

Pre-summer Information for
Unlicensed Camp Staff

Medication Administration & Documentation

Information will be reviewed with the Camp
Nurse during Camp Staff Training





Unlicensed Assistive Camp Personnel (UAP)

- The content in this slideshow is intended for ***Unlicensed Assistive Camp Personnel*** who will administer medications to campers
- ***UAP = YOU***
- The UAP is a legal adult capable of assuming responsibility for their actions
- Medication administration by the UAP will be overseen by the Camp Health Officer (Registered Nurse, RN)

The content provided in this slideshow is a supplement to onsite training with the Camp RN that will review camp-specific practices including how to document medication administration, forms, camper-specific medications and health needs, and when to contact the health team on-trail.

Training Objectives:

Introduce Unlicensed Camp Staff to:

- Delegation of the task of Outcamp Medication Administration
- The 5 Rights of Medication Administration
- Common types of Medications given at Camp
- Potential side effects and adverse reactions to medications
- Outcamp Trip Medication Documentation and Forms



Course Terminology - Abbreviations

- **UAP:** Unlicensed Assistive Personnel – YOU; anyone assuming medication administration (i.e.: Cabin/Village/Trip leaders)
- **RN:** Registered Nurse, the Camp Health Officer
- **Rx:** refers to prescription medications. These medications require a healthcare provider order specific for an individual
- **OTC:** Over-the-counter medications; do not require a prescription from a healthcare provider; Camp stocks many OTC medications.
- **AYF:** American Youth Foundation
- **4T:** Four Trails; AYF's Outcamping Trip Program



Medication Administration: Delegation

The States of New Hampshire and Michigan allow for medication administration to be delegated to UAPs by a Registered Nurse.

Miniwanca and Merrowvista have a Registered Nurse onsite 24-hours per day during summer camp programs.

Nurse (Delegator):
Responsible for training the camp staff (Delegatee) who will be assuming the task of administering medications.

UAP (Delegatee): Camp staff member who agrees to perform the medication task as trained and communicate with the Camp Nurse when any questions arise.

Delegation



- The Camp Nurse may delegate medication administration to adult camp staff, including cabin and village leaders.
- ***The nurse will:***
 - Train the UAP in specific medication administration and documentation tasks according to AYF policies and procedures
 - Inform the leaders of pertinent health histories for their campers
 - Educate the leaders about camper medications including who will be taking medications during camp and on-trail
 - Educate leaders about potential side effects and adverse reactions to medications
- ***The Camp Staff (UAP) will:***
 - Demonstrate understanding of the medication administration and documentation processes
 - Demonstrate knowledge of the 5 Rights of Medication Administration
 - Verbalize understanding about potential side effects and adverse reactions to medications.
 - Ask clarifying questions about medications and/or health concerns about their campers

UAP: Medication Administration

Responsibilities:

- After training and review, the UAP agrees to perform the assigned tasks of medication administration and documentation.
- The UAP is legally responsible for administering the medication as instructed by the RN
- The UAP will **not** hand off the task to someone else unless instructed to do so by the RN
- The UAP will demonstrate the skill and understanding of medication administration to the Camp Nurse
- The UAP agrees to contact the health team/RN with any medication questions or when something occurs outside of the scope of the medication administration training
- The UAP will keep medications secure in the provided First Aid Kits, protected from participants and the outdoor elements (hot sun, rain, dirt, animals, etc.)



UAP: Responsibilities Continued

- Follow the 5 Rights of Medication Administration when preparing and administering medications
- Maintain camper confidentiality when administering medications and handling the medication administration record.
- Avoid distractions while preparing and giving medications
- Give medications as instructed by the nurse and according to the medication label. If instructions become illegible or are unclear, the UAP will contact the health officer to clarify instructions before giving any medication.
- Complete documentation via the Medication Administration Record (MAR) as directed by the Camp Nurse, including documentation of any adverse reactions and/or missed medication doses.
- Adhere to any additional AYF policies regarding medication storage and administration as instructed by the Health Officer.

The Five Rights of Medication Administration

Help reduce the chance of medication error and harm.
Must be confirmed before giving every medication, every time.

Right
CAMPER

Right
MEDICATION

Right DOSE

Right TIME

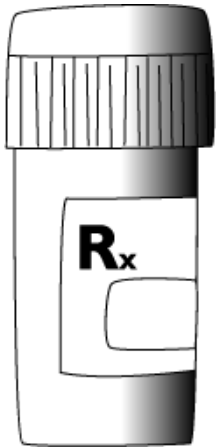
Right ROUTE



Right Camper?

- Ask the camper their name
- Compare the camper's name to the name on the medication label
- Does the camper's name match the MAR?

Right Medication?



- Read the package label
- Does the label match the MAR?
- Ask camper: Does this look right?



Common Forms of Medication Given at Camp

Route:

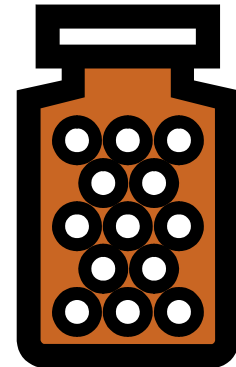
- **Oral:** tablets, pills, capsules, syrups, suspensions
- **Inhaled:** (nose or mouth) inhalers - albuterol or steroids
 - may require a spacer device
- **Nasal:** nasal sprays – saline, allergy sprays
- **Optic:** eye drops
- **Otic:** ear drops
- **Topical:** lotion, ointments, powders
- **Injectable:** epipens, growth hormone





Right Dose?

- Compare with MAR
- Do not guess – give the exact amount ordered using a standard measuring device





Right Time?

- Check the MAR



Right Route?

- Check the medication label
- Confirm route with camper
 - chewed or swallowed (mouth)
 - inhaled (nose or mouth)
 - dropped (ears or eyes)
 - applied/topical (skin)
 - injected



Documentation

Permission/Consent to Treat

- Signed by the parent/guardian on camper's health history form


Outcamp Medication Administration Record (MAR)

- Separate MAR for each trip
- Lists all campers with known daily or as needed medications
- Details for each medication
- Signature or initials of person administering each dose
- Spills or refusals
- Missed doses

Accident/Incident Form

- Reactions or side effects

American Youth Foundation Health Center



Outcamp Medication Administration Record: DAILY Medications**

Cabin/Village: _____ Trip: _____ Leaders and Signatures: _____ Date out: _____ in: _____

Name	Medication	Dose	Time	Date and Leader Initial*																						

*Leaders initial in box when medication is administered **1 copy to be kept in Trip First Aid Kit with medications; 1 copy to be kept in Health Center MAR binder

My own self, At my very best, All the time

Side 1 of 2



Outcamp Medication Administration Record: **DAILY Medications****

Cabin/Village: _____ Trip: _____ Leaders and Signatures: _____ Date out: _____ in: _____

Name	Medication	Dose	Time	Date and Leader Initial*																				

*Leaders initial in box when medication is administered **1 copy to be kept in Trip First Aid Kit with medications; 1 copy to be kept in Health Center MAR binder

- Post trip:**
- Return all unused medications to Health Center
 - Submit signed and completed Trip MAR to Health Center
 - Report any missed doses or adverse reactions to Health Officer
 - Complete Accident/Incident Reports, as needed

Common Adverse Medication Reactions*

- Difficulty Breathing
- Rash
- Drowsiness and/or confusion
- Nausea and/or vomiting
- Headache
- Muscle Weakness
- Severe stomach cramps and diarrhea



*Call Camp



We Can't Wait to See You this Summer!

Acknowledgment of Completion

Please sign and print this page and upload a photo of the page to CampBrain

By signing below, I acknowledge my completion and understanding of the content presented in the Pre-summer AYF Medication Administration and Documentation Training.

- Full Name: _____
- Date Completed: _____
- Position/Role at Camp for 2023: _____