Camp Medication Management FAQ

1. What is a medication? What about OTCs, vitamins or supplements?
   A camp needs to define “medication” for their facility. Knowing how your camp defines “medication” will provide guidance in making some of these decisions. For all medications, camps must follow the directions of a licensed prescriber. Many camps consider OTCs, vitamins and supplements a medication as well, and treat their storage and administration the same as they would a prescription medication.

2. Do I need a prescriber order to administer any medication?
   All medications administered to campers must have an order from a licensed prescriber. This includes prescriptions, OTCs, and vitamins. An order can be obtained from a camper’s healthcare provider, a standing order, or an on-call licensed prescriber for the camp. Camp staff should not follow the directives of a parent or guardian for medication administration.

3. How should camper medications be stored?
   Per the Health and Wellness standards set by the American Camp Association (HW.7, HW.13), camp staff should review all camper health information and collect any medication to be given. Medications should arrive in their original containers, and all prescription and over-the-counter medications must be stored under lock except when in the controlled possession of the individual administering the medication.

4. What about staff medications?
   Staff medications should follow similar guidelines as camper medications. Medications should be stored in their original containers, and all medications must be stored under lock. Camps may allow staff to self-administer or may dispense medications for staff. Underage staff medications may require parental consent if self-administered. Any medications administered by the camp should be documented and any self-administered medications should be noted as “self-administered” on the eMAR.

5. Do I need a licensed healthcare professional to dispense medications?
   Medication administration is one of the highest risk areas at camp, and it is essential that your camp follows the “five rights” of medication administration – right patient, right drug, right dose, right time and right route. Operating under the guidance of a licensed healthcare prescriber will help make sure your camp has safeguards in place to reduce medication errors. Many camps train staff members as Unlicensed Assistive Personnel (UAP) to help with medication administration and tasks as delegated by the camp nurse.

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Can I repackage medications?
Camps often consider repackaging medications for efficiency or for camp trips. Check local laws as some states have restrictions on repackaging. If repackaging, ensure the 5 rights: right name, right drug, right dose, right time, right route are listed on the repackaged container. Ideally, the person repackaging should also administer the medication. For offsite trips, ensure that staff are trained on medication administration when acting as a UAP. Medications from a pharmacy in blister packs or unit-dose packs are considered original containers.

What do I need to document after I give a medication?
After a medication is administered, you should always document who gave the medication and the day and time it was given. This documentation becomes a permanent part of the camper’s health record and should be stored securely as well. Using an Electronic Medication Administration Record, or eMAR, can help your camp with documentation, avoid the need to rely on handwritten instructions, allow access to medication administration history, and reduce the risk of medication errors.

Are the rules different for controlled substance medications?
You should treat all medications, their storage, and their administration with the same care. While we encourage camps to keep counts of all medications, many states require that camps track the counts of controlled substance medications with greater care. This means you should keep a running count of every controlled substance medication you have at camp, and every time you administer a controlled substance medication, you should update the quantity accordingly.

What about emergency medications?
Emergency medications like epinephrine auto-injectors for anaphylaxis or albuterol for asthma exacerbations should not be stored under lock, and should be in the possession of the individual who might need access. It is critical that camp staff be trained on the administration of these medications. First aid kits should not contain any unsecured medications.

Should I have naloxone (Narcan) at my camp?
Some camps are choosing to make naloxone available for potential narcotic overdoses. We may not know what staff are potentially doing – especially on days off – so it may be helpful to have naloxone available. If you suspect an overdose, administer naloxone immediately, do not wait. Naloxone should be accessible in designated areas, and does not need to be locked up. Ensure those administering naloxone receive proper training. A prescriber order is not required, but having a policy or procedure for naloxone use is important.