

Managing Prescriptions and Non-Prescription Medication in the Athletic Training Facility

Elizabeth Swann, PhD, ATC, LAT
Nova Southeastern University
Fort Lauderdale, Florida



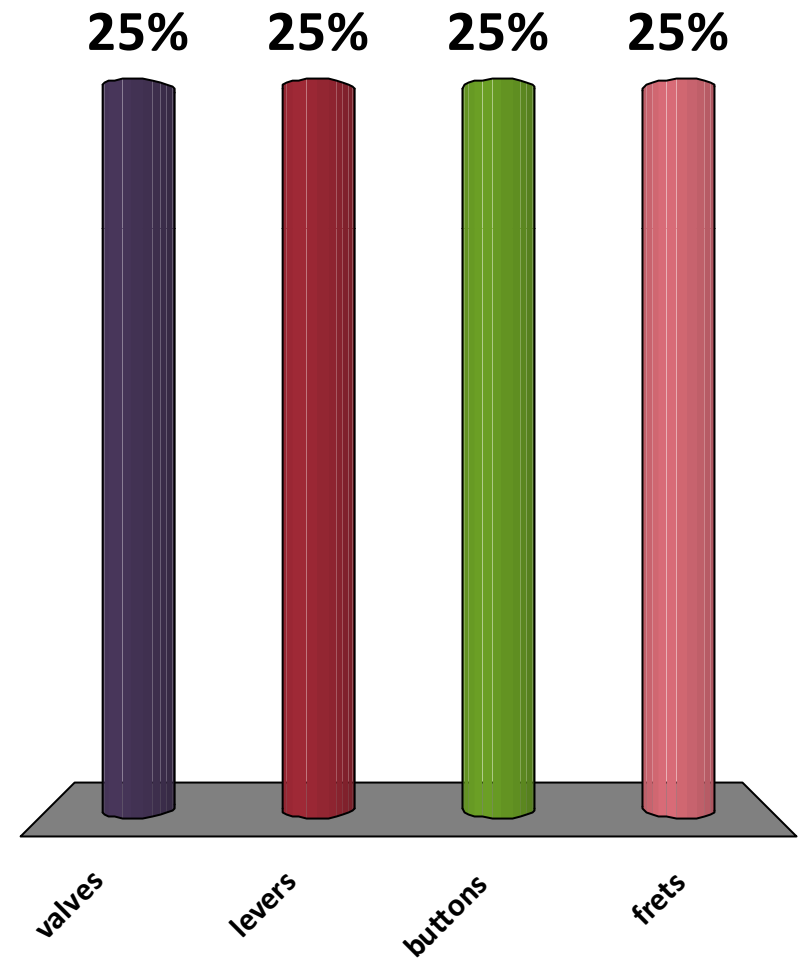


Group Feedback

Let's get the clickers ready . .

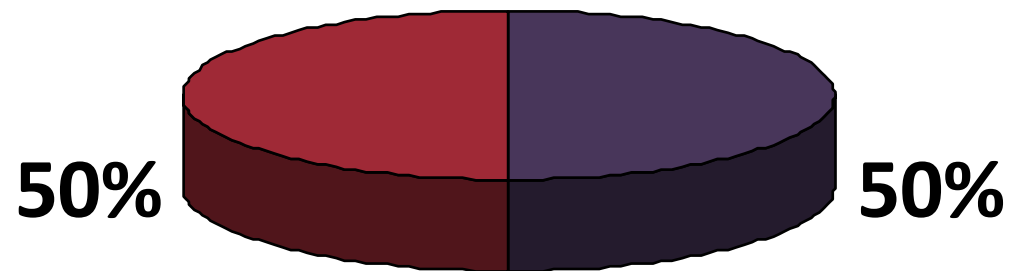
piano : keys :: trumpet :

1. valves
2. levers
3. buttons
4. frets



Do you have Rx Medications in your Athletic Training Room?

1. Yes
2. No

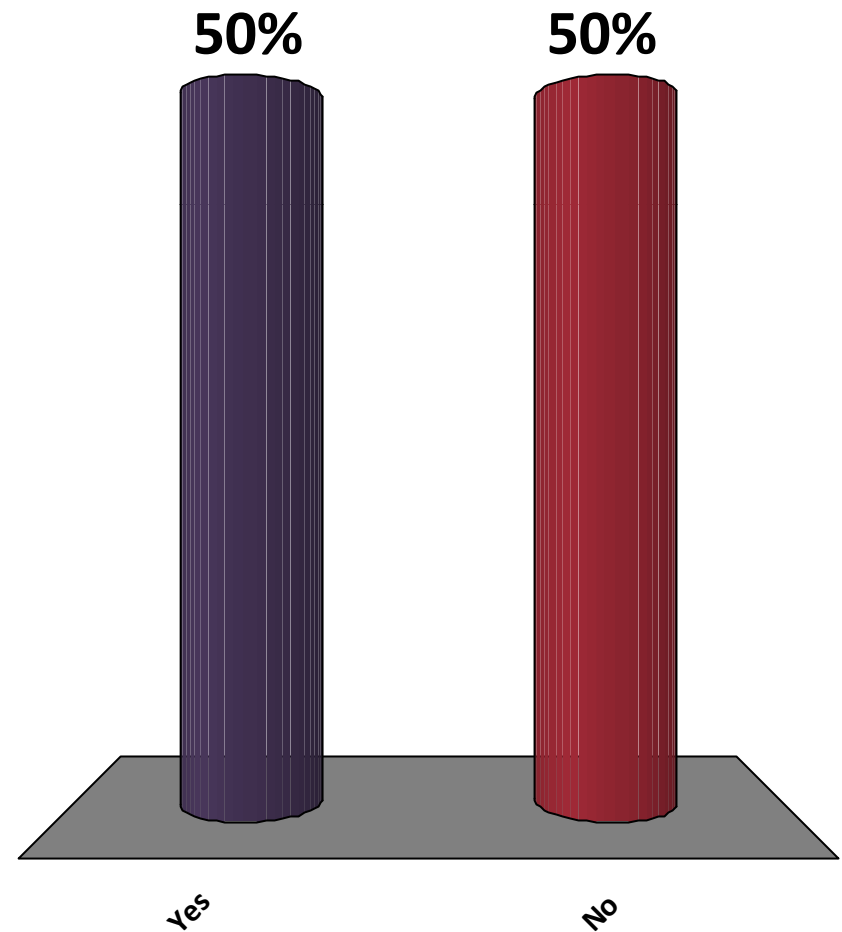


The Rx medications we have are:

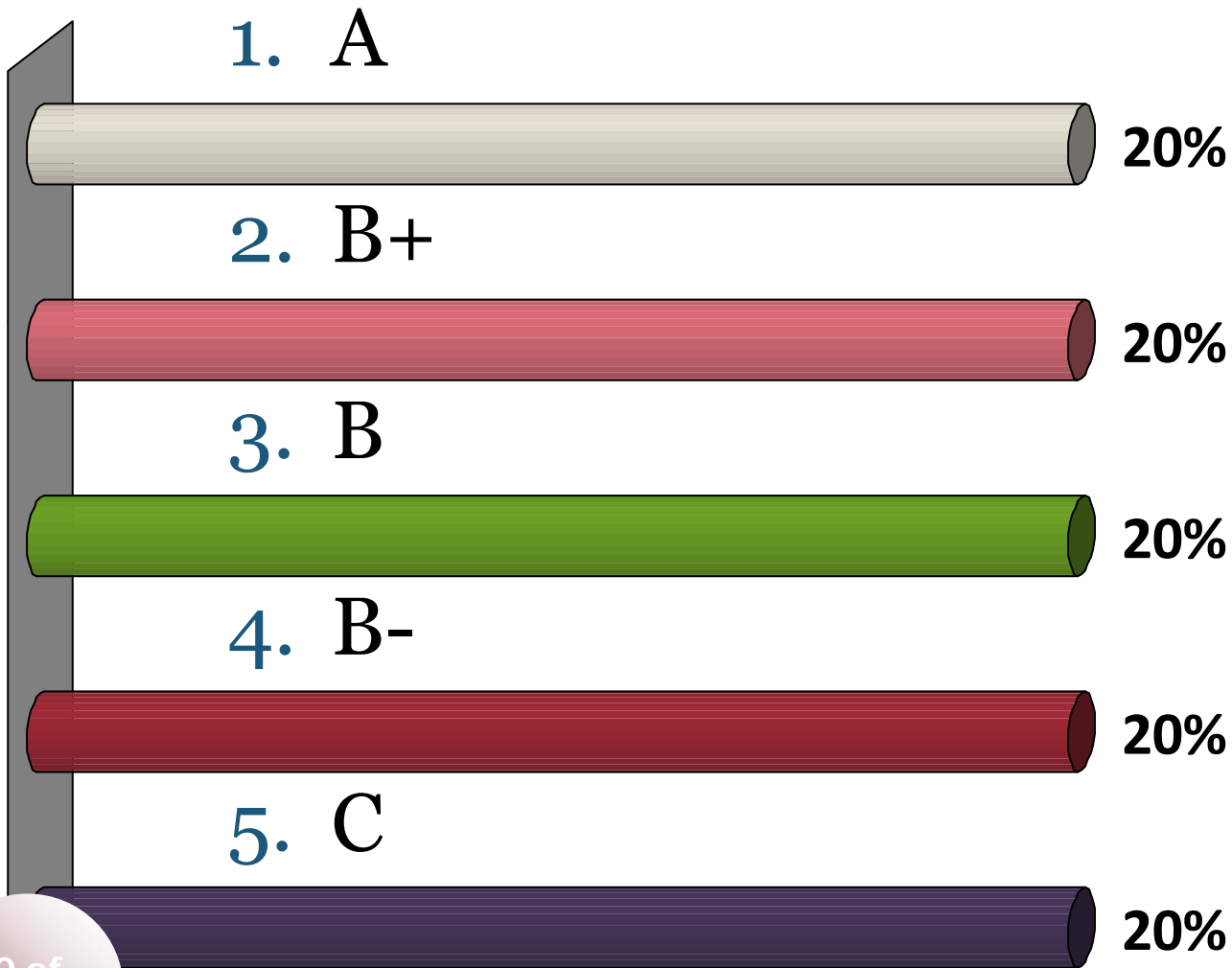
- 17% 1. Asthma Inhalers
- 17% 2. Epi-pen
- 17% 3. Phonophoresis /Iontophoresis
- 17% 4. All of the above
- 17% 5. Just Inhalers/Epi-pen
- 17% 6. None of the above

Our Sports Medicine P/P Manual includes Managing Medications . . .

1. Yes
2. No



What is the "grade" of your Medication Management?



0 of
30

NATA Consensus Statement

Managing Prescriptions and Non-Prescription Medication in the Athletic Training Facility

L Kahanov et al

NATA News January 2009:14-16



Disclaimer

- The National Athletic Trainers' Association and the Inter-Association Task Force to Develop Guidelines Regarding Prescription and a OTC Medication in the Athletic Training Room advise individuals, schools, athletic training facilities and instructions to carefully and independently consider each of the recommendations. The information contained in the statement is neither exhaustive nor exclusive to all circumstances or individuals. Variables such as institutional human resource guidelines, state or federal statutes, rules, or regulations, as well regional environmental conditions, may impact the relevance and implementation of these recommendations. The NATA and the Inter-Association Task Force advise their members and others to carefully and independently consider each of the recommendations (including applicability of same to any particular circumstance or individual). The foregoing statement should not be relied upon as an independent basis for care, but rather as a resource available to NATA members or others. Moreover, no opinion is expressed herein regarding the quality of care that adheres to or differs from any of *NATA's Position Statements*. *The NATA and the Inter-Association Task Force reserve the right to rescind or modify their statements any time.*

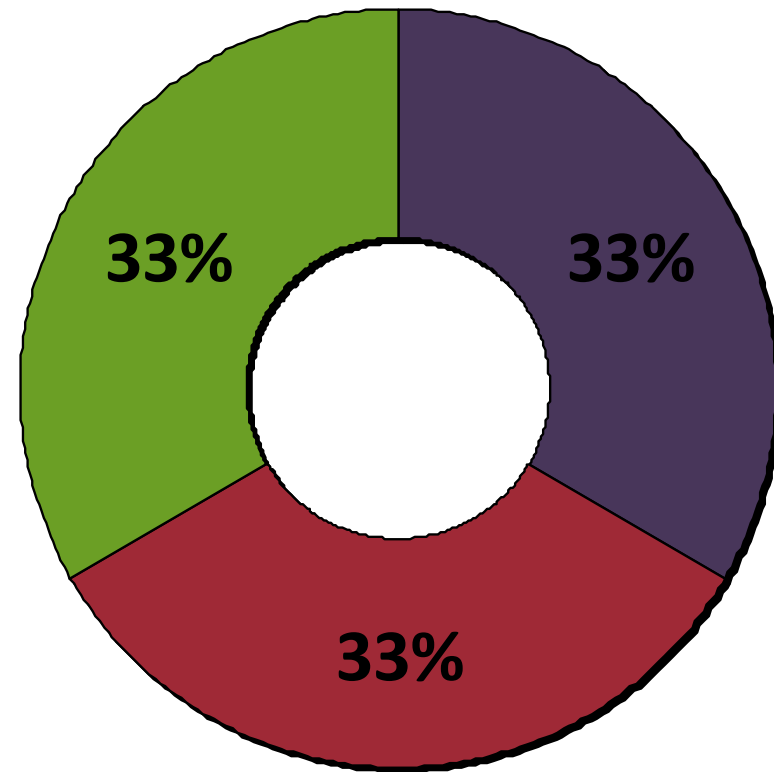
Consensus Statement Writing Group

- Leamer Kahanov, EdD, ATC, chair
- Thomas Abdenour, ATC, PES
- John Faulstick, ATC, LAT
- Mike Pavlovich, Pharm. D.
- Elizabeth H. Swann, PhD, ATC, LAT
- D. Rod Walters, DA, ATC



I have read the NATA Consensus Statement.

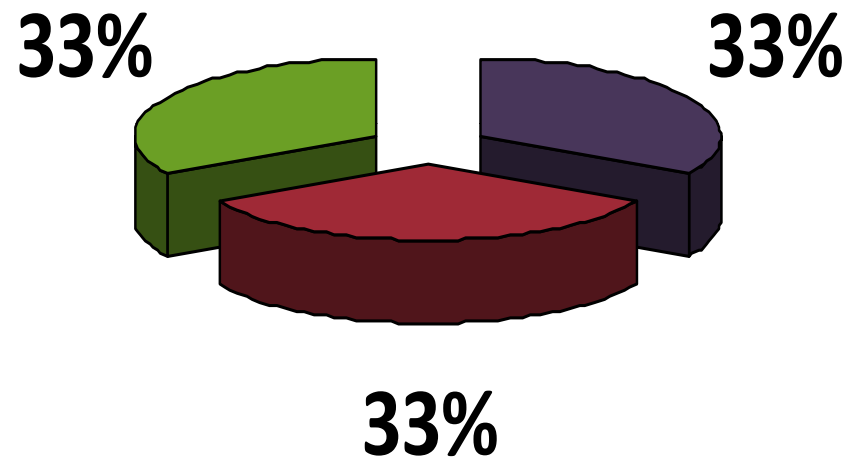
1. Yes
2. No
3. I do not remember



■ Yes ■ No ■ I do not r...

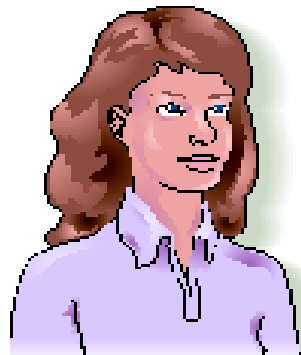
I have a formal Pharmacology class or education. (not CEUs)

1. Yes
2. No
3. I do not remember



Pharmacology 101

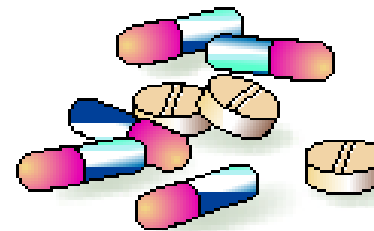
Five "Rights" for Correct Drug Administration



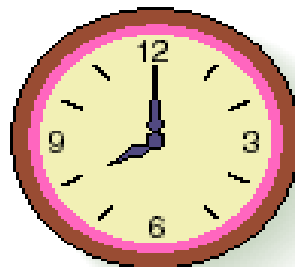
right patient



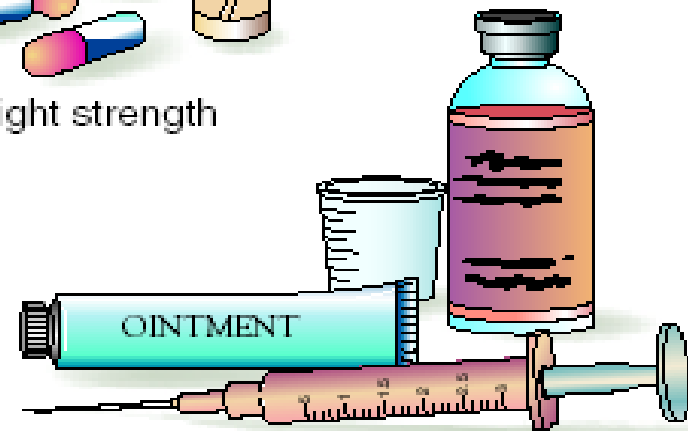
right drug



right strength



right time



right route



The Challenge

- We routinely manage prescription and over-the-counter medication under the supervision, advice and consent of a physician.
- Are we in compliance?

Research

Adherence to Drug-Dispensation and Drug-Administration Laws and Guidelines in Collegiate Athletic Training Rooms

L Kahanov et al - San Jose State Univ Journal of Athletic Training
2003;38(3):252-258

- **Results:** Adherence scores were collected from 168 college and university ATCs. The data suggest that ATCs in most athletic training rooms are still not complying with federal drug laws.
- **Conclusions:** Athletic trainers should work in conjunction with members of the sports medicine team to review federal and state laws and revise institutional drug policies and procedures to comply with regulations in order to provide the best health care to student athletes in a legal and safe manner.



Textual Resources

Corson, Patel, Navitskis, Reifsteck, Ward, Policies and Procedures in Athletic Training for Dispensing Medication. Athletic Therapy Today, Jan 2005

Houglum, Harrelson, & Dunn, Principles of Pharmacology for Athletic Trainers, SLACK

Mangus & Miller, Pharmacology Application in Athletic Training, FA Davis

“Top 10” areas of improvement

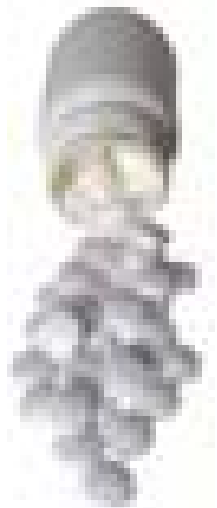
1. Policy Procedure Manual
2. OTC in the ATR and medical kits
3. Storage
4. Record Keeping
5. Unsecured Medications
6. Re-packaging
7. Agency and Authorization
8. Samples
9. Controlled Substances
10. Expired Medications



We Take Our Drugs Seriously.™

Case Study One

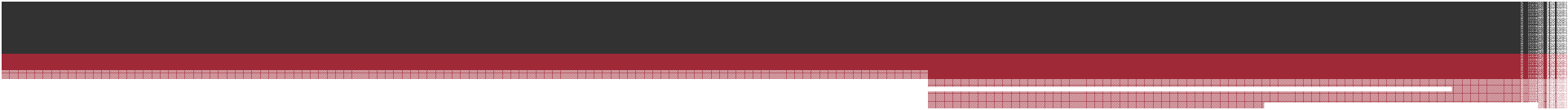
- To save money the head athletic trainer purchases the medications in bulk and the athletic training students “re-package” the medications in to smaller containers for the travel kits.
- Following the FDA, DEA, and OSHA guidelines, why is this not appropriate?



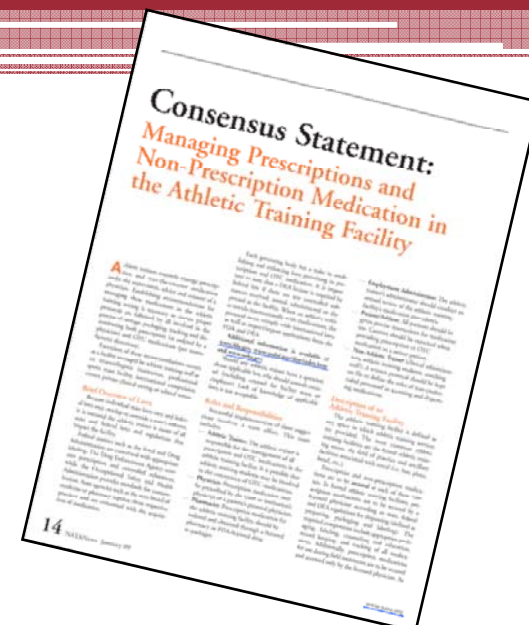
Brief Overview of Laws

Federal - State Jurisdictions

- Occupational Health and Safety Administration (OSHA)
- Drug Enforcement Administration (DEA)
- Food and Drug Administration (FDA)
- State Board of Pharmacy (SBOP)
- State Board of Medicine (SBOM)
- State Board of Athletic Training (if applicable)

- 
- Each governing body has a stake in establishing and enforcing laws pertaining ALL medications.
 - DEA license required by federal law if there are any controlled substances received, administered or dispensed at the facility.
 - International travel with medications requires protocol compliance with international laws as well as import/export applications from the FDA and DEA.
 - If you have a question about applicable law, consult counsel or SBOP.
 - ***Lack of knowledge of applicable laws is not acceptable.***

Roles and Responsibilities



Stakeholders

- *Athletic Trainer*: Responsible for the management of all medications in relation to health care.
- *Physician*: Prescription medication may be prescribed by the team or institution's physician or a patient's personal physician.
- *Pharmacist*: Prescription medication for the ATR should be ordered and obtained through a licensed pharmacy or FDA-licensed drug re-packager.

- *Employment Administrator*: The athletic trainer's administrator should conduct an annual review of the athletic training facility's medication procedures.
- *Patient/Athlete*: All patients should be given precise instructions for medication use.
 - Caution should be exercised when providing prescription or OTC medication to a minor patient.
- *Non-Athletic Trainer* (clinical administrators, athletic training students, coaching staff):
 - A written protocol should be kept on file to define the roles of non-credentialed personnel in accessing and dispensing medications.

Athletic Training Facility

- Defined as any space in which athletic training services are provided.
 - Formal athletic training room
 - Field of practice
 - Ancillary facilities associated with travel (i.e. bus, plane, hotel, etc.).
- Prescription and non-prescription medications are to be secured at each of these venues.



In formal athletic training facilities

- Rx medications are to be secured by a licensed physician according to State, Federal and DEA regulations for dispensing.
 - Required components include appropriate packaging, labeling, counseling and education, record keeping, and tracking of all medications.
- Rx medications for use during field treatments are to be secured and accessed only by the licensed physician.

Dispense vs. Administration

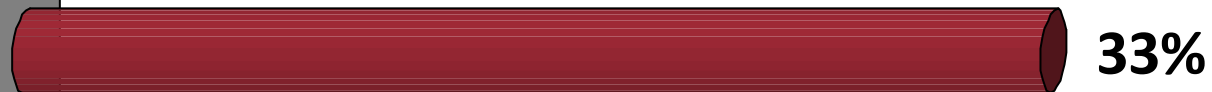


As an ATC I can _____ Medications.

1. Dispense



2. Administer



3. Not sure



Who can dispense?

- Only someone licensed by the state may dispense.
 - Examples, Pharmacist, Physician, Physician's Assistant, Nurse Practitioner
 - One cannot delegate this authority to a non-licensed personnel.



Definition of Dispensing

- 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.

Just the facts. . .

- Non-prescription medications may include OTCs both oral and topical.
- All nonprescription medications should be administered only for the conditions for which they are designated.
- Each individual receiving the medication should be informed of the medication and how s/he should take it.
- OTC medications stored in traditional areas or travel kits should be inspected routinely for quality, integrity and security.

Recommendations

- Athletic training facility is not required to store or distribute prescription and/or OTC medication.
- If you opt to have medications on hand, develop a “*Policy and Procedure of Medication Use*” document to include recommendations for managing medication.

Storage

- Environmental Control
 - OTC and prescription medications should be stored in a locked metal cabinet that is environmentally controlled (dry temperature between 59 - 86° F) and secured by tamper-proof locks.
- Controlled substances must be stored separately from other medications within the locked cabinet, as must sample packs.
- Accessibility
 - Storage area should be inaccessible to athletes and other unauthorized individuals (coaches).
 - Access (keys) limited to the facility's authorized personnel.
(ATC, MD, DO, PA, etc)



Verification

- Have a DEA certificate identifying the physician responsible for the prescription medication on hand.
 - DEA certificate is not required, but it establishes the athletic training facility as a specific location where the physician conducts his/her practice.
 - For the purpose of receiving, storing, administering or dispensing controlled substances, it is absolutely necessary.
- A facility may not own medications.
 - Only a licensed individual (physician) or entity (pharmacy) may do so.

Athlete to Athletic Trainer Agency

- Must exist in writing as the caretaker (Coach/ATC) of medications for the athlete.
 - Extra asthma inhaler
 - If you go to pharmacy and pick up the medication without a signed note, you and the pharmacy are in violation
- HIPAA considerations
- Is the Athlete a minor?

Packaging/Labeling

- OTC medications should be maintained in single-dose packets, complete with information required by the FDA's 7-point label guideline:
 1. Name of the product
 2. Name and address of the manufacturer; packet or distributor
 3. Net contents of the package
 4. Established name of all active ingredients and the quantity of certain other ingredients, whether active or not
 5. Name of any habit-forming drug contained in the preparation
 6. Cautions and warnings needed to protect the consumer
 7. Adequate directions for safe and effective use

Reading the Label

size of container

National Drug Code number

dosage form

trade name

generic name

Exp. Date

100 tablets

Tylenol[™]

with codeine

ACETAMINOPHEN AND CODEINE PHOSPHATE

TABLETS No. 2

Each tablet contains:
codeine phosphate 15 mg
warning—may be habit forming
acetaminophen 300 mg

Caution: Federal law prohibits dispensing without prescription.

McNeil Pharmaceutical
MCNEIL, ITC
Spring House, PA 15477
© McNeil '93 B02-10-072-1

3 00450 51160 7

THE McNEIL GROUP

usual dosage and frequency of administration

precautions

storage instructions

dosage strength

warning

Usual Adult Dosage: One or two tablets every four hours as required.

Control: For prescribing information, see accompanying product literature. This is a bulk container, not intended for household use.


Dispense in light, light-resistant container as defined in the official compendium.


Storage: controlled room temperature (20-25°C, 68-77°F), vinyl, impaled "MCKEIL," "TYLENOL CODEINE 2"

 MEDICATION SHOULD BE TAKEN WITH PLENTY OF WATER

 CAUTION THIS DRUG ALONE OR WITH ALCOHOL MAY IMPAIR YOUR ABILITY TO DRIVE

 **IMPORTANT**
FINISH ALL THIS MEDICATION UNLESS OTHERWISE DIRECTED BY PRESCRIBER.

 MAY CAUSE DROWSINESS. ALCOHOL MAY INTENSIFY THIS EFFECT. USE CARE WHEN OPERATING A CAR OR DANGEROUS MACHINERY.

 SHAKE WELL BEFORE USING

 CHEW TABLETS BEFORE SWALLOWING


 May Cause DROWSINESS

FOR THE *ear* 

 FOR EXTERNAL USE ONLY


 MAY CAUSE DISCOLORATION OF THE URINE OR FECES

 TAKE WITH FOOD

 Do Not Take Dairy Products, Antacids or Iron Preparations Within 1-Hour of this Preparation

 DO NOT DRINK ALCOHOLIC BEVERAGES when taking this medication

 DO NOT TAKE WITH NITRATES

 KEEP IN REFRIGERATOR DO NOT FREEZE 01175

IF YOU ARE TAKING BIRTH CONTROL PILLS, CONTACT YOUR PHARMACIST BEFORE TAKING THIS MEDICATION

When a patient receives a prescription, it will sometimes include labels that provide instructions for how to properly self-administer the medication. These labels use color and logos to communicate their message.

Packaging/Labeling

- Prescription ointments, creams and inhalers should be individualized.
 - Because OTC and prescription medications should not be repacked by ATC/ATS, the purchase of unit-of-use packages are preferred over bulk containers.
 - Repackaging brings concerns of accountability, contamination and legality with federal and state practice acts.

Distribution

- All prescription and non-prescription medication should be distributed under the advice and consent of the prescribing physician.
- If the physician is not accessible, there should be a standard written protocol in place that an athletic trainer can follow.
- Treatment protocols (ionto/phonophoresis) are commonly drafted to allow administration of topical medications under the direction of a physician.
 - Documentation for the prescribing physician's records should be placed in the individual's chart.

Documentation

- Both prescription and OTC medication “should be” recorded at the athletic training facility to maintain inventory control and include:
 - Patient's name
 - Injury/illness
 - Medication given
 - Dose and Quantity
 - Lot number (if possible)
 - Date administered or dispensed.
- All patient-specific information should be transferred to the individual's chart.
- Iontophoresis or phonophoresis medications should be prescribed specifically to the patient/athlete receiving treatment and the details should be noted in the individual patient's daily treatment log.

Audit/Inventory Control

- Inventory of OTC and prescription medications should be taken on a regular basis to reconcile the amount of medication distributed and ordered with the current amount available, as outlined in the institution's *Policy and Procedure of Medication Use*.



Emergency Medications

- They should be reviewed by a physician who advises and consents to the athletic trainer's distribution of such medication, as outlined in the *Policy and Procedure of Medication Use*, as well as Emergency Action Plan.
- It is appropriate and legal to use "physician's office stock" (i.e. prescription medication dispensed to the physician's own patients) for treatment of multiple individuals as long as the supply is properly labeled and stored.

Team Travel

- Athletic trainers who travel domestically should carry a formulary signed by an advising physician that identifies each ATC and prescription medication managed by the athletic trainer.
- Formulary should also include the preferred means of communication between the athletic trainer and prescribing physician while travelling.
- In cases of international travel, the athletic trainer and physician should coordinate medication management with the appropriate government agencies.

Case Study Two

- Your Physician's Kit is well stocked with prescription medications, such as naproxen and vicodin for use while you are on the road and the Physician is not present. Also you have several inhalers and epi-pins that you are holding for specific athletes, but it is labeled under the assistant ATC, because they always pick up the medications from the pharmacy.
- What are the glaring problems?

Disposal

- ALL EXPIRED medications MUST be disposed of properly, as recommended by the pharmacist from whom the medication was ordered.
- Do not flush or remove for personal use any medication, but especially controlled substances.
- Outline the disposal process in the *Policy and Procedure of Medication Use*.

Samples

- Sample medication provided to a physician must be distributed only by that physician and not by a certified athletic trainer.
- Records of acquisition, reconciliation and distribution should be maintained.
- Samples are not appropriate for travel bags and must be locked and stored separately from other medication.
- Samples must be labeled properly for the person for whom they are intended.



DIOFLAM
Ibuprofen
200mg Tablets

ALAMAG-PLUS
Ibuprofen 400mg Tablets

Chloro Flox
Cefaclor 250mg Tablets

GoodSense 324
Ibuprofen 324mg Tablets

ORALVY PLUS w/ MIBACINOL
Oral Suspension

MEKINACT TABLETS
Ibuprofen 400mg Tablets



AMINOEN MAX w/ APAP
Acetaminophen 325mg Tablets

I-Pirin
Ibuprofen 400mg Tablets

MEDI-PHEN
Phenylephrine 25mg Tablets

DIPHEN
Diphenhydramine 25mg Tablets

SELSORIN
Selsunolol 250mg Tablets

Calce-CYTES
Calcitonin Tablets



GEORGE PAPERLINDER
Pharmacist

Special Considerations

- Minors - It is generally accepted that minors are not provided over-the-counter medications without parental consent .
 - Some colleges and universities have studied the denial of prescription medication for underage students, with the decision to require a note from home to prescribe any type of medication
 - For instance, Arizona's House Bill 2707 does not allow physicians to prescribe pills to minors without either written or oral permission from a parents.

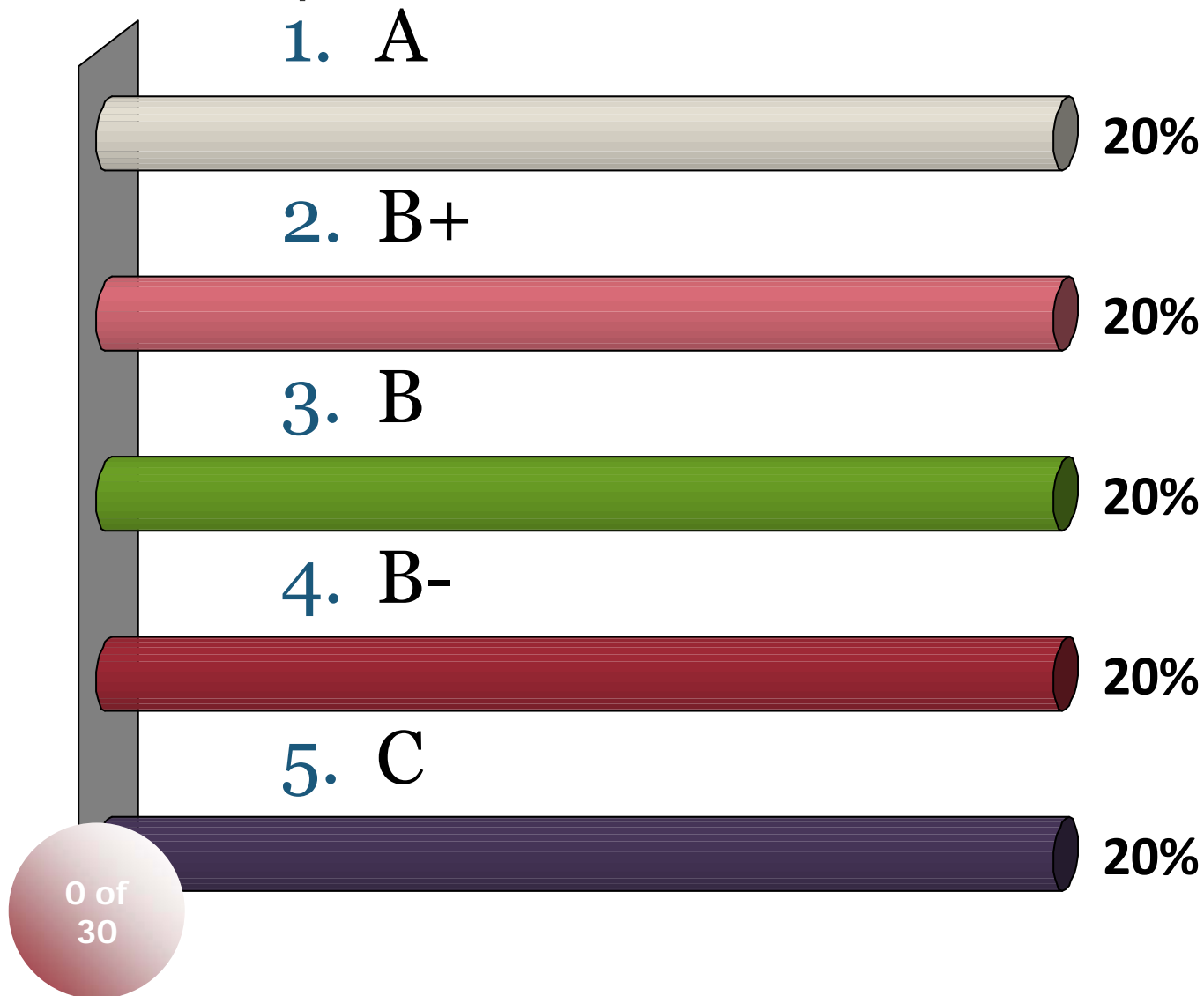
Epi-Pens and Short-Acting Beta-Agonist Inhalers

- Prescribed - dispensed by a licensed physician
- Appropriate education on use occurs at the time of dispensation from physician and/or pharmacist.
 - Athletic training facilities that have established protocols for use of such emergency medications under the direct supervision of a physician may allow for administration by an athletic trainer.
 - DEA certificate is recommended.

Consequences of Non-Compliance

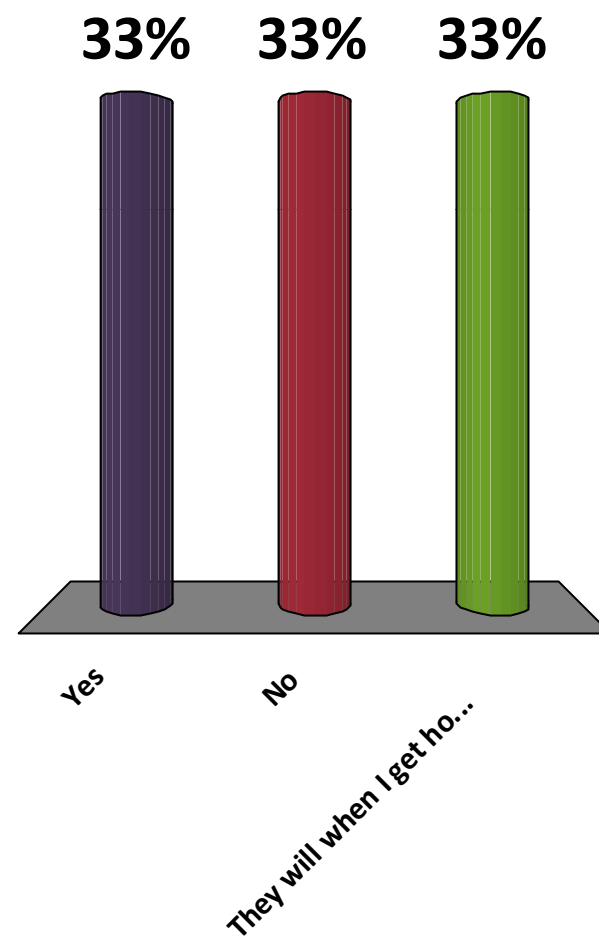
- Consequences for non-compliance range in severity.
- State, federal laws and DEA regulations can be used to determine non-compliance and any penalties or discipline derived thereof
 - Specific federal regulations include the Prescription Drug Marketing Act 21 CFR; Food, Drug, and Cosmetic Act 21 USC and 15 USC; and the Federal Controlled Substance Act 21 USC.
 - State laws can also dictate the consequences of non-compliance.
- Additional consequences beyond state and federal law may be extended through the Board of Certification Inc., and the state licensure board.
- This Consensus Statement should not be relied upon as legal advice, but rather as a guideline for best practices and a tool to help avoid foreseeable pitfalls.

What is the "grade" of your Medication Management after this presentation?



To my knowledge our Team Physician is aware of these Guidelines on Medications.

1. Yes
2. No
3. They will when I get home. 😊



Can this really happen to me?

- Arkansas
 - ATC dispensing controlled substances
- California
 - ATC accused of aiding and abetting non-licensed personnel, accused of prescribing without good faith examination
- Colorado
 - Wrongful termination suit brought by secretary, led to SBOP.
- Wisconsin
 - SBOP audit turned over to DEA – no certificate, no records etc controlled substances shipped to team, not individual.
- Washington
 - ATC self medicating
- Ohio
 - ATC self medicating, overdose, reported by MD, no DEA certificate, no records
- Philadelphia
 - NFL ATC dispensing of controlled substances
- Kansas
 - SBOP walks into training room, student trainers repackaging medications in the back room

Conclusion

- Decisions associated with management of prescription medication are up Athletic Trainers and supervising physicians.
- The NATA Consensus Statement should be used as a template for the Sports Medicine Professional to apply to each individual setting.
- A “*Policy and Procedure of Medication Use*” document may not protect an athletic trainer completely in the event of outside scrutiny associated with medication management , but a written protocol may help ensure that a good faith and meaningful effort to involve all concerned parties has been made.

Sports Pharm Program

- Compliance
 - Forms
 - Policy and Procedure
- Software Tracking System
- Rx and OTC Medication
 - Online / Software Ordering
- Prescription Reimbursement

- Cost: \$500 for software and the school gets an immediate \$500 credit with the pharmacy.



We Take Our Drugs Seriously.SM

Questions . . .

Thank you!