The administration of an opioid antagonist is considered an emergency situation. The school bus operator, employee, or volunteer who administers the opioid antagonist to a pupil or other person who appears to be undergoing an opioid-related drug overdose is required as soon as practicable to report the drug overdose by dialing “911” or otherwise contacting emergency medical services ([Wisc. Stat. §118.29\[2\]\[a\]2g](#)).

2) What type of training is required for “school bus operators, employees, or volunteers” to administer an opioid antagonist on school grounds or school related activities to a pupil or other person?

In order to comply with the requirements of Wis. Stat. § 118.29 (2g) and (6) any bus operator, school employee, or volunteer administering medications to students must be authorized in

writing by an administrator and must receive DPI approved training. The school administrator would then authorize these trained individuals to administer the opioid antagonist.

DPI suggests best practice would be to train individuals most likely to respond to these types of emergency situations. On the [Opioid Antagonist Training Resources website](#), DPI has posted links specific to the intranasal and intramuscular injection of opioid antagonists. There are several training options available.

3) May school districts stock opioid antagonist? Are school districts required to stock opioid antagonists?

Nothing in either section of the law requires school districts to stock opioid antagonists. The DPI supports the stocking of opioid antagonists by school districts given the public health concerns and risks to students, staff, and community. School districts are encouraged to seek guidance from the district's legal counsel if they choose to stock opioid antagonists.

Careful consideration should be given to the procurement and storing of opioid antagonists. If stocking opioid antagonists, they should be readily available. Many districts store such emergency medications (epinephrine, naloxone) with or near AED kits and other emergency supplies.

School districts may reference the National Association of School Nurses' (NASN) [NASN Naloxone Education Toolkit](#) (revised 2023) to learn more about issues and concerns.

4) Is a written policy or protocol required?

A separate policy which allows a school bus operator, employee, or volunteer acting on good faith to administer an opioid antagonist to a pupil or other person is not specifically required by statute. If districts choose not to write a separate it policy, it is recommended that school districts address the emergency administration of opioid antagonists in their general medication administration policy.

The [NASN Naloxone Education Toolkit](#) (revised 2023) contains sample policies and protocols.

5) What protections from liability exist for those administering opioid antagonists to pupils or other persons?

Individuals administering an opioid antagonist under [Wis. Stat. § 118.29 \(2\)\(a\)2g](#) and [Wis. Stat. § 895.478 \(3m\)](#) are immune from civil liability for his or her actions unless the act constitutes a high degree of negligence. [Wis. Stat. § 895.478 \(3m\)](#) extends immunity to healthcare professionals including school nurses. See [Wis. Stat. § 118.29\(2\)\(b\)](#) for liability information regarding the need for a school bus operator, employee, or volunteer to have training and be authorized by the school administrator.

6) What is the role of school nurses in the administration of opioid antagonist to pupils or other persons?

In Wisconsin, school nurses do not delegate medication administration to students unless billing for Medicaid purposes, or specifically required in a district's medication policy. School nurses' role in accordance with the [School Nursing Practice Framework™](#) might be to provide leadership in the development of stocked opioid antagonist policies and procedures. School nurses are not required to provide the specific staff training but may help arrange training and perform the required skill assessment.

As a registered professional nurse, school nurses will be held accountable to the Nurse Practice Act and professional standards of care. While there is now civil liability immunity for acts other than gross negligence, school nurses are reminded of the need to have medical orders or protocols in order to administer medications. In January 2024, the Wisconsin Department of Health Services (DHS) shared with Local and Tribal Public Health Departments a [Statewide Naloxone Standing Order for Nurses](#). The Order allows nurses licensed in Wisconsin and working outside of traditional health care settings to administer and distribute naloxone. The Order applies to both Registered Nurses (RN) and Licensed Practical Nurses (LPNs) working in schools.

This centralized, statewide opioid antagonist standing order outlines conditions and criteria that, when met, allow RNs and LPNs working in schools to possess, distribute, and administer an opioid antagonist without a patient-specific order. The Order outlines the policies and procedures required to be followed by RNs and LPNs if they use the Order. RNs and LPNs using the Order are required to have specific training that is approved by DHS (not DPI).

Nothing precludes a school district medical advisor from writing a standing order. Schools are not required to use the DHS standing order.

7) How would districts procure supplies of an opioid antagonist?

The procurement of opioid antagonists is not addressed in statute. It is possible that a family might provide a school with a student specific dose following the stipulations outlined in [Wis. Stat. §118.29](#).

When choosing to stock an opioid antagonist for general use in the event of a suspected opioid overdose districts have several options for procurement. Many of the community based and DHS sponsored opioid antagonist trainings provide a (sample) dose to participants upon successful completion of the course. Districts are encouraged to seek legal counsel regarding these samples.

Unless the provider of the naloxone samples inform participants that they can only administer the naloxone themselves and cannot give it to anyone else who might be in a better position to help, the statutes and the intent behind they statutes do not preclude the staff member from giving the sample to the school nurse or administrator to maintain in a location where it may be accessed by anyone who is eligible to administer it under [Wis. Stat. § 118.29\(2\)\(a\)2g](#).

Naloxone, in the DPI approved routes of nasal or autoinjector, may be obtained via prescription and over-the counter. There are no specific statutes regarding prescribing an opioid antagonist in the name of a school. There are also no specific statutes regarding dispensing an opioid antagonist in the name of a school. DHS maintains a [Statewide Naloxone Standing Order for Pharmacists](#) that allows Wisconsin pharmacists to dispense naloxone without a prescription to patients at risk of an opioid overdose or to individuals in a position to assist the patient at risk for overdose. School districts should seek legal counsel regarding how samples obtained by individuals under any circumstances are used for the school stocked supply.

There is no specific funding in Wisconsin directed for schools to purchase supplies of naloxone. School districts are encouraged to investigate donated supplies and to be mindful of expiration dates.



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