

**Maryland Department of Health  
Center for Healthy Homes and Community Services  
Youth Camps**

**Health Supervision and Medication Administration  
Frequently Asked Questions**

**A. Health Supervision**

1. Who can act as a Health Supervisor at a camp?

A Maryland licensed physician (MD), certified registered nurse practitioner (CRNP), and registered nurse (RN) can serve as a Health Supervisor at a youth camp.

2. How does one find a Health Supervisor?

The owner/operator of the day or residential youth camp can do a number of things to attract a Health Supervisor, including advertising in the local newspaper of the area where the camp is operating. In addition, one could search the Maryland Board of Nursing (MBON) web page for a RN known as a case manager/delegating nurse who is authorized to teach the Medication Technician Training Program. RNs who work in school health can frequently serve in the Health Supervisor position. This RN is also authorized to delegate and supervise the Certified Medication Technician (CMT). For a viewing of these RNs, please see the MBON web page at <http://mbon.maryland.gov>, click on Delegation under General on the left side of the screen. The MBON has temporarily removed the delegating RN list but will repost once it has verified the individuals on the list.

3. Is a Health Supervisor required to be on-site at the camp?

The youth camp regulations (COMAR 10.16.07.04) only require a Health Supervisor on-site at camp when 50% or more of the campers have identified

medical problems, as defined in COMAR 10.16.07.02B(18), such as asthma, cancer, diabetes, or epilepsy. Otherwise, a camp Health Supervisor must be available for consultation at all times when campers are present at camp. When the Health Supervisor is available for consultation and not on-site at the camp, the Department recommends that the Health Supervisor train camp staff members and volunteers during orientation. In addition, the Department recommends that the Health Supervisor, who is not on-site, (and instead consulting and delegating) performs an on-site visit at the beginning of camp to determine if the camp staff members and volunteers are knowledgeable and are implementing the approved health procedures appropriately.

If the Health Supervisor is a CRNP or RN, the CRNP or RN may only delegate medication administration to a competent person with the certification listed in B2. Therefore, the CRNP or RN must do an on-site visit at the beginning of camp to ensure competency of camp staff members and volunteers that are performing delegated nursing activities.

## **B. Administering Medications in a Youth Camp**

1. Do both day and residential youth camps need trained staff to administer medication?

If the day or residential camp is going to administer medications to campers, then yes, the camp must have trained staff at camp to administer medication.

2. Who can administer medication in a camp setting?

A Maryland licensed professional whose scope of practice includes medication administration, may administer medication in a camp setting. A

Maryland licensed health professional may include a Physician (MD), Certified Registered Nurse Practitioner (CRNP), registered nurse (RN), and licensed practical nurse (LPN). In addition, the RN, as the case manager, can also delegate and supervise medication administration to the Certified Medication Technician (CMT) and the Certified Medicine Aide (CMA). Also, an adult staff member or volunteer who is designated by the operator and on an annual basis successfully completes a training course approved annually by the Department may administer routine medication other than insulin.

3. Who is allowed to administer insulin at a camp?

Insulin may only be administered by a licensed or certified professional who is authorized to practice in Maryland and whose scope of practice includes medication administration.

4. What is the difference between the CMT and the CMA?

A Certified Medication Technician (CMT) is defined as an individual who completes a Maryland Board of Nursing (MBON) approved Medication Administration Training Program which is twenty (20) hours in length and who is certified by the MBON as a medication technician. An individual is not required to be a Certified Nursing Assistant (CNA) to become a Certified Medication Technician. The CMT can administer selected medications to individuals in the community based setting; including day and residential youth camps, when:

- A) A RN has delegated this function; and,
- B) The RN is available to supervise, instruct, and evaluate the CMT's performance.

The certified medicine aide (CMA) is an individual who is a CNA; has completed a MBON approved medicine aide-training program; and is certified as a CMA by the MBON. The individual wanting to be trained as a CMA must be certified as a CNA, hold the additional certification of GNA, have specific work experience, and have the recommendation of the Director of Nursing to attend the MBON approved 60-hour medicine aide training program.

5. How do I verify that a new or potential employee is a CMT or CMA?

An individual's status as a CMT or CMA can be verified by utilizing the MBON's web page at <http://mbon.maryland.gov>. To verify the status of an individual CMT, CMA or CNA, go to the web page and then click on License tab at the top. Click "Look Up a License". Scroll down and click "Proceed to look up your license / certification". Enter the individual's first and last name or license number. Click search.

6. How do I verify that staff member or volunteer has taken a medication administration course approved by the Department and is currently certified to administer medication at camp?

The individual, upon successful completion of a medication administration course approved by the Department, can apply to the Department to receive a Youth Camp Medication Administration Certification Card. The card will be valid for 1 year from the date the individual successfully completed the approved course. The card will also list the expiration date. An application to apply for a Youth Camp Medication Administration Certification Card is available on the Department's website under "Most Requested Forms and Documents," by

emailing the center at [mdh.envhealth@maryland.gov](mailto:mdh.envhealth@maryland.gov) or by calling the CHHCS office at 410-767-8417.

7. How does a medication administration course become approved by the Department?

An application to apply for Departmental approval of a medication administration course is available on the Department's website under "Most Requested Forms and Documents," by emailing the center at [mdh.envhealth@maryland.gov](mailto:mdh.envhealth@maryland.gov) or by calling the CHHCS office at 410-767-8417.

8. Is there a list of currently approved courses and instructors?

Yes, the Department has posted a list of approved courses on the Department's website under "Most Requested Forms and Documents". The list can also be obtained by emailing the center at [mdh.envhealth@maryland.gov](mailto:mdh.envhealth@maryland.gov) or by calling the CHHCS office at 410-767-8417.

9. Can a LPN or EMT/Paramedic administer medication or delegate medication administration to a CMT or CMA?

The LPN may administer medications in the camp setting. However, the LPN may not delegate or supervise the CMT or CMA to administer medication in the camp setting.

The EMT may not administer medication or delegate medication administration or supervise others in medication administration in a camp. The EMT/paramedic is licensed to provide care in the pre-hospital setting, e.g. an ambulance. The EMT/paramedic is eligible to be trained and certified as a CMT.

10. How many trained staff are necessary to administer medication at a camp?

A camp is not required to have all of its counselors are certified as a CMT, CMA, or Youth Camp Medication Administration Certification (YCMAC).

However, a camp needs to train enough counselors to accommodate unique camp variables including, but not limited to the:

- Health of the campers (e.g. campers with identified medical problems versus healthy children)
- Number of campers at camp
- Length of time campers participate at camp (e.g. before and after camp programs or residential camp)
- Number of camp sessions (e.g. 5 days or 2 weeks)
- Camp activities (e.g. indoor or outdoor activities, on-site or off-site activities)
- Size, geographically, of the camp (e.g. all campers are in one community center for 4 hours a day versus a 10 acre camp with physical outdoor activities such as hiking).

The Health Supervisor should help to determine the number of trained staff members or volunteers necessary to administer medication at camp.

### **C. Self-Administration of Medication**

1. What is self-administration of medication?

Self-administration of medication is when an individual is cognitively capable, has the ability to read, and has also developed the maturity necessary to be responsible for taking his or her own medication. Self-administration of

medication includes the ability to read the pharmacy dispensed medication container, prepare the right medication for self consumption by selecting the right amount of medication at the right time to be taken by the right route (e.g. oral, subcutaneous injection etc.) as prescribed by the MD or CRNP.

2. How old must the camper be to self-administer medication?

Whether a child can self administer his/her own medication depends on the age of the child; maturity of the child; how much education and training the child has received in self administration of medication and how much practice the child has had in self administering his/her own medication. Many times children 12 to 13 years of age can read well enough to select the right medication at the right time in the right dose and follow the directions on the medication container label. However, when campers self-administer medication, the camp must provide a responsible adult to observe and supervise the child in doing so.

The Department requires that the parent/guardian and prescriber make the determination as to whether or not a camper can or cannot self-administer medication. To authorize self-administration, both the parent/guardian and prescriber must sign the medication administration authorization form under the self-administration section. When a camper is permitted to self-administer medication, COMAR 10.16.07 requires the supervising adult to document when the dose is taken and that the medication is handled and stored properly.

3. Can a camper self-carry medication?

A camper may **only** self-carry an emergency medication if both the parent/guardian and prescriber have signed the medication administration authorization form consenting for the camper to do so. Self-carry is also only allowed for emergency medication if the camper maintains the medication being self-carried in a secure manner. If a camper fails to maintain the medication in a secure manner the camp operator must provide an alternative that complies with COMAR 10.16.07.

4. How are emergency medications handled at camp?

Unlike routine medication, emergency medication must be readily available to the camper in case the emergency for which the medication is prescribed presents itself. Therefore, emergency medication should be carried by either the camper needing the medication, if self-carry is authorized; an adult staff member or volunteer directly supervising the camper; or stored at a designated easily accessible location.

5. Who can administer emergency medication at camp?

Emergency medication may be administered by the camper, if self-administration is authorized and the camper is capable of doing so; an adult staff member or volunteer who is licensed or certified to administer medication; or an adult staff member or volunteer trained by the health supervisor.

6. What are standing orders and why are they used?

Standing orders are a prewritten medication order and specific instructions from a licensed or certified prescriber to administer a medication to an individual in clearly defined circumstances.



Camps may use standing orders to be able to provide medications such as Tylenol, Advil, antihistamines, etc. to campers that do not have their own prescriptive order for the medication on file at camp. The camp operator is still required to obtain parental consent before administering any medication in the standing order. A camp operator typically provides a check list of medications listed in the standing orders for the parent to indicate yes or no to administration for their child.

#### **D. General Questions**

1. During a field trip, how are medications administered and handled?

Care should be taken to ensure that medications taken on field trips are handled and stored according to the manufacturer's instructions. The CMT or CMA may not prepare or repackage medication for field trips. Only the Health Supervisor can prepare medications for a field trip.

The Health Supervisor will determine how best to package the camper's medication, where it is to be kept, and what adult will administer the medication or supervise a camper in self-administration. The Health Supervisor must provide specific training to adults accompanying the campers on how best to manage administration of that medication during the trip.

2. Should the camp be concerned about allergic reactions to drugs or food?

Allergic reactions to insects, food, or drugs can be very mild to very severe. The camp, regardless of its purpose, should always be prepared to intervene during an allergic reaction. The Health Supervisor can assist in

developing an emergency protocol designed to treat an individual with an allergic reaction. Most campers will have known allergic reactions and should have medical and prescriptive orders for use in the event of an allergic reaction. These orders must be reviewed by the camp's Health Supervisor and kept easily accessible to camp staff members or volunteers for treatment or in the event of an emergency.

3. Should a camp keep auto-injectable emergency epinephrine at camp for use in an emergency?

Allergic reactions to allergens such as food, insect stings, plants, or latex can be very severe. Every camp must be prepared to intervene during an emergency and have a written protocol for severe allergic reactions. The Health Supervisor should assist in developing this protocol. Decisions regarding epinephrine are based on specific camp variables discussed in Section B10.

When the camp includes a child or adult with a known history of a severe allergic reaction, the individual will have medical and prescriptive orders for use in the event of an emergency, including their own epinephrine prescribed by a physician for use at camp. The orders must be reviewed by the Health Supervisor, kept easily accessible to staff members and volunteers, and the Health Supervisor must train an appropriate number of adult staff members or volunteers at camp on how to administer the epinephrine.

4. Who can administer epinephrine's?

Epinephrine's are considered an emergency medication and are handled according to Sections B(4) and (5).

5. When a child has asthma, must the asthma inhaler be kept secure in the medication storage area?

Whether a child's inhaler should be kept in the medication storage area, with the adult counselor, or with the child is dependent on whether the inhaler is an emergency or routine medication and whether the child is authorized to self-carry the medication. If the asthma inhaler is an emergency medication then it is handled according to Sections B(4) and (5). Otherwise, the inhaler is handled as a routine medication.