

Health Care Rounds – Follow Up from the OCA Conference 2014

Health issues creep up in camp conversations every day: Who can give out medication? What should we have in a first aid kit? Is it a good idea to have an AED on site? Epipen or Allerject?

These and other similar questions were discussed at the Health Care Round Table at the Annual conference – here is an overview that will help shed some light on these topics – or perhaps will raise more questions!

If you would like any further info on the topics below OR other health related issues you can contact the OCA office, they will direct your question to a Health Care Committee Contact person.

Scope of Practise

What is the difference between a Registered Nurse (RN), a Registered Practical Nurse (RPN), a first aider, a paramedic, a student in a nursing school program and a nurse from out of the Province of Ontario?

- The title “nurse” is protected under the Nursing Act, 1991. An RN or RPN are registered with the College of Nurses of Ontario (CON) – these are the ONLY staff who are legally entitled to use the term “nurse” such as camp nurse.
- All other staff that are hired to provide health care to campers or staff are considered Unregulated Care Providers (UCPs) or first aiders and can be referred to other names such as first aider, health care assistant, wellness coordinator etc and the camp should determine the name or title they are going to use for this role.
 - These include staff who may be a student in a nursing school program, first aid certified, paramedic, a nurse from outside the province of Ontario or a nurse who is not registered with the CON, etc.
 - UCPs are not regulated and are accountable to their employers only. It is the employer’s responsibility to ensure that the UCP is competent to perform any assigned task.
 - UCPs have no access to “controlled acts” that RN’s and RPN’s can perform unless delegated to them by a member of the nursing profession who has access to the controlled acts **or** the act is considered a routine activity of living – which is a routine that the camper has in order to maintain their daily routine.
 - Click here for an explanation from the College of Nurses:
<http://www.cno.org/learn-about-standards-guidelines/educational-tools/ask-practice/working-as-a-camp-nurse/>

Medication Distribution

Who can give medications to campers in the camp setting?

- Best practise is to have a Registered Nurse (RN) or a Registered Practical Nurse (RPN) giving all medications
- If your camp does not have an RN or RPN:
 - Families must be aware who is giving medication (see scope of Practise above) – such as a first aider (this includes any staff member who is in a nursing school program, an RN that is not registered to work in Ontario with the College of Nurses of Ontario (CON), anyone with a first aid certificate); Camp director, senior staff etc.
 - Routine medications vs PRN (as needed / over the counter medications - OTC)
The camp should have a signed consent completed by the parent giving permission to administer the camper’s routine medications or OTC meds?
 - OTC medication should only be given if the parent / guardian has indicated that a specific medication can be given. Your health form should include a list of medications available and the doses so the parent / guardian can specify what they permit their camper to take and under what circumstances.
 - A clear dosage or amount of OTC medication that can be given and how often must be clearly indicated
 - Staff must have appropriate health teaching to ensure they know how to safely give the specific medication to avoid a medication error – checking the 5 rights –
Right Medication:
 - Is this the medication the parents provided for the camper?
 - Is this the medication ordered by the doctor?
 - Is the medicine in the original container from the pharmacy?
 - Is this a generic version?
 - Right Dose:
 - How many tablets or doses are to be taken each time?
 - How many times each day?
 - How long does the camper need to continue to take the medication?
 - Right Time:
 - What time of day should the medication be taken?
 - Does it need to be taken with food?
 - Should it taken before a meal, with a meal, after a meal, or with a snack?
 - Right Route:
 - How is the medication taken? Orally (by mouth), injection, g-tube, etc
 - Is it to be swallowed or chewed?

- Can it be crushed if necessary? Can it be mixed with food?
- Should the camper have a sip of water or a full glass?
- If it's an injection, is it intramuscular or subcutaneous? Has the caregiver been instructed in the proper administration?
- If it's an IV med and the caregiver is administering it have they been taught how to administer the medication properly?

Right Patient:

- Is this the right camper? Double check the name of the camper.
- Medication must be signed off after each dose is given – do you have a Medication Administration Record (MARS)? The name, signature, role of the person giving the medication (ie: first aider, camp director etc), camper's name, medication name and time the medication is given must be clearly indicated.

*Look forward to an article in an upcoming OCA newsletter that will address this topic in more detail.

Medication Honeymoon

Should a camper who is on medication discontinue that medication while at camp? The “medication holiday”.

- This is a much debated topic.
- The short answer is, it is the feeling of the Health Care Committee that a camper must focus at camp just as much as at school; social issues are as great at camp as they are at school and it is the feeling that a “medication holiday” should not be taken during the summer months
- The OCA Special Needs Resource Committee is a good resource if you are facing challenges with families in this area.

Health Care Custodian

In Ontario privacy legislation regarding health information is the Personal Health Information Protection Act (PHIPA). This means that only “health information custodians” can have access to an individual’s health information.

Care must be taken to safeguard all health information – this means all files must be kept in a secure, locked location to avoid theft and unauthorized usage; protection against unauthorized copying, modification or disposal.

It is wise to familiarize yourself with PHIPA.

What does this mean for camps?

This means only the camps “health information custodian” can have access to staff and camper health forms. This personnel may include any of the following:

- community service providers (as per the Long Term Care Act),
- health care practitioners (incl. those registered under the Regulated Health Professions Act),
- registered social workers and social service workers,
- unregistered health care practitioners and unregistered persons operating a group health care practice,
- naturopaths, community care access centres (CCACs), and
- most health facilities including public hospitals, long term care facilities, ambulance, laboratories, ambulance services and community health centres.

This means only the camp Doctor, RN, RPN or the staff member assigned the role of unregistered health care staff should have access to the camp health files.

Files should be kept locked when not in use.

Health forms can be put into envelopes so other staff are not able to see the content.

It is very important for your staff and camper health forms to have a statement that is approved by your legal counsel, giving permission for the “health information custodian” to share pertinent information with appropriate staff in the camp on a “need to know basis”.

Liability Insurance

What is the rumour I hear that all RN and RPN’s must have their own insurance?

As of March 31, 2014, the College of Nurses of Ontario (CNO), the nursing profession’s regulatory body, bylaw will take effect requiring all members, excluding those in the non-practising class, to hold professional liability protection (PLP).

This liability protection must be purchased, having a current RN or RPN registration in Ontario does not provide nurses with PLP.

- Camp Directors
 - will want to ensure that your nurses have their PLP
 - consider adding a line on the nurses staff contract asking for their PLP coverage number – this could be a number from the RNAO or other insurance

- may consider paying for your nurses PLP or provide financial assistance to help offset the cost of their PLP
- Nurses can obtain their PLP through:
 - Registered Nurses' Association of Ontario (RNAO) – www.RNAO.ca
 - Ontario Occupational Health Nurses Association (OOHNA) – www.oohna.on.ca
 - Note: OOHNA PLP is only available for RNs

Here are two links you may find helpful



MINISTRY OF LABOUR:

What are the new regulatory requirements for workers and supervisors all about?

On July 1, 2014 the Ontario government new regulations requiring the training of both the employer and employee on the basics of Health and Safety Awareness into effect.

The OCA recently sent out a news flash with information regarding this regulation.

Here is the link to that newsflash document:



Please contact your consultants/lawyer to obtain advice with regard to this legislation, as this material has not been vetted by a lawyer. All camp directors / owners are advised to read the legislation and determine how best to comply.

ANAPHYLAXIS

Sabrina's law - Allerject and epinephrine auto injectors

The Health Care Committee encourages all camps to take the same steps that are outlined in Sabrina's law for schools.

What is Sabrina's law?

- The law, which took effect January 1, 2006, requires school boards to have all principals implement anaphylaxis plans that include: strategies to reduce exposure to allergens, procedures to communicate to parents, students and employees about life-threatening allergies, and regular training on dealing with life-threatening allergies for teachers and

staff. Principals are required to: develop an individual plan for each student at risk of anaphylaxis, maintain a file that lists that student's prescriptions and emergency contacts and ensure that parents enrolling pupils supply information on a child's allergies.

Allergy Awareness

- Food allergies are now under AODA (Accessibility for Ontarians with Disabilities Act - Ministry of Community & Social Services)
- Please use the terminology "Nut Aware" as opposed to Nut Free – we can never guarantee anything to be totally nut free, especially if campers or staff bring food from offsite.

Epinephrine Auto Injectors

There are 2 types of epinephrine auto injectors on the market in Canada, the EpiPen which we see at all of our camps and the newest one the Allerject was on the market last year.

The Allerject:

- is voice activated; the size of a credit card (but thicker) and simple to use
- Roughly the same cost as an epipen
- You can order a free trainer and obtain more info from their website www.allerject.ca
- The same product in the USA is called AuviQ– we hope this is not confusing for campers attending from the US

911 – Should you call – yes or no?

A discussion took place surrounding who has the right to call 911 if a parent (on the other end of the phone) requests that a call to 911 not be made – who makes that decision?

It is clear with any medical situation, if a person taking charge of a medical situation / scene assesses the need to call 911, then the call must be made. A parent or guardian, on the other end of a telephone, does not have the same knowledge as the individual who is in charge of an emergency situation.

Always - if in doubt call 911.

AED

Are AED's mandatory to have on site?

The answer is NO, it is not mandatory however, many camps now have access to one or more AED's on site.

Some camps are purchasing AEDs outright and some are eligible for an AED through the Mickey Network.

The cost has come down considerably and it is more common to see AED's in public places these days. It is a personal choice.

Sunscreen

What do you do when a parent asks you NOT to put sunscreen on their child?

Really there is not much we can do other than go by the parent / guardians wishes. Certainly the camp is within their right to address all of the obvious reasons and rational for sunscreen application with the caregiver. If the result is still no sunscreen it was suggested that you may want to ask the parent to put this request in writing to cover yourself in case the camper does get a burn.

Are staff allowed to help campers with sunscreen application?

Not so surprisingly the room was split on this one. You and your camp have to decide what is right for you and your campers / families!

Here are some points from the discussion:

+ Positive perspective

- Many camps feel it is the right of camper to have assistance with sunscreen if the camper is not able to put their own sunscreen on – really who can reach their own back and who wants a young child putting sunscreen on their own face?
- Staff can be, and should be, trained in good touch vs bad touch
- All campers need to be touched in a good way
- If I cannot trust my staff to apply sunscreen on a camper I should not have them on my staff!

- Negative perspective

- Staff should not have to touch campers – ever
- It is inappropriate for staff to touch campers
- Our camp owners / agency is afraid we will be sued for inappropriate touching

OCA Website

On the OCA Website under the members info section the Helath Care Committee has resources available in the form of fact sheets on Chickenpox, Diarrhea and Head Lice.

Look for more resources to come in the future.