SCHOOL NURSE ORGANIZATION OF WASHINGTON

SNOW Position Statement: Alternative Medicine Use in the School Setting

History:

Alternative and complementary medicine includes products or practices not currently used, accepted, or available in conventional medicine. *Alternative* medicine is any practice that is available to the public but not integrated into standard medical practice. *Complementary* implies that the practice could be applied along with conventional medical care.

Herbals (also called botanicals, dietary or nutritional supplements, or phytomedicinals) are products that can be purchased without a prescription. These products have not been regulated by the U.S. Food and Drug Administration (FDA) until recently. Current regulations apply only to product label information. Consumers may believe that a product marketed as "all natural" or "not a drug" is a treatment with no risk of side effects or less costly than a prescription drug.

The Dietary Supplement and Health Education Act (DSHEA) of 1994 addresses "supplements," including herbs, vitamins, and minerals. DSHEA does not require proof of product safety, purity, or bioavailability of the active ingredients. Manufacturers' labels may state effects on body functions but cannot make claims about treatment for any disease or condition. (FDA approval is required for claims on treating a condition.)

The U.S. Pharmacopoeia (USP) sets standards for product quality and label information by verifying that the declared ingredients are actually present in the product and by inspecting the manufacturing processes. However, the USP does not regulate claims made for product use. Manufacturers' participation in USP review is voluntary.

In addition to the product regulation issues, there are no standardized dosing guidelines, particularly for children's safe use of herbal products.

Description of Issue:

Parents sometimes request that school staff administer non-traditional substances such as herbs, homeopathic preparations, essential oils, FDA non-approved drugs or other alternative, experimental medicines to their child while attending school or school sponsored events. There is little research regarding the safety and effectiveness of these products particularly in children. School districts are not in a position to determine the purpose for which a particular substance is taken. Therefore, all requests to administer any alternative substance to students must be reviewed by the school nurse for compliance with law and district policy and to determine if delegation of an alternative, non-traditional substance is safe and/or appropriate.

Rationale:

With heightened awareness of regulations governing complementary and alternative medicine, school districts and school nurses are advised to consult or investigate risk management principles and state laws to guide the development of policies and practices.

Health care professionals and school staff should not administer any substance to children without established safety guidelines, available information about side effects, possible toxic effects, appropriate dose for age and weight, and treatment for overdose. At present, herbal products are not fully regulated and may be sold unless the FDA can prove there is a danger.

Manufacturers can make claims for the effects of these products without independent research. The bioavailability (the amount absorbed from a dose) of a specific dose of an herbal product cannot be assured across manufacturers nor from batch to batch unless the product is marked USP or NF (National Formulary) indicating voluntary compliance with standards of identity, strength, quality, and purity.

Poison control centers have limited or nonexistent treatment guidelines for overdoses from unregulated, alternative substances, especially those that are not labeled, are experimental or have question regarding purity or potency.

Conclusion:

It is the position of SNOW that school districts have written medication policies and procedures that focus on student safety and are consistent with federal and state law, nursing practice law and standards of practice, established safety guidelines, and scientific information and research. Requests to administer or permit a student to carry and self-administer an alternative substance for relief of a condition or symptom or prevention of a health-related concern should be regarded as a medication request. The school nurse should assess each request giving consideration to: purpose and need to be given at school, current research, established safety guidelines or regulations, available information about therapeutic effects, side effects, possible toxic effects, appropriate dose for age and weight, and treatment for overdose. These substances should never be administered without a written licensed healthcare provider order.

Policies regarding staff administration or student self-carry of any medication or product should be applied consistently with all students. Policies should not prohibit parents/guardians from administering the product to their own children and should be sensitive and respectful to their perspective and preferences for healthcare working collaboratively to find safe solutions for administration at school.

SNOW suggests that an advisory council or committee, whose participants include local pediatric health care professionals, pharmacists, and persons who are knowledgeable about current research on complementary and alternative medicines, be formed at the local level. If needed, such an advisory group can assist in drafting policies that focus on student safety and scientific knowledge.

References/Resources:

Alaska Division of Public Health, School Nursing/School Health Program (2014).Best practice statement: Use of alternative medications and essential oils at school.

American Academy of Pediatrics. (2009*). Policy Statement: Guidance for the Administration of Medication in School.112* (3). **doi:** 10.1542/peds.112.3.697

Black LI, Clarke TC, Barnes PM, Stussman BJ, Nahin RL. (2015). Use of complementary health approaches among children aged 4–17 years in the United States: National Health Interview Survey, 2007–2012 (300KB PDF). National health statistics reports; no 78. Hyattsville, MD: National Center for Health Statistics.

Dietary Supplement Health and Education Act of 1994, 103 P.L. 417, 108 Stat. 4325

Ernst E. (2010). Homeopathy: what does the "best" evidence tell us? *Medical Journal of Australia*. 192(8):458-460.

Friedman E. (2017).Essential oils in the treatment of childhood ADHD. Personal communication. University of Washington School of Public Health.

National Health and Medical Research Council (Australian Government). NHMRC *Information Paper: Evidence on the Effectiveness of Homeopathy for Treating Health Conditions.* National Health and Medical Research Council Web site. Accessed at www.nhmrc.gov.au/guidelines-publications/cam02 on January 18, 2018.

National Institutes of Health - National Center for Complementary and Integrated Health.

Office of Superintendent of Public Instruction (2015). Guidelines for medication administration at school. Olympia.

Posadzki P, Alotaibi A, Ernst E. (2012). Adverse effects of homeopathy: a systematic review of published case reports and case series. *International Journal of Clinical Practice.* 66(12):1178-1188.

Schor H. (2013). Homeopathy. In: Goldblatt E, Snider P, Rosenthal B, et al., eds. *Clinicians' and Educators' Desk Reference on the Licensed Complementary and Alternative Healthcare Professions.* 2nd ed. Seattle, WA: Academic Consortium for Complementary and Alternative Health Care.

Stub T, Musial F, Kristoffersen AA, et al. (2016).Adverse effects of homeopathy, what do we know? A systematic review and meta-analysis of randomized controlled trials. *Complementary Therapies in Medicine.* 26:146-163.

U.S. Food and Drug Administration. *Manual of Compliance Policy Guides. Sec. 400.400. Conditions Under Which Homeopathic Drugs May Be Marketed.* U.S. Food and Drug Administration Web site. Accessed at: www.fda.gov/ICECI/ComplianceManuals/CompliancePolicyGuidanceManual/ucm074360.htm September 4, 2018.

Washington State Department of Health (2014). Who can prescribe/administer/possess legend drugs and/or controlled substances in Washington state? DOH 690-158. Olympia.

Washington State Nursing Care Quality Assurance Commission (2014). Registered nurse delegation in school settings. Number: NCAO 4.0.

Author: Lorali Gray, MEd, BSN, RN, NCSN

Adopted: October 12, 2018

Suggested Citation: School Nurse Organization of Washington (2018). Alternative Medicine Use in the School Setting (Position Statement). Author.