



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 1997 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 may request that school staff administer herbs and other alternative medicines to their child if the request is:

- 1) in accordance with the school's policy on over-the-counter medicines, or
- 2) apart from the policy by suggesting that the product is a food and not subject to any restriction.

Prior to administration of herbal or other products the school nurse should consider:

- 1) the state nursing practice act regulations,
- 2) written school policies on the matter, and
- 3) whether there is a significant risk to student safety by administering a product that lacks published data in standard references about its safety, efficacy, and dosages for children.

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 should not administer to children any substance without any established safety guidelines. 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.

CONCLUSION:

It is the position of SNOW that school districts need written policies and procedures that focus on student safety and are consistent with state laws, nursing practice standards, established safety guidelines, and scientific information. Requests to administer or permit a student to carry a 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 for administration or student self-administration of herbal or alternative medicine and consider the current research.

Policies should not permit students to carry nor permit a school nurse or other staff to administer any product that could be considered a drug, including "natural remedies," herbs, vitamins, dietary supplements, homeopathic medicines, or medications from other countries, without the following: 1) a written order from a health care provider authorized to prescribe in that state and that includes the diagnosis or condition for which the product is being used, 2) a written request from the parent/guardian, 3) verification that the product and requested dosage are safe for the student (considering age, body weight, and condition), and 4) reasonable information about therapeutic and untoward effects and interactions. Policies regarding administration or carrying 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 at school themselves.

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. Such an advisory group can assist in drafting policies that focus on student safety and scientific knowledge.

The use of herbal and other alternative or complementary medicines represents a health teaching opportunity and responsibility. Consumers should look for the USP or NF symbol for product consistency and quality, an expiration date and batch number on the container, and how to contact the manufacturer for information or to report a problem.

References/Resources:

American Academy of Pediatrics, Committee on Children with Disabilities (2001) "*Counseling families who choose complementary and alternative medicine for their child with chronic illness or disability.*" Pediatrics 107(3):598-601.

Dockrell T.R. and Leever J.S. (2000) "*An overview of herbal medications with implications for the school nurse.*" Journal of School Nursing 16(3):53-58.

Graham D.M. and Blaiss M.S. (2000) "*Complementary/alternative medicine in the treatment of asthma.*" Annals of Allergy, Asthma, & Immunology 85:438-449.

Lamarine R. J. (2001) "*Alternative medicine: More than a harmless option.*" Journal of School Health 71(3):114-116.

National Center for Complementary and Alternative Medicine (which conducts and facilitates research), National Institutes of Health: www.nccam.nih.gov/

Patterson S. and Graf H. (2000) "*Integrating complementary and alternative medicine into the health education curriculum.*" Journal of Health Education 31(6):346-351.

Schwab N.C. (2000) "*Legal issues for school nurses.*" School Health Alert, October 2000 (supplement).

Schwab N.C. and Gelfman M.H. (2001) *Legal Issues in School Health*. North Branch, MN. Sunrise River Press.

Waddell D.L. (2001) "*Three herbs (kava, St. John's wort, ginkgo) you should get to know.*" American Journal of Nursing 101(4):48-54.

American Botanical Council. Herbal information. www.herbalgram.org

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