

Practice Guideline

Camp Nursing



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

Introduction

Practising nursing care in a camp setting is similar to practising in any other environment. Nurses are accountable for maintaining their competence to provide safe, effective and ethical care. What is different is that, regardless of whether the campers are children or adults, or whether they have health problems, the emphasis of care is on facilitating healthy experiences in a health-promoting environment. The nurse encourages the campers to maintain as much responsibility for their own care as they can.

This fact sheet is intended to inform nurses¹ about the standards documents that are important to the camp nurse. Employers may find this information helpful in understanding nurses' responsibilities as regulated health professionals.

Medication administration

Administration of medication may be one of the major responsibilities in camp nursing. The practice standard *Medication, Revised 2008*, applies to all settings, including camp nursing. Health information about individual campers, including information on medications and over-the-counter (OTC) products in use, as well as emergency contact numbers, should be obtained from the camper or parent prior to attending camp. Most camp nurses find it useful to develop a health form to collect this information.

Administering or recommending OTC medication and preparations without a physician's order

OTC medications and preparations (e.g., acetaminophen, calamine lotion) do not require a prescription; therefore, they are not part of the

controlled act of prescribing. Many agencies, however, require a physician's order before a nurse can administer or recommend OTC medications to clients, while others do not. When there is no physician's order, the nurse is solely accountable for deciding that an OTC is appropriate and is accountable for the outcome of the decision. The health care team should determine what OTCs will be stocked and used at the camp.

Administering medication brought from home

Clients may bring their medication from home for the nurse to administer. Nurses may administer these medications if they are in their original dispensing container (i.e., not in an envelope or mechanical aid for self-administering, such as a pill organizer). Sometimes the client or substitute decision-maker will give directions for administering the medication that are different from those on the dispensing label. The nurse is expected to use judgment when deciding whether to give the medication based on this information, or whether to clarify the directions with a physician. The nurse will document the discrepancy and her/his rationale for following the chosen directions.

Medication administration by others

In some circumstances, camp counsellors may administer medication. The nurse is accountable for determining when this is appropriate and ensuring safeguards are in place.

All medications should be documented in the health record.

¹ In this document, nurse refers to Registered Practical Nurse (RPN), Registered Nurse (RN) and Nurse Practitioner (NP).

Directives

Written directives provide the nurse with another way to perform certain common treatments that may be required by campers. According to the practice standard *Medication, Revised 2008*, a directive is an order applicable to a range of clients who meet certain conditions. A typical directive in a camp setting will involve the administration of a medication and should include the name of the drug, the dosage, the frequency of administration, the route of administration and the criteria indicating the drug is needed. Directives should be developed jointly by the camp physician and the nursing staff. The College of Nurses of Ontario (CNO) recommends that directives are reviewed, updated, approved and signed by the camp physician each year.

Maintaining nursing records

Documentation is integral to safe and effective nursing practice in all settings. Principles of documentation are included in CNO's *Documentation* practice standard. Nurses are expected to ensure that a client's health records remain confidential. Sharing information outside the health care team requires a client's consent. (This does not include sharing information with the client's substitute decision-maker.) In the case of children, the substitute decision-maker, usually the custodial parent or guardian, has the right to access her/his child's health information. However, nurses need to use professional judgment regarding consent as indicated at right.

As well, nurses are expected to ensure that the client is aware of what information is being shared with other health care providers. Campers and parents should be informed before camp begins that health information may need to be shared with camp staff (e.g., counsellors, camp director) on a need-to-know basis. This information can be provided to campers with the health form.

There are several exceptions to maintaining confidentiality. These include the statutory obligation to report child abuse or to address concern that harm may come to a client or others by withholding information.

Records retention

The College's *Documentation* practice standard states that records be retained for at least 10 years following the client's last visit or, if the client was less than 18 years old at the time of his/her last visit, 10 years following the day the client became or would turn 18 years old.

Consent for treatment

Nurses are accountable for obtaining client consent when providing care. Under the *Health Care Consent Act*, there is no minimum age for giving consent. The nurse should use professional judgment, taking into account the circumstances and the client's condition, to determine whether the client has the capability to understand and appreciate the information relevant to making the treatment decision. If the client is incapable of giving consent, then consent must be obtained from a substitute decision-maker. In the case of a child, this is most likely the custodial parent or guardian. The only circumstance in which treatment can be given without consent is in an emergency where the person is apparently experiencing severe suffering or is at risk of sustaining serious bodily harm if the treatment is not administered promptly.

Liability protection

Liability protection can be acquired through insurance held by the camp, by the nurse or both.

Members of the Registered Nurses' Association of Ontario and the Registered Practical Nurses Association of Ontario are eligible for professional liability protection and legal assistance.

For more information

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