



## Medication Management:

### *Common Questions from Camps - And The Answers*

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*April 2022 – This information is specific to the United States. It is not exhaustive; rather, it focuses on questions frequently asked of staff at the Alliance for Camp Health. Comments should be interpreted in line with a given State’s regulations and each camp’s culture.*

Every spring, indeed year-round, the Alliance for Camp Health (ACH) fields questions from camp professionals – both nurses and non-nurses – regarding the management and administration of medication. Working with doctors, nurses, and other healthcare providers, ACH has created solid educational resources for camp professionals; these may be included in the specific comments that follow, listed at the end of this content, and/or available on ACH’s website ([www.AllianceForCampHealth.org](http://www.AllianceForCampHealth.org)).

The following review summarizes the most frequently asked medication questions. Overarching these comments are the following statements:

- ACH has published a medication guideline for camp nurses (available at [www.AllianceForCampHealth.org](http://www.AllianceForCampHealth.org)). Camp nurses are expected to follow these guidelines or have a legally defensible reason for not doing so, a reason that is shared with and approved by the camp’s administration.
- Medication decisions should be made by individuals with appropriate education to make these decisions. In most cases, this means a physician (MD), nurse practitioner (NP), registered nurse (RN), and/or a pharmacist.
- Giving a medication to an individual is different from making a medication decision. While professionals (e.g., MD, NP, RN, pharmacist) make decisions, ancillary camp staff – for example, the designated first aider on a camping trip – might, assuming direction from a healthcare professional, give a designated medication to a specific person at a designated time.
- Because regulations vary from State to State, especially those defining medication terms such as “administration” of medication, camp professionals ought to have their legal counsel review the camp’s written medication policies and practices. This is particularly important for parent and staff policies/practices.
- The statements presented are meant to guide, not define, camp practices and ought to be interpreted and applied in a manner sensitive to State regulations, professional practice guidelines, and the camp’s culture. In addition, it is assumed that camp professionals are following recommended practices around the concept of delegation. (Refer to “National Guidelines for Nursing Delegation” at [https://www.ncsbn.org/NGND-PosPaper\\_06.pdf](https://www.ncsbn.org/NGND-PosPaper_06.pdf) and ACH/s delegation practice guideline at <https://campnurse.org/publications/>.)

## 1. What is the definition of “medication” — does it include both prescription medication and over-the-counter drugs?

The definition changes based on who answers that question. The most important thing is for your camp to develop your own definition. Then you can develop your policies and practices around that. Some camps limit “medication” to those substances controlled by the U.S. Food and Drug Administration (FDA). Other camps broaden their definition to include any substance a person might use to maintain and/or improve their health. Such a definition brings vitamins, herbals, supplements, and other remedies under the medication umbrella. Still other camps have not defined the term (but ought to before their season begins). This is especially important so parents, campers and staff understand the scope of products that will fall under the camp’s medication policies and practices. [www.ACAcamps.org/campline/s-2010/medication-camp-mitigating-risks](http://www.ACAcamps.org/campline/s-2010/medication-camp-mitigating-risks)

## 2. What laws and regulations regarding medication management apply to my camp?

The answer is not a simple one. Some states have discrete regulations that direct camp practices surrounding medication. Other states have regulations that address only some aspects. And still other state regulations are silent; they say nothing about medications in the camp setting. In addition, there is often a distinction between regulations that direct the camp and those that direct a given individual (such as an RN or a first aider) when it comes to giving medications. The point is to:

- Know the regulations of the state in which the camp is located, paying particular attention to what is — and isn’t — said. [www.ACAcamps.org/campline/s-2010/medication-camp-mitigating-risks](http://www.ACAcamps.org/campline/s-2010/medication-camp-mitigating-risks)
- Understand and remain within the scope of practice for each individual handling an aspect of medication management. Their scope of practice is based on the credential that person holds. Medication policies and practices (e.g., direction) should be written and supported by orally delivered orientation/training.
- Explore other entities that may influence the camp’s medication policies. These include ACH, ACA Standards, and professional practice standards.

## 3. Who is allowed to manage medications at my camp?

The credential an individual must hold to manage – or oversee – medication at camp is state specific. Medication management decisions are influenced by pharmacy regulations, the state’s Nurse Practice Act, the medical (physician) regulatory body, and/or regulations for ancillary healthcare providers (e.g. EMTs) used by the camp.

- A physician (MD) or nurse practitioner (NP) are typically the only professionals who can determine what medication is to be used and under what circumstances. MDs/NPs accomplish this via prescriptions for controlled medications. Prescriptions may also include over-the-counter (OTC) medications; this especially true if insurances reimburse for prescribed (OTC) medication.
- An MD/NP delegates medication decision-making to an RN via written medical protocols that (a) are annually reviewed and signed by the MD/NP, and (b) specify (name) the medication used for each protocol. Medical protocols typically include both prescription and OTCs.

*Suggested Practice: Use the generic name of a medication rather than the med’s trade name (e.g., pseudoephedrine rather than Pseudofed®).*

- Even camps without a physician or RN on-site should have written healthcare policies and procedures that are reviewed by an appropriate physician or registered nurse and that specify medication management procedures consistent with the camp healthcare provider’s credential and scope of practice.
- Treatment procedures, including use of over-the-counter remedies for common illnesses and injuries, must be reviewed annually by a licensed MD/NP. (See [www.ACAcamps.org/campline/s-2000/managing-monitoring-and-administering](http://www.ACAcamps.org/campline/s-2000/managing-monitoring-and-administering))

#### **4. What do ACA standards say about having healthcare providers at camp? Do we have to have an RN at camp at all times?**

*ACA, not ACH, interprets its Standards for accredited camps. Camp professionals should contact their Standards Chair with their Standards questions. That being said, ACH strives to compliment ACA Standards. The following comments are provided with that compliment in mind.*

At a minimum, camps must be in compliance with all applicable state regulations. Then, for ACA-accredited camps, a designated healthcare provider must be available. Specifically, the ACA Standards direct that;

- Resident camps have a licensed physician or registered nurse who, at minimum, is on the camp site daily.

*This is an “at minimum” statement. ACH believes that camps should assess the health needs of their population (campers + staff) and have a provider available to meet those needs. This is especially important if people with chronic health conditions are at camp.*

- Day camps have a licensed physician or registered nurse with whom prior written arrangements have been made to provide consultation and other health supports to the camp.

#### **5. Regarding healthcare personnel, how does public perception, especially parental expectation, color the context in which medication is used or given?**

Parents often “just assume” that an appropriately credentialed healthcare provider is at camp during their child’s session. Indeed, the perception of what is “reasonably anticipated” often varies based on who is assessing that. Consequently, ACH recommends that a given camp use its written policies to, at minimum, explicitly describe (a) who provides camp healthcare, (b) times when that person may not be present at camp, (c) the credential held by and the experience of these providers, (d) the use of ancillary personnel to help with tasks such as medication, and (e) other camp-specific information that impacts medication processes. In addition and at minimum, a staff member with appropriate first aid and CPR skills should be with camper groups when the group is away from camp.

Risk management practices recommend that entities (such as a camp) provide for variance within policies. This might be communicated by statements such as “While it is our intention to have an RN available, there are times when this is not possible (e.g., nurse’s day off; unable to hire an RN;

camper group is out-of-camp). If this is concerning to you, please talk with [insert name/contact info for appropriate camp leader].”

## **6. Who can prescribe medication to campers once they are at camp?**

First and foremost, the camp ought to partner with parents. Use the camp’s written parent policies to clearly describe aspects of the medication process that may be impacted by the regulations and guidelines used by the camp. For example, refilling an out-of-state prescription may need approval by a physician licensed by the State in which the camp is located, or certain criteria must be followed for medication that comes to camp from home.

In addition, provide parents with a list of medications that are stocked by the camp and used based on the camp’s physician-signed medical protocols. This is often communicated via the camper/staff health history form, and includes a way for parents to “opt out” of medication they do not want given to their campers.

That said, only an MD/NP can “prescribe” medication, and both federal and state laws regulate prescription drugs. In the case of who can “decide which medications to give” (such as ibuprofen, antibiotics, vitamins) to a particular child — state laws provide the most pertinent regulation. Because state law varies, ask an attorney to determine what laws apply and describe the various state administrative agencies, including medical and nursing licensing boards, pharmacy boards, and agencies that oversee medication services.

*As discussed earlier, an MD/NP often uses annually signed, written medical protocols to transfer authority to make designated medication decisions to the camp’s RN. In this situation, the MD/NP is still prescribing the medication, not the RN. The RN is following the MD/NP’s direction.*

## **7. How are life-saving medications like EpiPens® handled at camp?**

There are state laws that govern the conditions under which emergency medications are given. In addition, pharmacy regulations come into play for medications overseen by the FDA. From a camp perspective, these regulations are most impactful when a camp stocks medications associated with life-saving, medications such as epinephrine, albuterol, and oxygen. The impact appears when state regulations (only) allow prescribing medication to an individual rather than an entity (e.g., camp). This can place a camp in a tough spot. On one hand, risk management acknowledges a responsibility to be prepared for reasonably anticipated events. The potential for anaphylaxis among children at camp is a reasonable potential; therefore, be prepared. On the other hand, camp policies also desire to comply with law (regulation). The rub between these two conflicting “goods” is the basis for ethical decision making, a concern shared by entities in addition to camps. It is very important that a camp discuss this issue with legal counsel and other pertinent stakeholders (e.g. liability insurance carrier). (Refer to [www.ACAcamps.org/campline/s-2010/medication-camp-mitigating-risks.](http://www.ACAcamps.org/campline/s-2010/medication-camp-mitigating-risks))

State regulations are changing as more regulators recognize that child-serving entities – like camps – need ready access to emergency medications. Know the status of the State in which your camp is located. In addition, carefully consider where these medications are located at camp. The locked

medication cabinet in a locked Health Center may not be the best choice, yet security of the medication(s) should be addressed.

Also consider who might carry these medications on their person or in the backpack over their shoulder. Some campers are quite capable of doing so; others are not. How will you determine this and might parents be involved in that decision? Perhaps certain staff can be so designated; who covers when that staff person isn't available? And when must use of the emergency med be reported – and to whom? As you think through this, also consider medications such as insulin and meds used to stop a threatening migraine. Such meds are needed in an urgent situation to prevent an emergency.

## **8. Who can give the more routine prescription and OTC medications that campers bring to camp?**

Giving individual doses of medication to staff and campers is a specific task and it comes with a skill set. “Giving a medication” may be done by an individual who has been trained, delegated and overseen to do so by an appropriate, credentialed healthcare provider (usually the RN who oversees or manages the medication process). Again, some states specify to whom this task may be delegated. The task of “giving a medication” does not include making medication decisions.

Recognizing that an RN, NP or MD will not be with all campers all the time to administer individual doses of medication, some states are implementing medication administration courses. Frequently written and/or approved by the state's Board of Nursing, these are short courses (often four to eight hours in length) covering the basics of how to give medications to individuals. These are not courses for managing or making medication decisions, but rather courses covering the basics of giving a medication properly. Camps are impacted in States implementing such courses and ought to include circumstances where the nurse is not available.

Just as a camp verifies that lifeguard credentialed staff can, indeed, perform those skills so, too, should a camp verify that an individual who has completed a medication course can, indeed, perform those skills. In addition, the individual needs to learn the camp's process for doing so. For example, where, how and in what timeframe should given meds be documented? If an unforeseen circumstances arises – perhaps the camper is vomiting – is the med held or given? To whom must the circumstance be reported and how soon? These and other questions influence the real skill level of the person who “gives” medication.

## **9. What do we do if a camper is leaving camp on an out-of-camp trip and needs medication? Who can give it?**

A camp nurse may not be available during activities at a remote area of the camp property, during overnights, when a group is doing out-of-camp activities or trips, or when a healthcare emergency occurs. In these circumstances, it is appropriate for a nurse to delegate an individual *with training* to administer a single dose of medication to specific individuals at a specific time. Preplan for this eventuality.

Tripping staff are classic examples of such individuals. They typically give medications needed by campers and are told to give the medications at a specified time. Delegating a task includes responsibilities for both parties, the person doing the delegation and the person accepting the task. Since medication delegation has a risk potential, it's advisable to pay attention to these responsibilities. Select an appropriate person for the task, adequately train the person, obtain the person's acceptance of the task, and put an oversight process in place — one that assesses that what one assumes is happening with medications is, in fact, occurring. (Access ACH's delegation practice guideline at [https://campnurse.org/publications/.](https://campnurse.org/publications/))

## **10. What about staff with prescriptions & OTCs? Can they keep their meds with them?**

Maybe, but often not. Assuming staff are legal adults and, in other settings, manage their own medications, these individuals are working in a child-centered environment called “camp.” Furthermore, some actually live with minors (aka: campers). Some State regulations actually direct that staff, who are with campers during activities and/or at night, may not keep their personal medications with them, but other State regulations are silent about this.

In most cases, the personal medications of staff are kept in the health center to assure security. Again, it is important to understand applicable regulations. While the healthcare provider at camp needs to understand the health needs of staff, the bottom line is that staff who are legal adults have a right to access their medication(s). This implies that an adult staff member who asks for their medication is given it even if the nurse disagrees with that decision. Such an action, however, does not exonerate the nurse; the nurse retains responsibility for assessment, stating the reason why s/he doesn't agree, and appropriately documenting that action. (Refer to ACH's *Scope & Standards of Camp Nursing Practice* [2017], available through ACH's online Camp Nurse Store.)

Assuming regulations allow, sometimes a given camp staff member may keep their personal medications. Food service staff, for example, often do not live with campers; their quarters are more secure. The same may be true for the camp director and some leadership staff. Thoughtfully consider who these individuals might be at your camp. At minimum, require that they secure their medications in some fashion (e.g., locked in their car's trunk; stored in a locked suitcase) and that “security” is documented accordingly.

## **11. With state laws about marijuana, what are the implications for my camp?**

Even though some states made purchasing, possessing, and using marijuana legal under state law, it is still generally illegal under federal law. And, importantly, even in these states, employers have the legal right to prohibit marijuana use by employees both on AND off the job. If you are inclined to accommodate the use of medical marijuana on or off your premises by your staff, consider the consequences. Even if you choose to allow such use, consider that there is a well-documented body of research identifying that use of marijuana impairs an individual's ability to function — and that impairment would logically extend to many traditional camp activities (e.g., driving vehicles; running a zip line or challenge course) as well as the supervision of co-workers and campers.

## **12. I understand that my camp should have written policies about medication management. What content should be in the policies?**

The information that follows should be tailored for the policy reader. This may be parents, general staff, or Health Center staff. Each type of reader brings their perspective into play as they interpret what the policy says. Strive for clarity in a way that minimizes off-putting content. ALWAYS include the name and contact information for the camp professional who can respond to individual questions.

Written medication policies often include:

- The camp's definition of medication (what falls under the policy and what does not).
- A description of how medication brought to camp should be packaged and under what circumstances a medication may be refused (e.g., inappropriate packaging; wrong name on prescription label; wrong dose on label).
- The location and security of medications, including refrigerated meds, those used for emergency purposes, and those in the personal possession of an individual (e.g., rescue inhalers, EpiPens).
- A description of how daily, routine medications are given to clients and documented.
- A description of how "as needed" medications are accessed and documented.
- A descriptive statement of the medical protocols/orders annually signed by an appropriately licensed MD/NP that describes the circumstances and doses under which the camp's stocked medications are used.
- The camp's process for reviewing a medication that has an atypical use or falls outside the camp's protocols.
- A list of emergency/rescue medications that might be carried by individuals, the parameters under which that decision is made, and the guidelines for overseeing these medications.
- Designation of what medications, if any, are stocked in what first aid kits (e.g., tripping, kitchen, waterfront), and a description of the training and oversight provided to staff who access these first aid kit medications.
- A protocol describing how medication errors are handled, to whom they are reported, and how the incident is documented.
- For staff: brief description of the camp's medication delegation practices and the name/contact information if more information is needed,
- The name and contact information of the camp professional who can respond to medication questions.
- See also [www.ACAcamps.org/campline/s-2010/medication-camp-mitigating-risks](http://www.ACAcamps.org/campline/s-2010/medication-camp-mitigating-risks)

## **13. Are there insurance implications for camps with regard to medications?**

Giving medication to people often has implications for the camp's liability insurance policy. Policies frequently include language excluding coverage for willful, intentional, or criminal acts. This *might* include using unlicensed personnel to give prescription meds and/or neglecting to give medication as directed by the label's instructions. If the camp's policy has such exclusions, the insurance company may decline coverage for claims related to the exclusions. Talk with the appropriate insurance representative to clarify exclusions related to your healthcare practices.

Insurance coverage is important. As readers know, it is designed to cover claims and provide an attorney should a tort (suit) be brought. With regard to camp healthcare, litigation is most common around medication policies and/or practices (or the lack of such policies/practices). To address the potential legal risks and insurance pitfalls, camps consult with their attorney, seek to understand the application of applicable laws, and monitor that camp policies are in compliance. Camp administrators should not only inform their insurance company of their healthcare policies and practices but also determine whether any language in those policies precludes coverage.

The insurance policies of camper parents and staff may also be impacted by medication actions or decisions taken by the camp, especially Health Center staff, without consulting the parent/staff member. For example, some prescriptions have specific refill directions. The individual may pay extra should that prescription be filled outside the insurance's parameters. Consequently, direct Health Center staff to talk with parents/staff when medication adjustments or refills are needed.

#### **14. What should be included in staff training (orientation) about medications?**

In general, all staff should understand the camp policies and practices that impact their personal medications as well as how they can access the camp's stock medications (e.g., meds given per medical protocol direction). In addition, explain why medications are secured, monitored, given per label direction, and the distinction between medication access for adults (staff) versus campers and minor staff members. These "boundaries" are often unfamiliar to staff who, up to this point, have made their own medication decisions and had ready access to their meds. Consequently, messages like these ought to be tactfully delivered and include comment as to who a given staff member can talk with should they have a concern about their medication.

*Caution: It can be quite disconcerting for staff with chronic health conditions such as diabetes, migraines, and asthma to have parameters put on medications they're used to carrying on their person and/or to which they usually have ready access. Prepare the appropriate Health Center staff (e.g, RN) to address concerns like this. What might be arranged for these staff?*

Staff should also understand and be willing to comply with the policies and practices surrounding camper medications. These often include:

- Identify the staff role and responsibility for making sure campers taking daily meds get those meds, something often asked of counselors living with campers.
- Understand the impact of medication on camper behavior both in groups as well as activities. This is particularly important for medications that maintain the camper experience (e.g., meds that calm allergy reactions; meds that support a psycho-social need; meds that help maintain the camper's chronic health condition).
- Reporting unusual camper behavior to the appropriate person (e.g., camp director; Health Center RN). Because of privacy concerns, staff won't always know why a particular camper takes a medication but staff have the most interact with campers in the cabin/group and at activities. Consequently, unusual camper behavior should not only be noted by staff but also reported to the appropriate person in a timely manner.

*Note: Some medications have specific impact upon certain activities or group interaction. Let staff know that they will be told about these situations when their work with the camper so directs (e.g., Susie's peanut allergy when on the canoe trip;*



*John's problem with depth perception on the rope course or when doing archery; Nancy's migraine potential when sunlight is reflected off the water) and that this information is to remain confidential.*

- Noticing medication that may be in a camper's suitcase/trunk/backpack and bringing that medication – and the camper – to the Health Center for follow-up. Sometimes parents pack meds and the camper isn't aware of that action, or might have chosen not to disclose the med.
- A general understanding of the information given to parents about medication management at camp.

### Selected Medication Resources

#### Alliance for Camp Health ([www.AllianceForCampHealth.org](http://www.AllianceForCampHealth.org))

- Camp Nurse Medication Practice Guideline
- Camp Nurse Delegation Practice Guideline
- Director's Resources
- Reduce the Risk for Medication Errors: Key Nursing Considerations for Common Camp Medications (an online course under ACH's "Education & Resources" tab)
- *Scope & Standards for Camp Nursing Practice*
- Members Only: After signing in as an ACH member, put "medication resources" in the website's search line to find information published in *CompassPoint* and other

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Join by going to  
[www.AllianceForCampHealth.org](http://www.AllianceForCampHealth.org)  
and clicking on the "Membership" tab.  
Sign up TODAY for member access to  
everything from ACH and get member  
prices for purchased items.

#### American Camp Association Resources ([www.ACACamps.org](http://www.ACACamps.org))

- Sign in as an ACA member, then put "Medication at Camp" into the search line. You'll get access to topics such as:
  - "Managing, Monitoring & Administering Medication at Camp" by M. Marugg
  - "Medication at Camp: Mitigating the Risks" by L. Erceg
  - "Locating & Working Effectively with a Supervising Physician/Nurse Practitioner" by L. Erceg
  - "The Challenges and Considerations of CBD Oil at Camp" by T. Gaslin
- "Strategies for a Healthy Camp: Are You Prepared" by L. Erceg at <https://www.acacamps.org/resource-library/strategies-healthy-camp-are-you-prepared>.
- Put "Healthy Camp Toolbox" into ACA's search line for many resources associated with the Healthy Camps Toolbox (including MESH topics).