Medications in the Athletic Training Setting

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Objectives

• To reflect on the use of pharmaceuticals in the Athletic Training setting.

• To understand the rules, regulations and laws affecting the use of medications in the Athletic Training setting.

• Comparison of the Athletic Training Competencies and Proficiencies with practice regulations
Disclaimer

Because every state has its own laws regarding administration of medications, each practitioner is strongly advised to consult the laws and regulations of the state in which he/she practices.

The examples of laws and regulations used in this presentation are from the State of New Jersey.
What is considered a medication?

"Drug or medicine" means:

1. Articles recognized in the official United States Pharmacopoeia National Formulary, official Homeopathic Pharmacopoeia of the United States, or any official supplement to any of them;

2. Articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in human beings or animals;

3. Articles (other than food) intended to affect the structure of any function of the body of human beings or animals; and

4. Articles intended for use as components of any article specified in 1, 2 or 3 above, but not including devices or their components, parts or accessories.
So, do these count?

- Ibuprofen
- Acetaminophen
- Antacid
- Contact lens solutions
- Cough lozenges
- Glucose tablets
- Electrolyte tablets
and these?

- Ammonia inhalants
- A & D Ointment
- Bacitracin
- Ben Gay
- Biofreeze
- Caladryl/Calamine
- Hydrocortisone Cream
- Tinactin
- Hydrogen peroxide
- Ivy Dry
- Neosporin
- Zinc Oxide
What about....

- QDA
- Tuf Skin
- Cold Spray
Medications in the Athletic Training Room?

• Why?
• Are they allowed?
• What kinds?
• Where are they kept?
• Who has access?
• Record keeping
Who regulates the dispensing and administration of medication?

Federal and State Jurisdictions

– OSHA
– DEA
– FDA
– State Board of Pharmacy
– State Board of Medicine
– State Board of Athletic Training
  (if applicable)
In the public schools

The following individuals are authorized by law to administer medication to students in schools:

• a school physician
• a certified or noncertified school nurse
• a substitute school nurse (RN) employed by the district
• the student’s parent/guardian
• a student who is approved to self-administer in certain life-threatening conditions as (pursuant N.J.S.A. 18A: 40-12.3 and 12.4)
• school employees who have been trained and designated by the certified school nurse to administer epinephrine in an emergency (pursuant to N.J.S.A. 18A: 40-12.5 and 12.6)
Can I give medication to a student?

- The simple answer is no.
- The detailed answer is no with the exception of the Epipen when you follow the rules.
Can I give medication to an athlete?

• The simple answer is no.
Yeah, but what about...

- Aspirin NO
- Tylenol NO
- Ibuprofen NO
- Naproxen NO
- Antacid NO
Why?

- Dispensing of medications is limited to individuals with credentials in certain medical professions.
- State law prohibits others to make determinations as to the need for medication and the appropriate medication.
- Not all over-the-counter medications are as safe as people what to believe
- The patients are minors.
Are there any exceptions?
Well, it’s 4:30 and the nurse has gone home!!!!!!
Anaphylaxis

• The rules in New Jersey - The Epipen Law
• Stop activity
• Monitor consciousness, breathing and pulse
• Call for help
• Prepare for the patient to get worse.
What about in an Emergency?

Any school district employee can be trained by the school nurse to administer the Epipen to a student in an emergency.

The employee must be trained by the school nurse

The student must have an IHP and medication plan and an epipen prescribed for him/her

(NJ.S.A 18A:40-12.5 and 12.6.)
1. Check the seal
2. Check the expiration date
3. Open the cap
4. Place it on the side of the thigh
5. Push
6. Bend the needle over
7. Send it with the ambulance
Inhalers

They’re everywhere
Can I administer an inhaler?

The short answer in New Jersey is YES.
AN ACT concerning the self-administration of medication by school pupils for asthma, amending P.L.1993, c.308 and supplementing chapter 40 of Title 18A of the New Jersey Statutes, and making an appropriation.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:
1. Section 1 of P.L.1993, c.308 (C.18A:40-12.3) is amended to read as follows:
C.18A:40-12.3 Self-administration of medication by pupil permitted.
1. a. A board of education or the governing board or chief school administrator of a nonpublic school shall permit the self-administration of medication by a pupil for asthma or other potentially life-threatening illnesses provided that:
(1) the parents or guardians of the pupil provide to the board of education or the governing board or chief school administrator of a nonpublic school written authorization for the self-administration of medication;
(2) the parents or guardians of the pupil provide to the board of education or the governing board or chief school administrator of a nonpublic school written certification from the physician of the pupil that the pupil has asthma or another potentially life-threatening illness and is capable of, and has been instructed in, the proper method of self-administration of medication;
(3) the board of education or the governing board or chief school administrator of a nonpublic school informs the parents or guardians of the pupil in writing that the district and its employees or agents or the nonpublic school and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil;
(4) the parents or guardians of the pupil sign a statement acknowledging that the district or the nonpublic school shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents or the nonpublic school and its employees or agents against any claims arising out of the self-administration of medication by the pupil; and
(5) the permission is effective for the school year for which it is granted and is renewed for each subsequent school year upon fulfillment of the requirements in paragraphs (1) through (4) of this subsection.

b. Notwithstanding any other law or regulation to the contrary, a pupil who is permitted to self-administer medication under the provisions of this section shall be permitted to carry an inhaler at all times, provided that the pupil does not endanger himself or other persons through misuse.
c. Any person who acts in good faith in accordance with the requirements of this act shall be immune from any civil or criminal liability arising from actions performed pursuant to this act.
Diabetic Students

Sugar

Insulin pumps

The key here is...SELF-ADMINISTERED
New Jersey Assembly Bill A267
Authorizes parent or guardian to request use of individualized health care plan for student with diabetes and provides for the emergency administration of glucagon for certain students.
What about other settings?

- College/University
- Club/Recreational sport program
- Clinic
- Industrial

The bottom line is know what your state allows.
Three ways for medications to enter the Athletic Training Facility

1. MD brings sample or non-sample medications over personally from his or her stock at the local office.

2. Medications are delivered to the patient/athlete by the team pharmacy.

3. Medications are delivered to the team physician in therapeutic dose packs to be dispensed directly by the MD in the Athletic Training Facility.
Who can dispense???

Only someone licensed by the state may dispense.

– I.e.) Pharmacist, Physician, Physician Assistant

– One cannot delegate this authority to a non-licensed personnel.
The basic definition of dispensing

"Dispense or dispensing" means the procedure entailing the interpretation of an authorized prescriber's prescription order for a drug or device, and pursuant to that order, the proper selection, measuring, labeling, and packing in a proper container. The act of dispensing shall include all necessary consultation by the pharmacist.
What is involved?

- Receiving an order from a physician
- Interpreting the order
- Selecting the appropriate medication
- Counting, pouring and filling the container
- Affixing the label
- Furnishing the drug to the patient
- Counseling the patient
What must be on a prescription label?

- Patient name
- Physician name
- Name of medication, strength and dosage form.
- Quantity
- Directions for use
- Name of manufacturer, lot number and exp date.
- Name and address of dispensary
- Date of dispensing, RX number
Definition of Repackaging

• Taking medications, either OTC or RX and removing them from a larger or bulk container to a smaller container.
• Re-labeling the container
• Holding the container for future administration or dispensation.
Who is Licensed to Repackage

• Local pharmacy?
• Licensed FDA manufacturer?
• Athletic trainer?
• Physician?
DEA Licensure

• Federal Law requires under section 21U.S.C., 824(a)(f)
- A separate certificate for each physical location where a practicing physician orders, receives, stores, administers or dispensing controlled substances.
Chain of Command

Discretionary decisions vs. Non-discretionary tasks

- Assessment
- Evaluation
- Diagnosis
- Prescribe
- Dispensation or administration
Non-discretionary tasks vs. Discretionary decisions

• Forwarding an order on behalf of the physician
• Receiving and stocking inventory
• Acquisition and disposition of records
• Disposal
• Audit and Reconciliation
Security

• By Federal Law – all prescription medications must be locked and secured at all times.

– 21 C.F.R. 1301.75
Unsecured medications in the AT Room

• Public access?

• Examples:
  – Dose package medications
  – Ethyl Chloride©
  – Silvadene©
  – Dexamethasone etc.
Travel bag

• Is it secure?
• Medications on the road.
• Team travel.
• Checked luggage?
• Medications prescribed in advance.
Record Keeping

• Federal law – three years.
• Everything in and everything out.
• Must balance
Over the Counter Medications

• Tracking use is up to you
  - Liability may be a concern
• Giving more than 1 day’s worth is considered dispensing
• States and/or Institutions may limit how much an ATC may give an athlete at one time
• Remember we are the care givers, it is up to us to monitor OTC usage for our athletes
Physician signature

- Drug usage reports.
- Inventory reports.
- Reconciliation reports.
- League reports.
- End of season reports
 Acquisition and Disposition

• **ALL** medications that require a prescription that travel through the AT facility must be reconciled.
• Every injection, topical, and oral medication, including samples.
• All controlled substances records must be kept separate.
• Some States now require reporting of dispensation records for all controlled medications.
Expired medications

• It’s a no-brainer
• None
• Zilch
• Nada
• Zero
• Last day of the month
• Responsible party makes the difference
Disposal of Medications

- OTC – bio hazard waste
- RX – to an authorized waste disposal agent for prescription medications
- RX Controlled – to a licensed waste disposal agent for controlled substances.
Sample Medications

• Acquisition and disposition
• Transfer receipts;
  - Drug Rep to MD
  - MD to MD,
  - MD office to AT Room
• Who may have possession?
• How should they be stored?
• One days worth of medications at a time
Policies and Procedures

- Written policies
- Signed by the team physician
- Reviewed annually by the AT healthcare team.
Can This Really Happen to Me?

- Arkansas
- California
- Colorado
- Washington
- Ohio
- Wisconsin
- Philadelphia
- Kansas
Some references

School Health Services Guidelines  N.J. Department of Education, Office of Educational Support Services  2001

Questions & Answers on the Administration of Medication in Schools (from the N.J. Department of Education)
Emergency Administration of Epinephrine
Questions & Answers on the Emergency Administration of Epinephrine (from the N.J. Department of Education)
Policy for Administration & Policy Development: Emergency Administration of Epinephrine
(P.L. 1997, c. 368)

# Authorization
N.J.S.A. 45:11-23, "Nurse Practice Act"

N.J.A.C. 6A:16-2.3, "Programs to Support Student Development"
Emergency Administration of Epinephrine: Implementation of P.L. 1997, c. 368