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# Consensus Statement:

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

**A**thletic trainers routinely manage prescription and over-the-counter medication under the supervision, advice and consent of a physician. Establishing recommendations for managing these medications in the athletic training setting is necessary to ensure proper protocols are followed by all involved in the process of storage, packaging, tracking and disseminating both prescription (as ordered by a physician) and OTC medications (per manufacturer directions).

Execution of these recommendations occurs at a facility managed by athletic training staff at an intercollegiate institution, professional sports team facility, international competition center, private clinical setting or related venue.

### Brief Overview of Laws

Because individual state laws vary and federal laws may overlap or override a state's statutes, it is essential the athletic trainer is aware of all state and federal laws and regulations that impact the facility.

Federal entities such as the Food and Drug Administration are concerned with appropriate labeling. The Drug Enforcement Agency oversees prescription and controlled substances, while the Occupational Safety and Health Administration provides standards for contamination. State agencies such as the state board of medicine or pharmacy regulate those respective practices and are concerned with the acquisition of medication.

Each governing body has a stake in establishing and enforcing laws pertaining to prescription and OTC medication. It is important to note that a DEA license is required by federal law if there are any controlled substances received, stored, administered or dispensed at the facility. When an athletic trainer travels internationally with medications, the protocol must comply with international laws as well as import/export applications from the FDA and DEA.

Additional information is available at [www.fda.gov](http://www.fda.gov), [www.usdoj.gov/dea/index.htm](http://www.usdoj.gov/dea/index.htm) and [www.osha.gov](http://www.osha.gov).

Should any athletic trainer have a question about applicable law, s/he should consult counsel (including counsel for his/her team or employer). Lack of knowledge of applicable laws is not acceptable.

### Roles and Responsibilities

Successful implementation of these suggestions involves a team effort. This team includes:

- **Athletic Trainer:** The athletic trainer is responsible for the management of all prescription and OTC medications in the athletic training facility. It is possible that athletic training students may be involved in the conveyance of OTC medications.
- **Physician:** Prescription medication may be prescribed by the team or institution's physician or a patient's personal physician.
- **Pharmacist:** Prescription medication for the athletic training facility 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.

### Description of an Athletic Training Facility

The athletic training facility is defined as any space in which athletic training services are provided. The most common athletic training facilities are the formal athletic training room, the field of practice and 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, prescription medications are to be secured by a licensed physician according to state, federal and DEA regulations for dispensing (defined as preparing, packaging and labeling). The required components include appropriate packaging, labeling, counseling and education, record keeping, and tracking of all medications. Additionally, prescription medications for use during field treatments are to be secured and accessed only by the licensed physician. As

with field treatment, ancillary facilities provide a unique challenge because the dispensing physician is responsible for securing and dispensing all prescription medications.

Non-prescription medications can be administered (defined as the direct application of a single dose of a drug) by the certified athletic trainer under the direction of a physician. Non-prescription medications may include OTCs both oral and topical. All non-prescription 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. Over-the-counter medications that are stored in traditional areas or travel kits should be inspected routinely for quality, integrity and security.

### Recommendations

An athletic training facility is not required to store or distribute prescription and/or OTC medication. However, for those facilities that opt to have medications on hand, suggestions for the management of both prescription and OTC medications are enumerated below. It is suggested that athletic training facilities develop a *Policy and Procedure of Medication Use* document that includes these recommendations for managing medication.

**Storage:** All 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 manufacturers' samples. This storage area should be inaccessible to athletes (and other unauthorized individuals), with access (keys) limited to the facility's authorized personnel (certified athletic trainers and physicians).

**Verification:** Each athletic training facility should have a DEA certificate identifying the physician responsible for the prescription medication on hand. A 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.

**Packaging/Labeling:** OTC medications

should be maintained in single-dose packets, complete with information required by the FDA's 7-point label guideline':

1. The name of the product
2. The name and address of the manufacturer, packer or distributor
3. The net contents of the package
4. The established name of all active ingredients and the quantity of certain other ingredients, whether active or not
5. The 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

Prescription ointments, creams and inhalers should be individualized. Because OTC and prescription medications should not be repacked by a certified athletic trainer, the purchase of unit-of-use packages may be preferred over bulk containers (which may be inappropriate for athletic trainers due to the need to repackaging). 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. In cases where the physician is not accessible, there should be a standard written protocol in place from the physician that an athletic trainer can follow. Treatment protocols with iontophoresis or phonophoresis are commonly drafted to allow athletic trainers to administer topical medications under the direction of a physician. Documentation for the prescribing physician's records should be placed in the individual's chart. Distribution of OTC medication should follow the manufacturer's instructions and guidelines, as well as the protocols established by the facility. This is especially important when minors are involved. If instructed by the physician, the athletic trainer can assist with the dispensing process.

**Documentation:** Distribution of both prescription and OTC medication should be recorded at the athletic training facility to maintain inventory control. Information on the log sheet should include the patient's name, injury/illness, medication given, dose, quantity, lot number (if possible), and the 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:** Use of medications intended for emergency applications should be reviewed by a physician who advises and consents to the athletic trainer's distribution of such medication. Approved usage of these medications should be outlined in the *Policy and Procedure of Medication Use*, as well as any emergency planning documents (i.e. *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 OTC and prescription medication managed by the athletic trainer. The 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.

**Disposal:** Expired prescription and OTC medication should be disposed of properly, as recommended by the pharmacist from whom the medication was ordered. It is advisable to avoid simply flushing or removing for personal use any medication, but especially controlled substances. The disposal process should be outlined in the institution's *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 stored separately from other medication.

Samples must be labeled properly for the person for whom they are intended.

## 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 parent.<sup>2</sup>

### — Epi-Pens and Short-Acting Beta-Agonist Inhalers

These should be prescribed and dispensed by a licensed physician directly to the patient. 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 (see general guidelines above) may allow for administration by an athletic trainer when conditions require. In addition, a DEA certificate is recommended.

### — Other

Phoresis treatments and topical applications should follow these guidelines:

Athletic trainers may administer medications by phoretic means under the direction of a licensed physician where permitted by law. Stock medications stored on site and used to treat multiple individuals must be properly labeled in the name of the licensed physician responsible for the athlete's medical care. A protocol detailing proper procedures should be maintained on file in the athletic training facility. The administration or use of medications ordered for specific individuals should also be addressed in the *Policy and Procedure of Medication Use* document. In addition a DEA certificate is recommended.

## Consequences of Non-Compliance

Consequences for non-compliance with the management and administration of medications in the athletic training facilities range in severity. Both state and 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.

## Conclusion

Ultimately, the decisions associated with management of prescription medication are up to athletic trainers and physicians, who offer advice and consent to managing medications. These recommendations should not be considered mandates, but rather a template for the athletic trainer to apply to his/her 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 having a written protocol in place may help ensure that a good faith and meaningful effort to involve all concerned parties has been made.

## References

1. Kahanov L, Furst D, Johnson S, Roberts J. Adherence to Drug-Dispensation and Drug-Administration Laws and Guidelines in Collegiate Athletic Training Rooms. *J Athl Train*. 2003;38:252-8.
2. Ferguson J, Kuder J. Drugs Could be Denied to Minors with No Permission. The Arizona Wildcat, 2006. <http://media.wildcat.arizona.edu/media/storage/paper997/news/2006/02/20/News/Drugs.Could.Be.Denied.To.Minors.With.No.Permission-1619860.shtml>. Accessed August 15, 2008.

## Disclaimer

The National Athletic Trainers' Association and the Inter-Association Task Force to Develop Guidelines Regarding Prescription and OTC Medication in the Athletic Training Room advise individuals, schools, athletic training facilities and institutions 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

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