



Practice Guideline:

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Medication Management for Day and Resident Camps
Adopted 2007; Revised 2013; Revised 2020

These statements assume that a registered nurse (RN) or physician (MD), licensed by the State in which the camp is located, oversees and periodically reviews the camp's medication processes. In addition, the overseeing RN or MD must be familiar with pertinent State requirements, American Camp Association (ACA) Standards, and Association of Camp Nursing (ACN) Standards of Camp Nursing germane to medication management.

1. That clients – especially parents and employees – are informed about the scope of medication services offered by the camp, confidentiality practices, the credential of the professional(s) who oversees medications on a day-to-day basis, other staff who may participate in the medication process (e.g., trip staff), and the potential for exceptions to these practices.
2. That information about each individual's medication profile is reviewed prior to camp by the overseeing RN or MD and a determination made as to the effectiveness of the individual's medication plan in relation to the camp's environment and program, and a plan developed to support the determination. This is particularly important for medications used to manage chronic conditions, including mental, emotional and social health diagnoses.
3. Camp medications should arrive in appropriate packaging. This packaging should be the prescription bottle, or other pre-packaged container from a pharmacy labeled with the 5 rights of medication administration (patient, drug, dose, route, time). Any prescription medication that arrives without appropriate labeling should not be accepted for distribution. For OTC medications brought by campers, the camp should have standing orders for use of the medication or a prescriber's order for the medication.
4. That the camp has documented (written) its medication policies and practices, especially:
 - a. The camp's definition of "medication" (e.g. "any substances used to maintain and/or improve health").
 - b. A description of how medications will be accepted and under what circumstances medication may be refused (inappropriate packaging, wrong name on label, incorrect dose on label, etc).
 - c. The location and security of medications at camp, including refrigerated medications, those used for emergency purposes, and those in the personal possession of an individual (e.g., inhalers, epinephrine).
 - d. A description of how daily, routine medications are given to clients and recorded.
 - e. A description of how "as needed" medications are given and recorded.
 - f. A medical protocol annually signed by a licensed prescriber (per state regulations) that describes the circumstances and doses under which the camp's stocked medications are given.
 - g. The camp's process for reviewing a medication use that is unusual or falls outside the camp's protocols.
 - h. A list of emergency or rescue medications that may be carried by individuals and the guidelines for using these medications. At minimum, the camp has epinephrine available as an emergency medication.
 - i. Designation of what medications, if any, are stocked in what first aid kits (tripping program, kitchen's first aid kit, waterfront kit, etc).
 - j. A protocol describing how medication errors are handled, to whom they are reported, and how the incident is documented.
5. That the camp identifies exceptions to its routine medication practices, exceptions such as insulin used to manage

diabetes, and articulate an alternative method of oversight that complements the exceptions.

6. That all administered medication is appropriately charted (recorded) and that these records are part of permanent health records. Note: charting should include documenting therapeutic effect. While it may not be feasible to document therapeutic effect each day, at minimum a notation should appear (a) on the day the camp assumed responsibility for giving the medication, (b) at appropriate intervals thereafter, and (c) upon return of the medication.
7. That parents and/or physicians be notified when there are questions about medication and that this contact – including attempts to contact – be appropriately documented.
8. That delegation of medication responsibilities is initiated only by the overseeing RN or MD who, at minimum, (a) selects an appropriate person for the task, (b) trains the person to that task, and (c) provides oversight to ascertain that the task was appropriately completed. A person to whom a medication task has been delegated may not, in turn, pass the task to someone else.
9. That the person who distributes routine (daily) medications to clients does, in fact, give the **correct medication** to the **appropriate person** in the **accurate dose** at the **appropriate time** via the **correct route**. If the camp's medication distribution policies for staff (legal adults) are different than those for campers, the staff are appropriately informed.
10. That remedies labeled with non-English information have label information translated to English or the camp has identified an information resource for international remedies.
11. That deviations from the camp's medication protocols are brought to the overseeing healthcare professional for interpretation.