

ROUTINE MEDICATION HANDLING POLICIES AND PROCEDURES

Policy: It the Policy of Camp Kinney, the Kinney Center and Saint Joseph’s University (SJU) that, in every circumstance practicable, the parent/guardian of a Camp Kinney participant requiring medication during the camp day should make arrangements to come to camp and personally administer the medication at the appropriate time. If there are exigent circumstances whereby a parent or guardian will not be able to administer the camper’s medication, Camp Kinney will consider requests for the Camp’s Registered Nurse to administer the medication on a case-by-case basis.

Medication administration services are offered as a courtesy to camp participants only where absolutely needed.

For purposes of this Policy, “medication” includes both prescription and non-prescription (i.e., over-the-counter) medications.

Medication Approval

Absent an emergency situation, the Camp Kinney Registered Nurse is the only individual at Camp Kinney who is authorized to administer approved medications.

For Camp Kinney to consider a request for the Camp Registered Nurse to administer medication, the parent/guardian must complete and submit a Medication Administration Consent & Licensed Prescriber Order form, in the form attached to this Policy as Exhibit 1. Upon submission, it will be promptly reviewed by the Kinney Center’s Associate Director of Operations and the Registered Nurse for the propriety of administration at Camp Kinney. This determination shall consider that the medication administration services are only to be utilized for medications within the scope of the Registered Nurse’s experience and practice and related to health conditions of our campers, such as those that treat ADHD and seizure conditions, when the camper’s parent or guardian is unable to do so. Typical medications may include Ritalin, Lorazepam, and other prescriptions related to such conditions.

The Kinney Center and Camp Kinney may refuse any request made to administer medications. The parent or guardian of the camper will be promptly notified by the Associate Director of Operations or the Registered Nurse if Camp Kinney will not administer a requested medication.

It is the Kinney Center, Camp Kinney, and SJU’s policy that no prescription pain killers, including but not limited to the following medications, will be administered at Camp Kinney: Oxycodone, Fentanyl, Vicodin, Morphine, and Hydromorphone.

Storage

The Registered Nurse will manage medications for camp participants. Upon approval and receiving all appropriate forms and the medication bearing the camp participant’s name in the original pharmacy container (or, if non-prescription, the original packaging), the

Unanticipated Events and Emergency Protocol

In the event of medication administration error or any other medical emergency related to the administration of medication (including a camper's severe adverse reaction to an administered medication), the Registered Nurse will call 9-1-1 emergency services immediately and a Program Director will notify appropriate SJU personnel, including Public Safety and the Office of General Counsel. The Registered Nurse (or his/her designee) will also notify Camp Kinney leadership promptly.

In this situation, the Registered Nurse and any other individual assisting him/her will follow the directions of the 9-1-1 personnel and any emergency medical service personnel. If a camper is transported to a hospital or any other location other than Camp Kinney, the Registered Nurse will call the camper's parents to explain the situation and ensure they meet the camp participant at the specified location. In situations not requiring the transport of the camper, the Registered Nurse will promptly advise the camper's parent or guardian of the situation.

In a case where a camper has non-severe reaction (as determined by the Registered Nurse in his/her best professional judgment) to an administered medication, the Registered Nurse will promptly notify the camper's parent or guardian and have the child retrieved from the camp ground immediately.

If a camper requiring medication misses a dose of medication, the Registered Nurse will contact the parent/guardian and/or the prescribing physician for direction on how to appropriately proceed.

When a medical issue or problem related to the administration of medication arises that is not covered by these procedures but does not rise to the level of medical emergency, the Registered Nurse will handle the situation to the best of his/her professional judgment. If the Registered Nurse assesses the situation and feels the need for more support, the Registered Nurse shall contact 9-1-1, the prescribing physician and/or SJU Public Safety for assistance.

Disposal

The Registered Nurse will deposit any medications requiring disposal in a medical waste container provided by the SJU Health Center, which will be stationed in the Registered Nurse's office. The Registered Nurse will coordinate waste collection with the SJU Health Center at the end of each camp day. In most cases, the Registered Nurse will return the waste container each day to the SJU Health Center to ensure appropriate disposal. In the event that needles and/or other medication apparatus need to be disposed, the Registered Nurse will use the appropriate repository provided by the SJU Health Center.

EXHIBIT 1

MEDICATION ADMINISTRATION CONSENT & LICENSED PRESCRIBER ORDER

Camp Participant Name: _____ Date: _____

In accordance with camp policy, medication(s) should either (1) be given at home before and/or after camp or (2) parents/guardians should arrive at camp to personally administer medication(s). When this is not possible, before the camp nurse may administer any necessary medications at camp, each camp participant, or his/her parent or guardian, must provide the camp with this *Medication Administration Consent and Release* form signed by the camp participant's parent/guardian and a *Licensed Prescriber Medication Order* form from a licensed prescriber (for example, an M.D., D.O., PA-C, or CRNP). All medications must bear the camp participant's name and be in an original prescription bottle/container from a pharmacy or, for non-prescription medications, the original medication packaging. The camp nurse will only administer those medications approved by camp policy.

Parents/guardians may direct questions about camp medication administration policies to Allison Flick at 610-660-2172 or Ryan Hammond at 610-660-1390.

Parent/Guardian Medication Consent and Release

I give my permission for child, _____ (Camp Participant Name), to receive the medication listed on the below *Licensed Prescriber Medication Order* during camp times. I understand that the medication(s) will be given by a camp nurse according to the licensed prescriber's directions.

It is understood that medication(s) are administered, if necessary in an assistive manner only, solely at the request of and as an accommodation to the undersigned parent or legal guardian. IN CONSIDERATION OF THE ACCEPTANCE OF THE REQUEST TO PERFORM THIS SERVICE BY ANY CAMP PERSONNEL, THE UNDERSIGNED PARENT OR LEGAL GUARDIAN HEREBY AGREES TO RELEASE, ACQUIT, DISCHARGE, DEFEND, INDEMNIFY, AND HOLD HARMLESS SAINT JOSEPH'S UNIVERSITY, THE KINNEY CENTER, CAMP KINNEY, AND THEIR RESPECTIVE TRUSTEES, OFFICERS, DIRECTORS, AGENTS, STAFF, EMPLOYEES, CONTRACTORS AND STUDENTS, FROM ANY AND ALL CLAIMS, CAUSES OF ACTION, COMPLAINTS OR DAMAGES OF ANY KIND OR NATURE WHICH THEY NOW HAVE OR MAY THEREAFTER HAVE ARISING OUT OF THE ADMINISTRATION OF OR FAILURE TO ADMINISTER MEDICATION(S) TO THE CAMP PARTICIPANT.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____ Date: _____

Please have the licensed prescriber complete Page 2. If more than one medication must be administered, please have the licensed prescriber provide all the Page 2 information for each medication. Attach and return any additional form(s) to Camp Kinney Registered Nurse.



KINNEY CENTER
For Autism Education and Support

Licensed Prescriber Medication Order

Patient's Name: _____ Date: _____

Name of Medication: _____

Route and Dosage: _____

Time of Administration: _____

Directions: _____

Discontinuation Date: _____

Allergies: _____

Licensed Prescriber Signature: _____

Licensed Prescriber Name (Printed): _____

Phone: _____