

Policy & Procedures
University Health Services
University of Massachusetts Boston

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| Policy Name: | Summer Youth Program Health Care | | |
| Policy Number: | S.P.1 | | |
| Issuing Department: | UHS | Page: | |
| Effective Date: | 5/1/2024 | Distribution: | UHS |

Policy Statement

The University of Massachusetts Boston is committed to supporting the health and well-being of all students who participate in Youth Programs on and off campus. Our mission is to provide a safe and healthy environment that allows our participants to play, learn and grow. University Health Services will not provide any healthcare services to anyone except UMB students even in the case of emergency.

Purpose

This policy will outline the standards that shall be upheld to maintain the health and safety of minors who participate in youth programs affiliated with University of Massachusetts Boston.

Procedure

1. Health Care Staffing:

To maintain the health and safety of minors who participate in youth programs affiliated with or operated by the University of Massachusetts Boston, each program shall have at a minimum, one appointed Health Care Consultant (HCC) and one Health Care Supervisor (HCS).

A. Health Care Consultant:

Erica Moses, MSN, FNP-C
University of Massachusetts Boston
University Health Services
100 Morrissey Boulevard, Dorchester MA 02115
Telephone: 617.297.1516 (Erica Cell) 617.287.5660 (UHS office)
Fax: 617.287.3977

The Health Care Consultant is a Massachusetts licensed physician, certified nurse practitioner, or physician assistant. The Health Care Consultant (HCC) advises the Health Supervisor and/or Program Director on matters which require professional medical opinion. They also approve the Summer Youth Program Health Care policy, including the dispensing of medication. They are not on site, but are on call and are to be contacted in the following situations:

- (i) In the instance that the program needs a professional opinion for the health of participant(s).
- (ii) In the instance that many participants are contracting similar sickness or ailment
 - (a) to ensure that this ailment is community wide and not being caused by the program environment, and if it is specific to the program, they may advise the program about the specific circumstances which may be causing the sickness).
- (iii) In the case of an emergency or when a participant is taken by ambulance to a hospital.

B. The Health Care Supervisor (each program to fill in and submit info to HCC)

Name:

Address & Phone Number:

Under the direct supervision of the HCC, the Health Care Supervisor (HCS) is a person on the staff of a recreational program for children responsible for the daily operation of the health program. The Health Care Supervisor shall be a Massachusetts licensed physician, physician assistant, nurse, **-or-** other person who has a current CPR and First Aid certificate in addition to current licensures, and any other pertinent requirements in order to maintain their professional license. If the appointed HCS is not a licensed health care professional, they will be provided appropriate training by the HCC and exhibit competency after training.

(i) HCS Requirements:

- (a) at least 18 years of age
- (b) present at the program always while participants and/or minor staff members are present
- (c) currently certified in CPR and Standard First Aid
- (d) responsible for the day-to-day operation of the health program or component.

(ii) Responsibilities:

- (a) Oversight of the first aid practices of all counselors and ensuring that the protocols outlined in this policy are followed.
- (b) Maintaining written health care records including
 - i. Ensuring that the medical log is properly maintained
 - ii. Ensuring that any program participant who requires any medication (OTC or prescription) administered to them during the program day has a signed, written order from a licensed healthcare provider.
- (c) Ensuring that program participants provide all required medical documentation, keeping such information on file, and notifying the appropriate individuals of all special needs (such as medical diagnoses

- that may impact a participant's health and or safety while at the program.
- (d) Storage and administration of all medications under the direction of the HCC.
 - (e) Maintaining awareness of all situations in which program participants may require special medical attention or any scheduled medications during the program and informing the HCC.
 - (f) Supervising or assigning proper counselor supervision to ill, injured participants.
 - (g) Review daily attendance roster submitted by each individual program
 - (h) Report of suspect child abuse and/or neglect of children.

2. Emergencies

A. Medical Emergencies

If a program participant or minor staff member requires more advanced care than that which can be provided by the program staff, a request will be made for medical assistance:

- (i) Requests for medical assistance are to be made to UMass Boston Police.
- (ii) Each program will always have at least one staff member currently certified in First Aid and CPR on duty (this may be the designated program nurse).
- (iii) Specialized activities requiring certified counselors, such as swimming or field trips, may not take place without properly certified staff members present.

B. Mental Health Emergencies

If there is any concern that a program participant is having any active thoughts of causing harm to themselves or others:

- (i) Never leave the participant alone.
- (ii) Assign more than 1 staff member to stay with the child at all times.
- (iii) Provide a calm, safe environment.
- (iv) Contact the child's parent/guardian
- (v) Obtain and review their application and medical documents.
- (vi) Call Health Care Supervisor and Health Care Consultant, UMBPD
- (vii) The Behavioral Health Help Line is a 24/7 clinical hotline is available in more than 200 languages, 24/7, 365 days a year. It is staffed by trained behavioral health providers and peer coaches who offer clinical assessment, treatment referrals, and crisis triage services. When appropriate, Help Line staff directly connect callers with their nearest CBHC and perform a warm handoff.

Emergency Telephone Numbers:

For all emergencies (including fire, medical): **911**

UMBPD General Information & Dispatch: (617) 287-7777

Poison Prevention Center: 1-800-682-9211

Child Abuse or Neglect: 413-775-5000, 1-800-792-5200 (after 5:00pm)

UMB Facilities: 617-287-5450

The Behavioral Health Help Line: 833-773-2445 (call or text 24/7, 365) Chat: masshelpline.com

C. If advanced medical care is required on UMB Campus:

- (i) Call UMBPD, Health Care Supervisor and Health Care Consultant
- (ii) When appropriate, bring patient to the designated nurse office for emergency care, or upon phone consultation with Health Care Consultant, call ambulance for transportation to the hospital
- (iii) Notify parent or guardian

D. If advanced medical care is required off UMB Campus – including field trips and programs held at off-site facilities:

- (i) Call 911
- (ii) Notify Health Care Supervisor and Health Care Consultant
- (iii) Notify parent or guardian

E. Procedure for Utilizing First Aid Equipment

- (i) Location of First Aid Kit(s): Onsite with Health Care Supervisor
- (ii) Location of First Aid Kit Manual: With First Aid Kit(s)
- (iii) First Aid is administered by: Health Care Supervisor
- (iv) First Aid Kit is maintained by: Health Care Supervisor

F. Procedure for reporting serious injury, in-patient hospitalization, death of a participant or staff to the Department of Public Health

- (i) An injury log will be maintained for all injuries and hospitalizations. Death will be reported to the Health Care Consultant, Campus and local Police, and the Department of Public Health.

G. Procedures for informing parents when first aid is administered to their children, including time frame and documentation.

- (i) Parent/guardian/emergency contact(s) are notified as soon as possible.
- (ii) An injury log will be maintained by the Health Care Supervisor

H. Plan for infection control and monitoring

- (i) All potentially infectious diseases will be reported to the Program Director, who will notify the Health Care Consultant as soon as possible.
- (ii) Further care will be based on the advice and direction of the Health Care Consultant
- (iii) Children who may have a contagious or have an infectious disease will be separated from other children, preferably by being sent home with their parent/guardian as soon as possible. Participants will remain separated until they are no longer infectious.
- (iv) Additionally, the Director or Operator of program, in consultation with the HCC, shall be responsible for ensuring that each case of food poisoning as well as any noted unusual prevalence of illness with prominent symptoms includes fever, rash, sore throat, diarrhea, vomiting or jaundice is reported

Note: No person known to be suffering from tuberculosis in a communicable form, or having evidence of symptoms thereof, shall be allowed to work or attend a youth program in any capacity which might bring him or her into contact with any participant at

such program. Screening and testing for tuberculosis shall be in accordance with the most current guidance issued by the Massachusetts Department of Public Health's Tuberculosis Prevention Program.

I. Isolate the Area/Participants from Possible Contamination.

(i) Any participant identified with an infectious condition will be referred immediately to program nurse or Health Care Supervisor.

J. Procedures for the Clean-Up of Blood/Body Fluid Spills

(i) Notify Facilities

(ii) Restrict access to anyone except designated Facilities Management personnel.

K. Plan for the Care of Mildly Ill Program Participants

(i) All participants will be made as comfortable as possible, and monitored at all times by program staff, until they are able to be picked up by a parent, guardian or emergency contact.

L. Exclusion policy for serious illness, contagious disease, reportable diseases to the Board of Health/Massachusetts DPH and Health Care Consultant

(i) Communicable and/or contagious diseases or serious illnesses: Any suspected disease or serious illness occurring at the program will be immediately evaluated by the Health Care Supervisor and diagnosed by the camp Health Care Consultant.

(ii) A report shall be made by the Health Care Consultant to the local Board of Health or the Massachusetts Department of Public Health (whichever is appropriate based on the diagnosis per 105 CMR 300.100. See appendix) by telephone or fax. If no doctor or nurse is available, the program operator or director shall be responsible for reporting.

M. Screening for Ticks & Insect Repellant

(i) Insect repellant is to be applied by participant and or parent/guardian of participant prior to the start of the program day as appropriate.

(ii) Tick checks will be conducted when indicated by program staff when appropriate based on activity/exposure risk.

(iii) If tick is found on a participant, it will be removed promptly as advised by HCS, and parent/guardian will be notified.

N. Location of Staff Smoking Area

(i) No smoking, vaping or use of tobacco by staff or participants will be allowed.

O. Policy for Use of Sunscreen, Lip Balm, and Reducing Exposure to Sun

(i) Program participants are responsible for their own sun protection and are educated at the start of the program by staff. Each program will have a supply of sunscreen available to those who forget sunscreen.

(ii) A shaded area will be provided for the participants to rest out of the sun as needed.

P. Sharing of Water (or other beverage) Bottles

(i) There shall be no community water bottles or sharing of any drinks.

Q. Daily Attendance Roster

(i) Each program will maintain daily record of attendance for each of its participants and provide the HCS with this in a timely manner each day.

R. Reporting of Suspected Child Abuse or Neglect

(i) Under State law, Massachusetts licensed medical providers (e.g., physician, nurse) must report suspected abuse and/or neglect of children under the age of 18 to the Department of Children and Families (DCF).

(ii) The HCS and/or HCC shall immediately report any suspected instances of child abuse or neglect that have occurred at the camp or other location (e.g., home, school...). The reporting party shall cooperate with all official investigations of abuse or neglect, including identifying parents of campers currently or previously enrolled in the camp who may have been in contact with the subject of the investigation.

(iii) To make a report Call the DCF Area Office or the Child-At-Risk Hotline at 800-792-5200 and submit a written report within 48 hours of the initial oral report. The online abuse/neglect written report is available at mass.gov/dcf.

(iv) When you contact DSS to report child abuse and neglect, please do your best to provide the following information:

- The name, address, sex, date of birth or approximate age, present whereabouts of the reported child or children, and any other children in the household;
- The names, addresses and telephone numbers of the child's parents or other persons responsible for the child's care;
- The primary language spoken by the child and the child's caretaker;
- If you are a mandated reporter: your name; address, telephone number, profession and relationship to the child; if you are a non-mandated reporter: your name, address, telephone number, profession and relationship to the child; or you may remain anonymous;
- The nature and extent of the abuse or neglect;
- Any evidence or knowledge of prior injury, abuse, maltreatment or neglect;

S. Field Trips

(i) In the event that a program takes its participants away from the usual physical location of the program (i.e. field trip) the program is responsible for hiring and funding a nurse (if appropriate based on the health care needs of the participants) to accompany the group.

3. Health Records

A. Each program shall maintain a health record for each participant and for each staff person who is younger than 18 years old. The health record shall be readily available to the program health staff (including but not limited to the onsite medical provider, the HCC and the HCS) in electronic or hard copy that is secure from unauthorized access and shall include at least the following:

- (i) The participant or minor staff member's name and home address;
- (ii) The name, address and telephone number of the participant or minor staff member's

parent(s) or guardian(s);

(iii) A written authorization for emergency medical care signed by a parent or guardian;

(iv) The travel location(s) and telephone number(s) of the participant or minor staff member's parent(s) or guardian(s) if the parent(s) or guardian(s) will be traveling during the program dates

(v) The name, address and telephone numbers of the participant or minor staff member's family healthcare provider or health maintenance organization.

(vi) If the participant or minor staff member brings any medication (over the counter or prescription) that needs to be administered to them during the program, a written order from licensed health care provider as well as a signed consent by parent/guardian must be provided;

(vii) Copies of injury reports, if any

(viii) A certificate of immunization indicating compliance with the current CDC recommendations

(ix) Health history and report of physical examination.

B. Prior to attending a program, each participant shall furnish the following documents signed by licensed health care provider:

(i) Current medical history which lists allergies, required medications, and any health conditions or impairments which may affect the individual's activities while attending the camp;

(ii) Report of a physical examination conducted during the preceding 18 months;

(iii) Certificate of immunization.

C. Additionally, each participant shall furnish the following documents signed by parent or guardian. These forms are located in the UMB Youth Program Participant Medical Form.

(i) Health History form completed and signed by parent or guardian

(ii) Consent to Treat Minor Patients

(iii) Parent/Guardian Authorization, Waiver and Consent for Over-the-Counter Medications

D. Required Immunizations

(i) Written documentation of immunization in accordance with the most current immunization schedules developed pursuant to recommendations of the Centers for Disease Control and Prevention shall be required for all participants as well as minor staff members.

E. Immunization & Physical Exam Exemptions

(i) Religious Exemptions: If a program participant or staff member under the age of 18 years has religious objections to physical examinations or immunizations, the participant or staff member shall submit a written statement, signed by a parent or legal guardian of the participant or minor staff member, stating that the individual is in good health and stating the general reason for such objections.

(ii) Immunization Contraindicated: Required immunization shall not be required if the health history includes a certification by a health care provider certifying they have examined the individual and in the physician's opinion the physical condition of the individual is such that their health would be endangered by such immunization.

(iii) Exclusion: In situations when one or more cases of a vaccine-preventable or any other communicable disease are present in a program, all susceptible participants, including those with medical or religious exemptions, are subject to exclusion.

F. Medical Logs

(i) Each program shall maintain a medical log containing all the participants' health complaints and treatments. The medical log will list the date and time, name of participant, complaint, and treatment for each incident. Each log entry will be signed by the authorized staff member who provided treatment. The medical log will also contain any medication administration errors made. The log will be maintained in a readily available format.

4. Medication Storage & Administration

A. General guidance

(i) Prior to the start of the program, the Health Care Supervisor will supply the Health Care Consultant with a list of medications that will be administered at the program to minor participants. This will be approved by the Health Care Consultant prior to the dispensing of medication.

(ii) No program participant will be allowed to start a program without providing the required documents regarding their medications in addition to bringing required medication to the program, labeled appropriately according to this policy.

(iii) All medications shall be stored securely in locked cabinets or drawers in the controlled possession of the individual responsible for administering them. Controlled substances will be double locked (i.e. in a locked box inside a locked cabinet or room). Topical medications (i.e. ointments, creams) must be stored separately from oral medications. If they are in the same cabinet, they must be in a separate basket or container.

(iv) The medication storage area should provide an environment that is cool, dry, and away from direct sunlight and heat sources. There should be nothing else stored along with the medications. The medication cabinet should be clean and orderly with adequate space and have adequate lighting in the area where the medications are stored

(v) Medications requiring refrigeration shall be stored in a dedicated refrigerator (not used to store anything other than medications) at temperatures of 36°F to 46°F.

(vi) Each participant shall have on file prior to starting the program a signed "Consent for OTC Medications". If there are medications that the parent/guardian does not consent

to, those medications will not be given to the participant. Medications that parent/guardian does consent to will be given to participant by licensed health care provider (nurse) or, if available and appropriate, the designated Health Care Supervisor.

(vii) Medication shall only be administered by a licensed health care provider authorized to administer prescription medications, such as a nurse. If a nurse is not available, medications may be administered by the Health Care Supervisor. If the Health Care Supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the Health Care Consultant.

(viii) Training will be provided to the Health Care Supervisor by the Health Care Consultant before the program starts. HCS must be found to be proficient in the safe administration of oral and topical medications before they will be authorized to administer these medications. Health Care Supervisors will not be authorized to administer medications by any other route except oral and topical.

(ix) All medication administration will be recorded in a log, which is kept in the programs medical binder with the nurse/health care supervisor on duty.

(x) Any participant refusing medication as prescribed or indicated will be sent home immediately.

(xi) The Health Care Supervisor will return all unused medications to the parent/guardian picking up the child at the end of the program day (such as in the case of emergency medications such as epinephrine, albuterol inhalers unless the participant has separate supply of these medications available to them outside of the program). Otherwise, all unused medications will be sent home at the completion of the program

B. Medications Administration

(i) Prescription medications shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, and if tablets or capsules, the number in the container.

(ii) All over the counter medications must be kept in the original containers containing the original label, which shall include the directions for use and expiration date (expired medications will not be administered).

(iii) Participants requiring routine medication administration shall submit a completed *Authorization to Administer Medication* form which is included in the UMass Boston Youth Program Participant Medical Forms.

(iv) If participant will be self-administering medication, they shall submit a completed *Authorization for Self-Administration of Medication* form which is included in the UMass Boston Youth Program Participant Medical Forms.

**This applies to the routine administration of medications given on a regular basis, not the administration of over-the-counter medications that is given on an as needed basis, for which consent is obtained in the medical packet portion of the program application.*

D. Administration of Epinephrine Auto-injectors

(i) A program may allow a participant who has a prescription for an epinephrine auto-injector for a known allergy or pre-existing medical condition to possess an epinephrine auto-injector for the purposes of self-administration if:

- a. The participant is capable of self-administration; and
- b. The participant's licensed medical provider has given written approval in the form of an *Anaphylactic Action Plan* (or equivalent documentation approved by Health Care Supervisor) that contains the details related to the participant's medications used for anaphylaxis, including but not limited to, drug names, dose, route, frequency. The action plan must include verbiage specific to the participant's ability to identify when and how to correctly and safely administer the medication.

(ii) Receive an epinephrine auto-injection by the Health Care Consultant, the Health Care Supervisor, or other staff if:

- a. The participant's licensed medical provider has given written approval in the form of a completed *Anaphylactic Action Plan* (or equivalent documentation approved by Health Care Supervisor) and the parent/guardian has given consent for the Health Care Supervisor to administer medications to the participant, or
- b. The unlicensed Health Care Supervisor and other camp staff who may administer epinephrine auto-injectors have completed training developed by the Health Care Consultant and exhibited competence which is documented and kept on file.

**an example of an Anaphylactic Action Plan is located in the appendix and can be completed by the participant's medical provider*

E. Administration of Emergency Asthma Inhalers

(i) A program may allow a participant who has a prescription for an emergency inhaler for asthma to possess an inhaler for the purposes of self-administration if:

- a. The participant is capable of self-administration; and
- b. The participant's licensed medical provider has given written approval in the form of an *Asthma Action Plan* (or equivalent documentation signed by medical provider and approved by Health Care Supervisor) that contains the details related

to the participant's medications used for asthma including but not limited to drug names, dose, route, frequency. The action plan must include verbiage specific to the participant's ability to identify when and how to correctly and safely administer the medication.

(ii) Receive emergency inhaler by the Health Care Consultant, the Health Care Supervisor, or other staff if:

a. The participant's licensed medical provider has given written approval in the form of a completed *Asthma Action Plan* (or equivalent documentation signed by medical provider and approved by Health Care Supervisor) and the parent/guardian has given consent for the Health Care Supervisor to administer medications to the participant, or

b. The unlicensed Health Care Supervisor has completed training developed by the Health Care Consultant and exhibited competence which is documented and kept on file.

**an example of an Asthma Action Plan is located in the appendix and can be completed by the participant's medical provider*

F. Care of Diabetic Participants

(i) Any program that has a participant with a diagnosis of Diabetes Mellitus (DM) shall receive specific staff training regarding Diabetes Mellitus, symptoms of hyper and hypoglycemia and general care related to the disease process.

(ii) Each student with DM will provide their individualized Treatment Plan from their managing provider, all pertinent orders for all medications part of their individual treatment plan and this will be made available to HCS, HCC and all other pertinent staff that may be involved in the care, either day to day, or in the case of an emergency.

(iii) If a student in a program is treated with insulin or other medication that can cause hypoglycemia, and they are ordered Glucagon as part of their treatment plan, the staff will receive training regarding Glucagon including how to administer according to the students individualized care plan.

(iv) Each participant with DM must bring all medications/treatment supplies outlined in their treatment plan to the program with them each day. Some supplies may be stored in the health office as appropriate, and those decisions will be made on a case-by-case basis. Supplies include glucometer and strips, insulin, insulin pen needles, insulin syringes, glucagon, glucose tabs or fast acting glucose, ketone strips. If a student has an insulin pump but has backup source of insulin as part of their treatment plan, this is required to be brought to the program by the participant. UHS/Umass Boston does not have a backup supply of these supplies.

(v) Each participant must have a plan in place in case they need to be picked up from the program prior to the scheduled end of the program day. Such cases may include if they arrive to the program without their necessary DM supplies, if they are having

medical needs that necessitate them to seek care sooner than the end of the scheduled program day.

Reviewed and Approved:

Name (print): Robert Pomales Date: 5/1/2024

Signature: 

Title: ED of UHS

Appendix

[UMB Youth Program Participant Medical Forms](#)

[DPH training of non- licensed medical personnel competency form](#) (also below in case of access issues)

[Epipen competency form](#) (also below in case of access issues)

[Mass DPH Reportable Diseases](#)

[Anaphylaxis Action Plan](#)

[Asthma Actnion Plan](#)



University Health Services

Epinephrine Competency Skills Checklist

Name and Title of Staff Person: _____

Name of Youth Program: _____

The following competencies have been demonstrated by staff member:

- Verbalizes understanding of the Medical Emergencies Protocol.
- Describes how to access emergency medical services, camp nurse, camper's parents/guardians (or other emergency contacts), and camp medical supervisor.
- Identifies the common causes of allergic emergencies.
- Describes general warning signs and symptoms of severe allergic reactions/anaphylaxis.
- Identifies campers for whom epinephrine is prescribed and familiarizes themselves with camper specific Anaphylactic Allergy Plans.
- Verbalizes understanding the importance of checking the expiration date of and color of visible fluid in the epinephrine auto-injectors.
- Verbalizes understanding the importance of ensuring the camper has their epinephrine auto-injectors (should always be kept in pairs and properly labeled) with them each day.
- Demonstrates safe handling of epinephrine auto-injector.
- Verbalizes common side effects of epinephrine.
- Verbalizes need to call 911 anytime epinephrine is administered.
- Demonstrates the correct procedure for administering epinephrine by auto-injector.

Signatures: Supervised by _____, RN, NP, PA, MD, DO
(please circle title)

Staff Person _____

Date: _____

DPH Standards for Training Health Care Supervisor in Medication Administration

Each recreational camp must ensure that the health care supervisor(s) can meet the health and medical needs of each individual camper. The camp's health care consultant must provide training and document the competency of every health care supervisor.¹ This training does not need to be submitted for prior approval, but must be made available by request or during inspection.

Training Topics: An approved training will address, at a minimum, the following issues:

1. Confidentiality
2. The Role of the Health Care Supervisor
3. Limits of the Health Care Supervisor
4. Effects and Possible Side Effects of all Medication Administered
5. Steps in Medication Administration
6. Camp Safeguards and Policies

Test of Competency: Each health care supervisor must have a documented test of competency to administer medications. At a minimum, the health care supervisor must:

Demonstrate safe handling and proper storage of medication.

Demonstrate the ability to administer medication properly:

accurately read and interpret the medication label

follow the directions on the medication label correctly

accurately identify the camper for whom the medication is ordered

Demonstrate the appropriate and correct record keeping regarding medications given and/or self-administered.

Demonstrate correct and accurate notations on the record if medications are not taken/given either by refusal or omission and when adverse reactions occur.

Describe the proper action to be taken if any error is made in medication administration or if there is an adverse reaction possibly related to medication

Use resources appropriately, including the consultant, parent/guardian or emergency services when problems arise.

Understand and be able to implement:

emergency plans including when to call 911

appropriate procedures that assure confidentiality

Camp Medication Administration Training/Test Checklist:



| | | |
|---|--|--|
| 1. Confidentiality: | | |
| | Importance of not sharing information about campers or medications with anyone unless directed to do so by the HCC | |
| 2. Role of Health Care Supervisor: | | |
| | Administer Medication only by Specific HCC Order to Specific Child | |
| | Follow Instructions on Medication Sheet | |
| | Record Time and Effects Observed | |
| | Reports Any Problem or Uncertainty | |
| 3. Limits of the Health Care Supervisor: | | |
| | HCS may not administer ANY medication without HCC approval | |
| | HCS may not administer ANY medication without parent/guardian permission | |
| | HCS may not administer insulin (unless within scope of practice) | |
| 4. Effects and Possible Side Effects of all Medication Administered: | | |
| | Describe Effects of Medications | |
| | Discuss Common Side-Effects of Medications (drowsiness, vomiting, allergic reaction) | |
| | Report All Changes that may be side-effects to HCC and Parent/Guardian | |
| | Record All Changes that may be side-effects in log | |
| 5. Steps in Medication Administration: | | |
| <i>5 Rights of Medication Administration</i> | <ol style="list-style-type: none"> 1. Right Camper 2. Right Medication 3. Right Dosage 4. Right Time 5. Right Route | |
| <i>Steps in Medication Administration</i> | <ol style="list-style-type: none"> 1. Identify Camper 2. Read Medication Administration Sheet 3. Wash Hands 4. Select and Read Label of Medication 5. Prepare Medication and Read Label Again 6. Administer Medication and Make Sure Medication is Taken. 7. Replace Medication in Secure Location 8. Lock or Secure Location 9. Document in Medication Log | |

| | | |
|---|--|--|
| <i>Steps in Supervising Self-Administration</i> | <ol style="list-style-type: none"> 1. Identify Camper 2. Read Medication Administration Sheet 4. Select and Read Label of Medication 5. Observe Student Prepare and Take Medication 6. Replace Medication in Secure Location 7. Lock or Secure Location 8. Document in Medication Log | |
| 6. Camp Safeguards and Policies | | |
| | <p>Report Any Error to HCC and Parent/Guardian including:</p> <ol style="list-style-type: none"> 1. Camper Given Wrong/Unapproved Medication 2. Camper Refuses Medication 3. Camper Has Unusual or Adverse Reaction Possibly Related to Medication | |
| | <p>Review Camp's Emergency Plan and when to call Emergency Services</p> | |