

MARYLAND REGISTER

Emergency Action on Regulations

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| TO BE COMPLETED BY AELR COMMITTEE | EMERGENCY Transmittal Sheet | TO BE COMPLETED BY DSD |
| Date Received by AELR Committee | | Date Filed with Division of State Documents |
| 05/20/2016 | | |
| Emergency Status Approved | | Document Number |
| _ -Yes _ -No | | Date of Publication in MD Register |
| Emergency Status Begins On | | |
| | | |
| Emergency Status Ends On | | |
| | | |
| Name of AELR Committee Counsel | | |

1. COMAR Codification

Title Subtitle Chapter Regulation

10 16 07 14

2. Name of Promulgating Authority

Department of Health and Mental Hygiene

3. Name of Regulations Coordinator

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5. Check applicable items: - New Regulations - Amendments to Existing Regulations - Repeal of Existing Regulations - Incorporation by Reference of Documents Requiring DSD Approval**6. Date Requested for Emergency Status to Begin:** June 1, 2016 (or as soon as possible)**Date Requested for Emergency Status to Expire:** November 27, 2016**7. Agency Will Take the Following Action on These Regulations** - Promulgate them in accordance with State Government Article, §§ 10-101 -- 10-126 - Allow them to expire**8. Is there proposed text which is identical to emergency text:** - Yes - No**9. Check the following item if it is included in the attached document:** - Incorporation by Reference (IBR) approval form(s) attached and 18 copies of documents proposed for incorporation submitted to DSD. (Submit 18 paper copies of IBR document to DSD and one copy to AELR.)**10. Reason for Request for Emergency Status**

The purpose of this emergency action is to promulgate regulations for youth camps pertaining to the management and administration of medications for camp attendees for the 2016 camp season.

This emergency action is being requested because the camp season generally starts around Memorial Day. The previous medication administration regulations for youth camps were repealed in anticipation of this revision.

11. Certificate of Authorized Officer

I certify that the attached document is in compliance with the Administrative Procedure Act. I also certify that the attached text has been approved for legality by Claire Pierson, Assistant Attorney General, (telephone #410-767-6526) on May 20, 2016. A signed copy of the approval is on file at this agency.

Name of Authorized Officer

Van T. Mitchell

Title

Secretary

Telephone No.

410-767-6500

Date

May 20, 2016

Title 10
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Subtitle 16 HOUSING

10.16.07 Health and Medication Requirements for Youth Camps

Authority: Health-General Article, §14-403, and Health Occupations Article, §§8-6A-01—8-6A-16 and 14-306, Annotated Code of Maryland

Notice of Emergency Action

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The Joint Committee on Administrative, Executive, and Legislative Review has granted emergency status to new Regulation .14 under COMAR 10.16.07 Health and Medication Requirements for Youth Camps.

Emergency status began:

Emergency status expires:

Comparison to Federal Standards

There is no corresponding federal standard to this emergency action.

Estimate of Economic Impact

I. Summary of Economic Impact.

This proposal clarifies the requirements for youth camps regarding medication administration. Youth camps will be required to obtain training for staff members who will be administering medication if they are not licensed health care professionals. These staff members will need to successfully complete a training course approved by the Department of Health and Mental Hygiene (the Department), and will incur an indeterminate cost to attend the training. However, the additional training will allow youth camps to operate with more certainty and comfort when accepting campers who have routine medication needs. This additional training also has the potential to increase the number of campers attending a youth camp. Additionally, some youth camps may find the need to hire a licensed health care provider, which could increase costs.

The general public is also expected to benefit because this proposal clarifies issues

regarding medication administration. This proposal increases the certainty and allows for a broader range of options regarding medication administration at youth camps. No economic impact is anticipated on the Department, other State agencies, or local government.

| II. Types of Economic Impact. | Revenue (R+/R-) | Magnitude |
|---|-------------------------|---------------|
| | Expenditure (E+/E-) | |
| A. On issuing agency: | NONE | |
| B. On other State agencies: | NONE | |
| C. On local governments: | NONE | |
| | Benefit (+) Cost (-) | Magnitude |
| D. On regulated industries or trade groups: | (-) | Indeterminate |
| (2) | (+) | Indeterminate |
| E. On other industries or trade groups: | NONE | |
| F. Direct and indirect effects on public: | (+) | Indeterminate |

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

D(1). Youth camps will be required to obtain training for staff members who will be administering medication if they are not licensed health care professionals. These staff members will need to successfully complete a training course approved by the Department, and will incur an indeterminate cost to attend the training. Some youth camps may also find that they need to hire a licensed health care provider, which could increase costs.

D(2). The additional training required by this proposal will allow youth camps to operate with more certainty and comfort when accepting campers who have routine medication needs so it has the potential to increase the number of campers attending a youth camp.

F. The general public is expected to benefit because this proposal clarifies issues regarding medication administration, and also increases the certainty and allows for a broader range of options regarding medication administration at youth camps.

Economic Impact on Small Businesses

The emergency action has a meaningful economic impact on small business. An analysis of this economic impact follows.

This proposal will bring greater clarity to medication administration issues, and will have the greatest impact on smaller youth camps. These youth camps will now face

medication administration with greater certainty. Youth camps will now have an opportunity to send staff members to medication administration trainings approved by the Department; therefore, simplifying and expanding opportunities for youth camps to accept campers with chronic medical problems. The magnitude of this impact is indeterminate and cannot be calculated at this time.

Economic Impact Statement Part C

A. Fiscal Year in which regulations will become effective: FY 2016

B. Does the budget for the fiscal year in which regulations become effective contain funds to implement the regulations?

C. If 'yes', state whether general, special (exact name), or federal funds will be used:

D. If 'no', identify the source(s) of funds necessary for implementation of these regulations:

E. If these regulations have no economic impact under Part A, indicate reason briefly:

F. If these regulations have minimal or no economic impact on small businesses under Part B, indicate the reason and attach small business worksheet.

G. Response to small business worksheet:

Attached Document:

Title 10

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 16 HOUSING

10.16.07 Health and Medication Requirements for Youth Camps

Authority: Health-General Article, §14-403, and Health Occupations Article, §§8-6A-01—8-6A-16 and 14-306, Annotated Code of Maryland

.14 Medications.

A. *An operator shall ensure that:*

(1) *Except for medication covered by standing orders as described in §I of this regulation, before administration of a medication, written authorization is provided on a Medication Administration Authorization Form meeting the requirements of §F of this regulation;*

(2) *Except for a primitive camp as defined in COMAR 10.16.06.02, emergency medication, or while a medication is being administered, medication is kept in a locked storage compartment;*

(3) *A prescription medication is kept in the original container bearing a pharmacy label that includes the:*

(a) *Prescription number;*

(b) *Date filled;*

(c) *Authorized prescriber's name;*

(d) *Patient's name;*

(e) *Name of the medication;*

(f) *Dose of the medication;*

(g) *Route of administration for the medication;*

(h) *Time or frequency of administration for the medication; and*

(i) *Expiration date;*

(4) *A nonprescription medication is kept in the original container that includes the directions for use;*

(5) *Medication is given to the camper from the original container;*

(6) *The directions provided in the prescriptive order for the medication found on the Medication Administration Authorization Form or the standing order are followed;*

(7) *The staff member or designated volunteer administering the medication or supervising a camper who is self-administering medication knows the side effects and toxic effects of the medication;*

(8) *Medication is kept in a secure manner;*

(9) *Emergency medications are handled according to §D of this regulation;*

(10) *Medication is stored according to the manufacturer's directions;*

(11) *A staff member or designated volunteer documents medication administration on a Medication Administration Form meeting the requirements of §G of this regulation;*

(12) *A staff member or designated volunteer documents the final disposition of the medication on a Medication Final Disposition Form meeting the requirements of §H of this regulation;*

(13) *Except as allowed in §A(14) of this regulation, within 2 weeks after the end of the camping session or when the medication is discontinued, medication is:*

(a) *Returned to:*

(i) *The parent;*

(ii) *The guardian; or*

(iii) *An individual designated by the parent or guardian who has written authorization to pick-up the camper and the medication; or*

(b) *Destroyed; and*

(14) *If authorized in writing by the parent or guardian, an unaccompanied camper traveling by themselves may take their medication with them at the end of the camping session.*

B. *Staff Administration - Routine Medication. Except as allowed in §E of this regulation, an operator shall ensure that a routine medication, other than insulin, is administered by:*

(1) *A licensed or certified professional:*

(a) *Who is authorized to practice in Maryland; and*

(b) *Whose scope of practice includes medication administration; or*

(2) *An adult staff member or a volunteer designated by the operator who on an annual basis successfully completes a training course approved annually by the Department.*

C. *Staff Administration - Insulin.* Except as allowed in §E of this regulation, an operator shall ensure that insulin is administered by a licensed or certified professional:

- (1) Who is authorized to practice in Maryland; and
- (2) Whose scope of practice includes medication administration.

D. *Staff Administration - Emergency Medication.*

(1) Except as allowed in Regulation .15 of this chapter, an operator shall ensure that:

(a) Emergency medication is:

- (i) Carried by the camper needing the medication if authorized according to §E(2) of this regulation;
- (ii) Carried by an adult staff member or volunteer directly supervising the camper; or
- (iii) Stored at a designated easily accessible location; and

(b) Emergency medication is administered by:

(i) The camper so long as the camper is capable and authorized to self-administer according to §E of this regulation;

(ii) An adult staff member or volunteer meeting the requirements of §B of this regulation; or

(iii) An adult staff member or volunteer trained by a health supervisor.

(2) An operator may allow a camper to self-carry an emergency medication if both the parent or guardian and a licensed or authorized prescriber have provided written consent for the camper to self-carry the emergency medication.

E. *Self-Administration.* An operator may allow a camper to self-administer medication, including insulin, if:

(1) Both the parent or guardian and a licensed or authorized prescriber have provided written consent for the camper to self-administer the medication;

(2) The health supervisor has designated an adult staff member or volunteer to supervise the camper while the camper is self-administering medication; and

(3) The designated adult staff member or volunteer supervises the camper while the camper is self-administering medication.

F. *Medication Administration Authorization Form.* A Medication Administration Authorization Form shall include:

(1) The written prescriptive order for the medication that includes:

(a) The child's name;

(b) The child's date of birth;

(c) The condition for which the medication is being administered;

(d) Whether or not the medication is an emergency medication;

(e) The name of the medication;

(f) The dose of the medication;

(g) The route of administration for the medication;

(h) The time or frequency of administration for the medication;

(i) If PRN, the frequency and for what symptoms the medication should be administered;

(j) The known side effects of the medication specific to the camper;

(k) The date medication administration shall begin;

(l) The date medication administration shall end, not to exceed 1 year from the beginning date;

(m) The authorized prescriber's name;

(n) The authorized prescriber's title;

(o) The authorized prescriber's telephone number;

(p) The authorized prescriber's fax number;

(q) The authorized prescriber's address;

(r) The authorized prescriber's signature; and

(s) The date the form is signed by the authorized prescriber;

(2) The following statement: "I request the authorized youth camp operator, staff member or volunteer to administer the medication or to supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an adult must pick up the medication; otherwise, it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA";

(3) The parent's or guardian's signature;

(4) The date the parent or guardian signed the form;

(5) The parent's or guardian's primary phone number;

(6) The parent's or guardian's alternative phone number;

(7) If a camp allows a camper to self-administer medication, authorization to self-administer medication that includes:

(a) The following statement: "I authorize self-administration of the above listed medication for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer";

(b) The signature of the authorized prescriber and the date the form is signed under the statement in §F(7)(a) of this regulation; and

(c) *The signature of the parent or guardian and the date the form is signed under the statement in §F(7)(a) of this regulation; and*

(8) *If a camp allows a camper to self-carry emergency medication, authorization to self-carry emergency medication that includes whether the:*

(a) *Authorized prescriber gives permission for the child to self-carry emergency medication; and*

(b) *Parent or guardian gives permission for the child to self-carry emergency medication.*

G. Medication Administration Form. A Medication Administration Form shall include the:

(1) *Child's name;*

(2) *Child's date of birth;*

(3) *Name of the medication;*

(4) *Dose of the medication;*

(5) *The route of administration for the medication;*

(6) *The time or frequency of administration for the medication;*

(7) *Amount of medication administered;*

(8) *Date and time of administration; and*

(9) *Name of the individual who administered the medication to the child or that the child self-administered the medication.*

H. Medication Final Disposition Form. A Medication Final Disposition Form shall include:

(1) *The child's name;*

(2) *The child's date of birth;*

(3) *The name of the medication;*

(4) *The final disposition of the medication;*

(5) *Documentation that the medication is returned to the parent or guardian or authorized individual, including the;*

(a) *Name of the individual to whom the medication was returned; and*

(b) *Signature of the staff member or volunteer who returned the medication; and*

(6) *A section for documenting that the medication was destroyed that includes the:*

(a) *Signature of the individual responsible for destroying the medication;*

(b) *Signature of the individual witnessing the destruction of the medication; and*

(c) *Dates each individual signed the form.*

I. Standing Orders. When standing orders from a licensed or certified professional authorized to prescribe medication are used in place of the Medication Administration Authorization Form required in §A(1) of this regulation, an operator shall ensure that;

(1) *Written permission is obtained from the child's parent or guardian to administer the medication; and*

(2) *The medication is administered by a staff member or volunteer who meets the requirements in §B(1) of this regulation.*

J. Medications at Primitive Camps. Except for emergency medication that the camper is authorized to self-carry according to §E(2) of this regulation, in a primitive camp as defined in COMAR 10.16.06.02, medication is kept inaccessible to the camper.

K. Staff Member or Volunteer Medication.

(1) *An operator shall:*

(a) *Provide a means to secure medication for a staff member or volunteer when a medication is brought to camp; and*

(b) *Ensure that all staff member or volunteer medications are maintained in a secure manner at all times.*

(2) *Except when a staff member or volunteer is self-administering a medication, an operator shall:*

(a) *Ensure that a staff member or volunteer:*

(i) *Provides written authorization on a Medication Administration Authorization Form meeting the requirements of §F of this regulation for each medication brought to camp; and*

(ii) *Who is an adult, signs the Medication Administration Authorization Form in lieu of a parent or guardian; and*

(b) *For a staff member or volunteer taking medication, have on file for each medication:*

(i) *A Medication Administration Authorization Form;*

(ii) *A Medication Administration Form; and*

(iii) *A Medication Final Disposition Form.*

L. Form Retention. An operator shall retain for 3 years and make available to the Department the completed:

(1) *Medication Administration Authorization Form;*

(2) *Medication Administration Form; and*

(3) *Medication Final Disposition Form.*

VAN T. MITCHELL

Secretary of Health and Mental Hygiene

