Conclusion Statement

While there are no laws or rules requiring a nurse at camp, the Nursing Commission concludes that registered nurses (RNs) and licensed practical nurses (LPNs) may provide nursing care in camps up to their lawful and individual scope of practice based on their education, skills, knowledge and abilities. All laws and rules apply to nursing care in the camp setting (as in any other nursing setting), whether in a paid or volunteer position. The Commission advises nurses use the Scope of Practice Decision Tree to determine if an activity is within the nurse’s individual scope of practice. This document provides guidance and recommendations for camp nurses.
Background and Analysis

In February 1999, the Commission received an opinion request on requirements for medical personnel at camps, and if a nurse is required, how does this affect the nurse’s license. State laws and rules for camps focus on environmental health and do not specify medical staff requirements. The Commission receives numerous questions about nursing practice in camp settings. Nursing care in camps can be challenging and may be the only health care provider onsite to address health care and safety needs of campers and staff. Camp settings may be in remote areas with limited access to health care services. Camps may have activities that increase risk for injury or illness such as hiking, rock climbing, contact sports and water sports. Environmental factors may also play a role such as exposure to inclement weather, disasters such as forest fires, allergens, rodents, insects, wild animals and dormitory-style living.

<table>
<thead>
<tr>
<th>Common Roles and Responsibilities of Camp Nurses</th>
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<tr>
<td><strong>RN</strong></td>
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<tr>
<td>• Provide routine and complex nursing care</td>
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<tr>
<td>• Carry out medical regimens under the direction of an authorized provider including administration of over-the-counter drugs, herbals, supplements, homeopathic remedies and legend drugs or controlled substances</td>
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<td>• Monitor campers with chronic conditions, special needs and complex medical treatments</td>
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<td>• Prevent, monitor and respond to communicable disease outbreaks</td>
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<td>• Maintain infection control and safety standards</td>
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<td>• Perform emergency preparedness activities</td>
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<td>• Observe and report suspected child or vulnerable adult abuse or neglect</td>
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<td>• Store and secure medications,</td>
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<td>• Perform quality control activities of medical devices such as glucometers</td>
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<td>• Perform inventory management activities</td>
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<tr>
<td>• Provide first aid, cardiopulmonary resuscitation (CPR) and emergency care</td>
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<tr>
<td>• Develop individualized nursing care plans</td>
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<td>• Communicate with other health care professionals, parents and camp staff as appropriate and to develop individualized health care plans</td>
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<tr>
<td>• Provide routine or complex health promotion and preventive activities for campers and staff</td>
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<tr>
<td>• Delegate nursing tasks to unlicensed assistive personnel (UAP)</td>
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<tr>
<td>• Maintain confidentiality of protected health information (PHI) following federal and state HIPAA laws and rules</td>
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<td>• Document care using nursing process</td>
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Nurse Competency

Basic competencies for camp nurses include the knowledge, skill and ability to perform the following activities within their individual scope of practice:

- Adapt nursing care to the camp setting
- Develop or assist in developing individualized nursing care plans using the nursing process based on the general and specialized health care needs of the campers
- Communicate with health care providers, parents, campers and staff
- Coordinate health activities with routine camp activities
- Provide nursing care for common health problems found in camp settings for healthy individuals and those with common chronic health conditions such as diabetes, asthma, allergies, seizures, behavioral or emotional disorders
- Provide first aid and emergency care and ability to prepare for natural or manmade disasters
- Plan and provide health promotion and illness prevention activities in the camp setting
- Follow infection control practices, communicable disease control practices, mandatory reporting practices and safety practices in the camp setting
- Recognize and provide nursing care specific to age, growth and development, socioeconomic background, health status, geographical location, physical location, daily schedule, risk profile and other factors to determine health risks to campers and staff
- Maintain confidentiality of PHI in a camp setting

Recommendations

Health and Wellness

A health history and nursing assessment is fundamental to determining the health care needs of campers or staff. Written consent is required for treatment from parent(s) or legal guardian for children under 18 years of age and applies to campers and staff. Consent for treatment is recommended for staff 18 years and older. Authorization for medical treatment should be in writing from the camper’s health care provider. A nurse can give medical care in an emergency without written consent. The nurse should be actively involved in safety, emergency preparedness and infection control and illness prevention strategies. Activities should include immunization and health history review of campers and staff identifying at-risk individuals. Staff orientation should include injury and illness prevention, infection control, and other preventive strategies (such as use of helmets or other protective equipment) relevant to the camp setting. The nurse should perform monitoring and surveillance activities.

Nursing Process, Care Planning and Care Coordination

The RN, when developing the individualized nursing care plan, should consider the medical history, restrictions, increased risk for communicable diseases, limitations, special needs, medications, emergency care plan, chronic illness care, level of self-management and advance directives.
Medical Standing Orders

Medical standing orders provide care directives from an authorized provider that describes the parameters of specific situations, under which the nurse may act to carry out specific medical orders for an individual who presents with symptoms or needs addressed in the standing orders. Standing orders, signed and dated by an authorized provider, outline the assessment and interventions a RN or LPN may perform. There should be policies in place that allow use of standing orders at the camp and a description of the process for developing, approval, review and revision. Examples in camp settings may include treatment of common health problems, first aid, emergency care, screening activities and occupational health services. Nurses may provide nursing assistance in cases of emergency. RCW 18.79.240. The camp nurse must only carry out medical standing orders that are within the nurse’s individual scope of practice.

Medication Management

Camp RNs and LPNs may not prescribe or dispense (interpret a prescription for a legend drug or select, measure, compound, label or package) a legend drug. RCW 69.41.010. Camp nurses may administer medications from an appropriately labeled, pre-packaged container with a valid order and prepare medication organizers using medications from pharmacy prepared containers. RCW 18.79.040, RCW 18.79.060, RCW 69.41.050. Pharmacy prepared bubble packing is recommended for routine medications. Nurses must have written consent from an authorized person to give legend and non-legend drugs to children under 18 years old or for someone who is not competent, except in an emergency. RCW 7.70.065. Authorization to give legend drugs, over-the-counter drugs, herbals, supplements or other homeopathic remedies should be in writing from the camper’s health care provider and the camper’s parent or legal guardian. Medications should be stored and secured appropriately. Medications should not be stored with food. Medications should be maintained at proper temperature and internal medications (oral, injectable) and external medications (topical, eye, ear and rectal) distinctly separated. Controlled substances should be kept locked in a secure manner except during administration with accountability processes in place. WAC 246-887-260, WAC 246-887-270. The nurse should consider privacy issues when giving medications. In the camp setting, unless the camp is an extension of a state-approved school, a nurse may not delegate administration of medications to unlicensed assistive personnel (UAP).

Delegation

Many camps employ unlicensed assistive personnel (UAP) staff to help deliver health care. The nurse is legally responsible for directing and supervising delegated nursing actions. RNs may delegate to UAP in carrying out duties to support nursing services. RCW 18.79.240, WAC 246.840-700. LPNs may delegate routine, non-complex nursing care. 246.840-700. UAP must be at least 18 years old to perform delegated nursing tasks. 296.125.030. Nurses may not delegate medication administration, medication assistance, catheter care, blood glucose monitoring, ventilator or tracheostomy care, tube feedings or other tasks that require substantial skill or nursing judgment except in life-threatening situations. 18.79.240. The school nurse may delegate activities as allowed by state laws and rules in a camp setting under the jurisdiction of an approved public or private school. RCW 28A.210. The delegating nurse must determine the competency of the individual before delegation, evaluate the appropriateness of the delegation, and supervise the actions of the person performing the task, RCW18.79.260, determining what level of supervision is necessary.
Communication and Documentation

Documentation in a health care record is a common way of communicating information to staff, parents and other health care providers. The nurse must document care provided including assessments, plans, interventions, outcomes, medication records, release of personal health information (PHI) and other health care activities. Camp nurses are responsible for communicating and documenting significant changes in status to the appropriate health care provider within an appropriate timeframe and method depending on the situation. WAC 246-840-700. Documentation of nursing care must reflect the nursing process. The health record should contain current medical history and physical, immunization records, confidentiality agreements, consent forms, authorization to release health records, emergency contact information, advanced directives and insurance information. The nurse is responsible for documenting medication and treatments given and should clearly reflect when following medical standing orders. The nurse should follow the Washington State Labor and Industry procedures to document and report work-related injuries. Other commonly used documentation methods such as medication and supply inventory tracking systems, surveillance tools, injury and illness reporting systems. Based on national standards and Washington State hospital medical record retention requirements, RCW 70.02.160, the Nursing Commission recommends camp nurses:

- Retain and preserve health care records for campers and staff 18 years and older for at least ten years following the most recent care episode,
- Retain and preserve health care records for campers and staff under 18 years old for at least three years after turning 19 years old or ten years after the most recent care episode,

Retention and preservation for at least one year is required for at least one year after receiving or processing an authorization to release information. RCW 70.41.190.

Privacy and Confidentiality of Protected Health Information (PHI)

Camp nurses must maintain and secure medical records in compliance with state laws, RCW 70.02, and the Health Care Affordability and Accountability Act (HIPAA) and typically cannot release any PHI without written authorization from the patient, parent or legal guardian except on a need-to-know basis with another health care provider. Other exceptions include mandatory reporting of notifiable conditions, WAC 246-101 and suspected abuse or neglect of children or vulnerable adults. RCW 26.55.030.

Licensure and Certification

Nurses must have an active Washington State nursing license. RCW 18.79.030. Nurses accompanying campers to another state need to check with that state to determine if they need a nursing license from that state. Nurses licensed in another state may provide care for a patient temporarily in Washington for up to six months without an in-state license. While there is no requirement for a certification as a camp nurse, the camp may require a specific training course or professional certification in camp nursing or other specialty areas. RCW 18.79.240.

The Commission does not have authority to require professional liability insurance, establish working hours, on-call status, compensation, assignment, camper-nurse ratios or other employer-employee issues. Camps, as employers, can define the employees’ jobs more narrowly than the full scope of practice allowed by law.
Conclusion

Camp nurses are responsible and accountable for giving safe, effective and ethical care that follows federal and state laws and rules. The care they provide must be consistent with their knowledge, skills, critical thinking and judgment in order to address campers’ health care needs and to manage routine, complex and emergency situations. The nurse is responsible for the laws and rules and functioning within the legal scope of practice.

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