



Alliance for Camp Health  
**Best Practice Statement:**  
**Medication Management for Day and Resident Camps**  
*Adopted 2007; Revised 2022*

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 prescriber (MD, NP) must be familiar with pertinent State requirements, American Camp Association (ACA) Standards, and Alliance for Camp Health (ACH) Standards of Camp Nursing germane to medication management.

1. Clients – especially parents and employees – are informed in writing 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. Information about each individual's medication profile is reviewed prior to camp by the overseeing RN or prescriber 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 psychological diagnoses.
3. 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., rescue inhalers).
  - 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 physician 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 stocks epinephrine 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.
4. The camp identifies exceptions to its routine medication practices, exceptions such as insulin used to manage diabetes, and articulates an alternative method of oversight that complements the exceptions.
5. All administered medication is appropriately charted (recorded) and 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.
6. Parents and/or physicians be notified when there are questions about medication and that this contact – including attempts to contact – be appropriately documented.
7. 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.
8. The person who distributes routine (daily) medications to clients does, in fact, give the medication to the appropriate person in the correct dose and at the appropriate time. If there is a distinction between the camp's commitment to clients as opposed to staff who are legal adults regarding medications, employees know about this.

9. Remedies labeled with non-English information have label information translated to English or the camp has identified an information resource for international remedies.
10. Deviations from the camp's medication protocols are brought to the overseeing healthcare professional for interpretation.