The Secretary of Health and Mental Hygiene proposes to:
(1) Amend Regulations .02, .06, .08, .14, .15, .21, and .51, repeal existing Regulation .22 and adopt new Regulation .22, and repeal existing Regulations .23—.33 under COMAR 10.16.06 Certification for Youth Camps; and
(2) Adopt new Regulations .01—.16 under a new chapter, COMAR 10.16.07 Health and Medication Requirements for Youth Camps.

Statement of Purpose
The purpose of this action is to align youth camp regulations with legislative mandates resulting from the 2015 legislative session and to reorganize health and safety protocols to better clarify medication administration for youth camps. Specifically, a helmet requirement for rock climbing and high ropes activities has been added and a new chapter dedicated to all youth camp health and medication requirements will be promulgated (COMAR 10.16.07). This chapter will include requirements for the emergency treatment of adverse reactions to allergens or insect stings as mandated by Senate Bill 344.

Comparison to Federal Standards
There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact
The proposed action has no economic impact.

Economic Impact on Small Businesses
The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities
The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment
Comments may be sent to Michele Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 West Preston Street, Room 512, Baltimore, MD 21201, or call 410-767-6499 (TTY 800-735-2258), or email to dhmh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through February 8, 2016. A public hearing has not been scheduled.

10.16.06 Certification for Youth Camps
Authority: Family Law Article, §§5-560—5-568, 5-704, and 5-705; Health-General Article, §§2-104, 14-402(d), 14-403, 18-318, and 18-403; Health Occupations Article, §§8A-6A-01—8A-6A-16 and 14-306; Annotated Code of Maryland

.02 Definitions.
A. (text unchanged)
B. Terms Defined.
   (1) (text unchanged)
   (2) “Acute illness” means an abnormal condition of the body with rapid onset associated with recognizable symptoms and signs, such as chicken pox, gastroenteritis, influenza, or streptococcal sore throat, which has a short course of duration, as opposed to a chronic illness of long duration lasting 30 calendar days or more.
   (3) Administer Medication.
(a) “Administer medication” means the act of providing, preparing, or applying a nonprescription or prescription medication.
(b) “Administer medication” does not include:
(i) Reminding a camper to take a nonprescription or prescription medication; or
(ii) Providing physical assistance with opening and removing a nonprescription or prescription medication from the container or locked storage.

Critical violation” means failure to comply with:
(a) .22A(1) and (2) of this chapter COMAR 10.16.07.03A(1) and (2);
(b) A majority of the required procedures in .22A(4) and (5) of this chapter COMAR 10.16.07.03A(4) and (5);
(c) .23 of this chapter COMAR 10.16.07.04;
(d) .27A–C of this chapter COMAR 10.16.07.08A–C;
(e) .23 of this chapter COMAR 10.16.07.04;
(f) .27A–C of this chapter COMAR 10.16.07.08A–C;
(g) .23 of this chapter COMAR 10.16.07.04;
(h) .23 of this chapter COMAR 10.16.07.04.

“Emergency medication” means a medication, identified by a camper’s plan of action for use in case of a medical emergency, for a camper with an identified medical problem.

“Health supervisor” means an individual who:
(a) Provides health services for a camp; and
(b) Is licensed by the State as a:
(i) Physician;
(ii) Certified nurse practitioner; or
(iii) Registered nurse.

“Identified medical problem” means a chronic physical condition diagnosed by a licensed health care professional that:
(i) Requires specific medical treatment and supervision; and
(ii) If untreated, can adversely affect the general health of the camper.
(b) “Identified medical problem” includes, but is not limited to, asthma, cancer, diabetes, and epilepsy.
(c) “Identified medical problem” does not include a chronic physical condition, which does not typically cause other medical problems or have an adverse effect on the general health of the camper, such as blindness, deafness, or a developmental disability.

“Recreational activity” includes, but is not limited to:
(i) Instruction or skill development in an activity listed in §B(34)(b)(i)–(xiii) and (39) §B(29)(b)(i)–(xiii) and (30) of this regulation.
(ii) A program that operates before, after, or before and after a child care program’s daily session as set forth in §B(45)(c)(i)–(iii) §B(39)(c)(i)–(iii) of this regulation;
(iii) A program that operates before, after, or before and after a child care program’s daily session as set forth in §B(45)(c)(i)–(iii) §B(39)(c)(i)–(iii) of this regulation;

Youth camp” does not include:
(i) A program that operates before, after, or before and after a child care program’s daily session as set forth in §B(45)(c)(i)–(iii) §B(39)(c)(i)–(iii) of this regulation;
(ii) A program that operates before, after, or before and after a child care program’s daily session as set forth in §B(45)(c)(i)–(iii) §B(39)(c)(i)–(iii) of this regulation;

.06 Annual Report and Self-Assessment.
A. An operator of a program or activity that complies with Regulation .03 or .04 of this chapter and an operator of a youth camp shall submit an annual report, on a form prescribed by the Department, within 4 weeks of the end of the program, activity, or camp to the Department stating:
(a) (text unchanged)
The number of injuries and illnesses that required an operator to submit a report to the Department under Regulation .25 of this chapter; and

B. (text unchanged)

.08 Application Procedures and Fees.

A. For a camp that was not issued a certificate or a letter of compliance by the Department in the previous calendar year, an operator shall:

(1) (text unchanged)

(2) (text unchanged)

(3) Submit documentation that verifies compliance with or capability of compliance with:

(a) (text unchanged)

(b) (text unchanged)

(c) Health program as specified in Regulation .22A(1), (3), and (4)—(6) of this chapter;

(d) Health personnel as specified in Regulation .23 of this chapter;

(e) Camper’s health record as specified in Regulation .27 of this chapter;

(f) Staff member’s or volunteer’s health record as specified in Regulation .29 and medication requirements as specified in Regulation .22 of this chapter;

(g) (text unchanged)

(h) (text unchanged)

B.—H. (text unchanged)

.14 Denial of a Certificate or Letter of Compliance.

A. (text unchanged)

B. The Department shall deny an application for a certificate or a letter of compliance in writing, setting forth the reason or reasons for the denial, if the operator fails within the time period specified by the Department to correct a violation of:

(1) (text unchanged)

(2) (text unchanged)

(3) (text unchanged)

(4) Regulation .23A of this chapter;

(5) Regulation .23B and E of this chapter for at least one adult at camp at all times;

(6) Regulation .25 of this chapter;

(7) Regulation .27D of this chapter;

(8) Regulation .28 of this chapter;

(9) Regulation .29D of this chapter;

(10) Regulation .30 of this chapter;

(11) Regulation .31 of this chapter;

[1(13)](4)—[1(20)](12) (text unchanged)

C.—D. (text unchanged)

.15 Suspension or Revocation of a Certificate or Letter of Compliance.

A. (text unchanged)

B. The Department shall suspend or revoke a certificate or letter of compliance if the operator fails within the time period specified by the Department to correct a violation of:

(1) (text unchanged)

(2) (text unchanged)

(3) (text unchanged)

(4) Regulation .23A of this chapter;

(5) Regulation .23B and E of this chapter for at least one adult at camp at all times;

(6) Regulation .25 of this chapter;

(7) Regulation .27D of this chapter;

(8) Regulation .28 of this chapter;

(9) Regulation .29D of this chapter;

(10) Regulation .31 of this chapter;

[1(12)](4)—[1(19)](11) (text unchanged)

C.—D. (text unchanged)

.21 Criminal Background Investigations.

A. An operator shall:

(1) (text unchanged)

(2) Ensure that before the camp operates, the Department has on file for the personnel administrator a:

(a) (text unchanged)

(b) [Notice] Response from Child Protective Services indicating the status of the background clearance; and

(3) (text unchanged)

B. (text unchanged)

C. The personnel administrator shall:

(1) Ensure that, for an individual employed at a camp a:

(a) — (b) (text unchanged)
Notice from Child Protective Services indicating the status of the background clearance is kept on file with the employer once received from Child Protective Services;

D.—G. (text unchanged)

.22 Health and Medication Requirements
An operator shall ensure that a camp complies with COMAR 10.16.07.

.51 Other Specialized Activities.
A.—C. (text unchanged)
D. Except when an auto-belay system is utilized, an individual participating in rock climbing or high ropes activities, regardless of whether the activity occurs on manufactured equipment or natural formations, shall wear a helmet.

10.16.07 Health and Medication Requirements for Youth Camps
Authority: Family Law Article, §§5-560—5-568, 5-704, and 5-705; Health-General Article, §§2-104, 13-701-13-708; 14-402(d), 14-403, 18-318, and 18-403; Health Occupations Article, §§8-6A-01—8-6A-16 and 14-306; Annotated Code of Maryland

.01 Scope.
This chapter applies to programs or activities that meet the definition of youth camp as defined in COMAR 10.16.06.02.

.02 Definitions.
A. In this chapter, the following terms have the meanings indicated.
B. Terms Defined.
(1) “Acute illness” means an abnormal condition of the body with rapid onset associated with recognizable symptoms and signs, such as chicken pox, gastroenteritis, influenza, or streptococcal sore throat, which has a short course of duration, as opposed to a chronic illness of long duration lasting 30 calendar days or more.
(2) Administer Medication.
   (a) “Administer medication” means the act of providing, preparing, or applying a medication.
   (b) “Administer medication” does not include:
      (i) Reminding a camper to take a medication; or
      (ii) Providing physical assistance with opening and removing a medication from the container or locked storage.
(3) “Adult” has the meaning stated in COMAR 10.16.06.02.
(4) “Agent” means an individual who:
   (a) Is at least 18 years old;
   (b) Has successfully completed, at the expense of an applicant, an emergency epinephrine educational training program approved by the Department; and
   (c) Is appointed by a certificate for emergency epinephrine holder to administer auto-injectable epinephrine in an emergency situation.
(5) “Anaphylaxis” means a sudden, severe, and potentially life-threatening allergic reaction that occurs when an individual is exposed to an allergen.
(6) “Applicant” means an individual applying for a Certificate for Emergency Epinephrine.
(7) “Auto-injectable epinephrine” means a portable, disposable drug delivery device that contains a premeasured single dose of epinephrine that is used to treat anaphylaxis in an emergency situation.
(8) “Camp” means a youth camp as defined in COMAR 10.16.06.02.
(9) “Camper” has the meaning stated in COMAR 10.16.06.02.
(10) “Certificate” means a document showing the authority to operate a youth camp, issued by the Department of Health and Mental Hygiene pursuant to COMAR 10.16.06 and Health-General Article, §14-403, Annotated Code of Maryland, which displays the name of the person granted the authority.
(11) “Certificate for emergency epinephrine” means a certificate or an endorsement on the operating certificate of a youth camp issued by the Department of Health and Mental Hygiene to an individual who operates a youth camp under COMAR 10.16.06 to obtain, store, and administer auto-injectable epinephrine.
(12) “Certificate for emergency epinephrine holder” means an individual who is authorized by the Department of Health and Mental Hygiene to obtain, store, and administer auto-injectable epinephrine to be used in an emergency situation.
(13) “Day” has the meaning stated in COMAR 10.16.06.02.
(14) “Department” has the meaning stated in COMAR 10.16.06.02.
(15) “Director” has the meaning stated in COMAR 10.16.06.02.
(16) “Emergency medication” means a medication, identified by a camper’s plan of action for use in case of a medical emergency, for a camper with an identified medical problem.
(17) “Health supervisor” means an individual who:
(a) Provides health services for a camp; and
(b) Is licensed by the State as a:
   (i) Physician;
   (ii) Certified nurse practitioner; or
   (iii) Registered nurse.

(18) **Identified Medical Problem.**
(a) “Identified medical problem” means a chronic physical condition diagnosed by a licensed health care professional that:
   (i) Requires specific medical treatment and supervision; and
   (ii) If untreated, can adversely affect the general health of the camper.
(b) “Identified medical problem” includes, but is not limited to:
   (i) Asthma;
   (ii) Cancer;
   (iii) Diabetes; and
   (iv) Epilepsy.
(c) “Identified medical problem” does not include a chronic physical condition, which does not typically cause other medical problems or have an adverse effect on the general health of the camper, such as:
   (i) Blindness;
   (ii) Deafness; or
   (iii) A developmental disability.

(19) “Medication” means any nonprescription or prescription medication present at camp.

(20) “Operate” means to supervise, control, conduct, or manage a youth camp as:
(a) An owner;
(b) An agent of the owner;
(c) A lessee of the owner;
(d) A director; or
(e) An independent contractor.

(21) “Operator” has the meaning stated in COMAR 10.16.06.02.
(22) “Person” has the meaning stated in COMAR 10.16.06.02.
(23) “Secretary” has the meaning stated in COMAR 10.16.06.02.
(24) “Self-administer medication” means the act of an individual’s ingesting, injecting, or applying the individual’s own medication when the individual:
   (a) Identifies the individual’s own medication; and
   (b) Follows the directions for use, including the correct route, dose, and frequency.

(25) “Successfully completed” means to pass a written examination with a grade of 75 percent or higher.

.03 Health Program.
A. An operator shall prepare and implement a written health program that:
(1) Is approved annually, in writing, by a physician, certified nurse practitioner, or registered nurse licensed to practice in the State;
(2) Is on file in the headquarters or office of the camp and is available to the camp staff members;
(3) Includes the name, title, and license number of the health supervisor;
(4) Includes procedures for the camp staff members to:
   (a) Obtain camper, staff, and volunteer health information;
   (b) Notify the camp health supervisor when a camper has an identified medical problem to ensure that there is a plan of action at the camp in case of a medical emergency;
   (c) Disseminate information to staff members that work with a camper having a health problem;
   (d) Care for a camper with an identified medical problem;
   (e) Maintain confidentiality regarding all health information on campers and staff members;
   (f) Observe campers each day for easily discernible signs of injury or illness;
   (g) Handle health emergencies and accidents;
   (h) Use emergency ambulance services and 911 services;
   (i) Care for and supervise an injured or ill camper until the camper is returned to the parent, guardian, or the parent’s or guardian’s designee;
   (j) Notify a parent, guardian, or the parent’s or guardian’s designee when a camper is observed to be injured or ill;
   (k) Report health situations in accordance with Regulations .06 and .07 of this chapter; and
   (l) Prevent the spread of an infectious disease using:
      (i) Hand washing procedures;
      (ii) Personal protective equipment;
      (iii) Personal hygiene; and
      (iv) An exposure control plan;
Includes procedures for handling medication at camp, in accordance with Regulation .14 of this chapter; and
If using electronic records, includes procedures for, in the event that a power or server outage prevents access to the electronic record:
(a) Accessing camper, staff, and volunteer health information;
(b) Documenting injuries, illnesses, and other reportable diseases and conditions in a paper health log; and
(c) Documenting medication administration on a paper form.
B. An operator shall ensure and document that, not more than 30 calendar days before working at the camp, each staff member or volunteer:
(1) Is trained in the health program;
(2) Demonstrates knowledge of the health program procedures; and
(3) Is provided with the opportunity to discuss the procedures and have any questions answered by a supervisor.
C. A staff member or volunteer shall conduct health procedures according to the health program.

.04 Health Personnel.
An operator shall ensure that:
A. A camp health supervisor is:
(1) Available for consultation at all times when campers are present at a camp; and
(2) On site at all times when campers are present in a camp where 50 percent or more of the campers have identified medical problems;
B. Two adults with cardiopulmonary resuscitation certification by a national organization with a training program in cardiopulmonary resuscitation are on duty at all times;
C. If a camp has campers participating in a trip and campers remaining at camp, an adult with cardiopulmonary resuscitation certification by a national organization with a training program in cardiopulmonary resuscitation is on duty:
(1) With the trip; and
(2) At the camp;
D. The cardiopulmonary resuscitation certification by the national organization is appropriate to the age of campers and staff members;
E. Two adults with first aid certification by a national organization with a training program in first aid are on duty at all times; and
F. If a camp has campers participating in a trip and campers remaining at camp, an adult with first aid certification by a national organization with a training program in first aid is on duty:
(1) With the trip; and
(2) At the camp.

.05 Health Log.
An operator shall ensure that:
A. A camp staff member records in the camp health log, for all injuries, illnesses, medication errors, and reportable diseases and conditions as delineated in COMAR 10.06.01, the:
(1) Date;
(2) Name of individual;
(3) Ailment;
(4) Treatment prescribed; and
(5) Name of the individual administering care or initials of the individual administering care if a list of names and initials is provided at the front of the health log;
B. The camp health log is:
(1) Written on lined paper;
(2) Maintained in a confidential manner;
(3) Stored in a locked compartment;
(4) Available at all times for review by the Department; and
(5) Retained for a period of 3 years;
C. Each entry in the camp health log is:
(1) Recorded in ink and no lines are skipped, providing a permanent record that is not easily modified; and
(2) Legibly signed by the individual administering care at the camp; and
D. The camp health log is a:
(1) Bound volume, such as a composition notebook;
(2) Spiral book with sequentially numbered pages; or
(3) Dedicated paper record per individual.

.06 Required Health Reports.
For all campers, staff members, and volunteers, an operator shall ensure that:
A. An injury or illness that results in death or that requires resuscitation or admission to a hospital is reported:
(1) Immediately to the health supervisor and, in the case of a minor, to the minor’s parent or guardian;
(2) Verbally to the Department within 24 hours; and
(3) To the Department within 1 week of the incident, on a form that meets the requirements of Regulation .07 of this chapter;

B. An injury that is treated at an off-site medical facility and that results in a positive diagnosis through clinical examination, laboratory test, or X-ray is reported:
   (1) Immediately to the health supervisor and, in the case of a minor, to the minor’s parent or guardian; and
   (2) To the Department within 4 weeks of the end of camp on a form that meets the requirements of Regulation .07 of this chapter;

C. When a camp health supervisor is on duty at the camp, an accident with no apparent injury, such as a fall from a horse, a fall from equipment, or impact from sports equipment, is reported immediately to the health supervisor;

D. When a camp health supervisor is only available for consultation and not on duty at the camp, the minor’s parent or guardian is notified as soon as possible and before the end of the camp day, verbally or in writing, of:
   (1) An illness or injury that is not included in §A or B of this regulation; or
   (2) An accident with no apparent injury, such as:
      (a) A fall from a horse;
      (b) A fall from equipment; or
      (c) Impact from sports equipment;

E. An outbreak of a disease or a condition that is required to be reported pursuant to COMAR 10.06.01 is reported:
   (1) Immediately to the health supervisor and in the case of a minor, to the minor’s parent or guardian;
   (2) Verbally to the Department within 24 hours; and
   (3) To the Department within 1 week of the incident on a form that meets the requirements of Regulation .07 of this chapter;

F. A medication error or incident that required the administration of auto-injectable epinephrine is reported:
   (1) Immediately to the health supervisor and, in the case of a minor, to the minor’s parent or guardian; and
   (2) To the Department within 4 weeks of the end of camp on a form that meets the requirements of Regulation .07 of this chapter; and

G. A camp health supervisor and camp director shall:
   (1) Annually review all health log records and identify opportunities to reduce incidents, accidents, injuries, and medication errors; and
   (2) Make available to the Department for review written documentation of the findings of the review of health log records.

.07 Reportable Condition Report Form.
An operator shall ensure that:
A. Any reportable condition described in Regulation .06 of this chapter is reported to the Department on a form prescribed by the Department;
B. Each report form is:
   (1) Completed in duplicate; and
   (2) Signed and dated by the person completing the form;
C. The original report form is maintained for at least 3 years; and
D. A copy of the report is forwarded to the Department with personal identifiers removed to maintain confidentiality.

.08 Camper’s Health Record.
An operator shall ensure that each camper has on file at the time of admission to a youth camp a written personal health record that includes:
A. The name of the camper’s primary care physician or other provider of medical care;
B. Pertinent information on any health problem including a physical, psychiatric, or behavioral problem;
C. The name and phone number of a parent or legal guardian and at least one additional person to contact in an emergency situation; and
D. For a camper who currently resides:
   (1) Within the United States, a United States territory, or the District of Columbia, documentation of:
      (a) The camper’s residence; and
      (b) Immunization exemptions because of a parental or guardian objection or medical contraindication; or
   (2) Outside the United States, a United States territory, or the District of Columbia, documentation of:
      (a) The camper’s residence; and
      (b) Record of vaccination or immunity on a form prescribed by the Department.

.09 Staff Member’s or Volunteer’s Health Record.
An operator shall ensure that each staff member or volunteer has on file at the time of employment or volunteering at a youth camp a written personal health record that includes:
A. The name of the staff member’s primary care physician or other provider of medical care;
B. Pertinent information on any health problem including a physical, psychiatric, or behavioral problem;
C. The name and phone number of a person to contact in an emergency; and

D. For a staff member or volunteer who currently resides:
   (1) Within the United States, a United States territory, or the District of Columbia, documentation of:
      (a) The staff member’s or volunteer’s residence; and
      (b) Immunization exemptions because of a parental or guardian objection or medical contraindication; or
   (2) Outside the United States, a United States territory, or the District of Columbia, documentation of:
      (a) The staff member’s or volunteer’s residence; and
      (b) Record of vaccination or immunity on a form prescribed by the Department.

.10 Electronic Records.
A. All of the following records may be kept electronically:
   (1) A health log;
   (2) A camper health record;
   (3) A staff or volunteer health record;
   (4) A Medication Administration Authorization Form;
   (5) A Medication Administration Form;
   (6) A Medication Final Disposition Form; or
   (7) When an operator uses standing orders for medication administration, a parent or guardian consent form.

B. The camp operator shall ensure that an electronic record under §A of this regulation is:
   (1) Capturing the same required information as the paper record being replaced;
   (2) Password protected;
   (3) Accessed only by authorized staff members;
   (4) Permanent and will not be deleted;
   (5) Capable of tracking staff member use of the system and producing an auditable record;
   (6) Maintained in a confidential manner;
   (7) Available at all times for review by the Department upon request; and
   (8) Retained for a period of 3 years.

C. If the electronic record under §A of this regulation is unavailable for any reason, the camp operator shall:
   (1) Provide a paper health log that meets the requirements of Regulation .05 of this chapter;
   (2) Record all injuries, illnesses, medication errors, and reportable diseases and conditions as defined in COMAR 10.06.01 in the paper health log until access to the electronic record is restored;
   (3) Transcribe all information recorded in the paper health log into the electronic record once access to the electronic record is restored;
   (4) Annotate the paper health log to indicate that transcription has occurred;
   (5) Retain the paper health log according to the time frame specified in Regulation .05 of this chapter; and
   (6) Provide an alternative means to access the electronic record.

.11 Exclusion During Vaccine-Preventable Disease Outbreaks.
During an outbreak of a vaccine-preventable disease at a camp, the camp operator shall exclude:
A. A camper who does not have documented vaccination or immunity to the relevant vaccine-preventable disease from attending the camp; and
B. An individual who does not have documented vaccination or immunity to the relevant vaccine-preventable disease from working or volunteering at the camp.

.12 Exclusion for Acute Illness and Communicable Disease.
A. An operator shall ensure that camp staff members:
   (1) Monitor a camper for signs and symptoms of acute illness such as vomiting, diarrhea, or a fever;
   (2) Arrange for first aid or medical treatment upon observing a sign or symptom of acute illness;
   (3) Restrict an affected camper from participating in camp activities so that the camper’s illness is not communicated to another individual;
   (4) Provide supervision for an affected camper so that the camper is within sight and hearing of the supervising staff member; and
   (5) Upon observing a sign or symptom of acute illness:
      (a) Report an illness in accordance with Regulation .06E of this chapter; and
      (b) Except for a residential camp as defined in COMAR 10.16.06.02, notify the camper’s parent, guardian, or other designated person that the camper may not remain at camp.

B. When an acute illness is reported to the health supervisor, the health supervisor shall:
   (1) Provide medical consultation or treatment; and
   (2) Report the situation to the local health department in accordance with COMAR 10.06.01.

C. If a camper is exhibiting a symptom of acute illness, an operator may not:
   (1) Admit an individual to a camp; or
   (2) Except for a residential camp as defined in COMAR 10.16.06.02, allow a camper to remain in a camp.
D. An operator may not knowingly allow an individual to participate, work, or volunteer at camp during the period of communicability of a disease or condition listed in COMAR 10.06.01, unless:

1. The individual is under the care of a licensed health care practitioner; and
2. A licensed health care practitioner or local health officer as applicable approves, in writing, the individual’s attendance.

.13 Health Treatment.

An operator shall ensure that:

A. A health treatment area:

1. Is maintained within the camp for the temporary isolation and treatment of sick or injured campers;
2. Affords privacy, quiet, continual supervision, and protection from the elements;
3. Is equipped with:
   a. First aid supplies specified by the health supervisor; and
   b. Provisions for sanitary hand washing; and
4. In the case of a residential camp as defined in COMAR 10.16.06.02, except for a primitive camp as defined in COMAR 10.16.06.02, provides:
   a. Hot and cold running water;
   b. A bathroom with a flush toilet;
   c. A hand sink;
   d. A shower;
   e. An isolation and convalescent area; and
   f. Exterior lighting; and
B. Staff members or volunteers wash their hands before and after treatment.

.14 Medications.

A. When a staff member or volunteer administers a medication, an operator shall ensure that a medication is only 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. For routine medications, by an adult staff member or volunteer who has successfully completed a training course approved by the Department.

B. When a camper self-administers medication, an operator shall ensure that the:

1. Parent or guardian provides written authorization for the camper to self-administer the medication;
2. Camper’s physician or the authorized prescriber provides written authorization for the camper to self-administer the medication;
3. Health supervisor designates an adult staff member or volunteer to supervise; and
4. Designated adult staff member or volunteer supervises the self-administration.

C. When a staff member or volunteer administers a medication or a camper self-administers a medication, an operator shall ensure that:

1. Except for a camp using standing orders as described in §E of this regulation, before administration of a medication, written authorization is provided on a Medication Administration Authorization Form that includes:
   a. The written prescriptive order for the medication that includes:
      i. The child’s name;
      ii. The child’s date of birth;
      iii. The condition for which the medication is being administered;
      iv. Whether the medication is an emergency medication or not;
      v. The name of the medication;
      vi. The dose of the medication;
      vii. The route of administration for the medication;
      viii. The time or frequency of administration for the medication;
      ix. If PRN, the frequency and for what symptoms the medication should be administered;
      x. The known side effects of the medication specific to the camper;
      xi. The date medication administration shall begin;
      xii. The date medication administration shall end, not to exceed 1 year from the beginning date;
      xiii. The authorized prescriber’s name;
      xiv. The authorized prescriber’s title;
      xv. The authorized prescriber’s telephone number;
      xvi. The authorized prescriber’s fax number;
      xvii. The authorized prescriber’s address;
      xviii. The authorized prescriber’s signature; and
      ix. The date the form is signed by the authorized prescriber;
(b) A statement saying, “I request the authorized youth camp operator, staff member or volunteer to administer the medication or supervise the camper in self-administration if authorized 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 to communicate with the authorized prescriber as allowed by HIPAA”;

(c) The parent’s or guardian’s signature;
(d) The date the parent or guardian signed the form;
(e) The parent’s or guardian’s primary phone number;
(f) The parent’s or guardian’s alternative phone number;
(g) If a camp allows a camper to self-administer medication, authorization to self-administer medication that includes:
   (i) A statement saying, “I authorize self-administration of the above listed medication for the child named above under the supervision of a designated staff member or volunteer”;
   (ii) The signature of the authorized prescriber and the date the form is signed under the statement in §C(1)(g)(i) of this regulation; and
   (iii) The signature of the parent or guardian and the date the form is signed under the statement in §C(1)(g)(i) of this regulation; and
(h) If a camp allows a camper to self-carry emergency medication, authorization to self-carry emergency medication that includes whether the:
   (i) Authorized prescriber allows the child to self-carry emergency medication; and
   (ii) Parent or guardian authorizes the child to self-carry emergency medication;

(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 shows the:
   (a) Prescription number;
   (b) Date filled;
   (c) Authorized prescriber’s name;
   (d) Name of the medication;
   (e) Directions for use; and
   (f) Patient’s name;
(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 volunteer administering the medication to a camper or supervising a camper who is self-administering medication knows the side 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) Except for emergency medication that the camper is authorized to self-carry, in a primitive camp as defined in COMAR 10.16.06.02, medication is kept inaccessible to the camper;
(11) Medication is kept under storage conditions specified by the manufacturer of the medication;
(12) The staff member or volunteer documents medication administration on a Medication Administration Form, which shall be retained for 3 years, that includes the:
   (a) Child’s name;
   (b) Child’s date of birth;
   (c) Medication name;
   (d) Dosage;
   (e) Route;
   (f) Time or times to administer;
   (g) Amount of medication administered;
   (h) Date and time of administration; and
   (i) Name of the individual who administered the medication to the child or that the child self-administered the medication;
(13) A staff member or volunteer documents the final disposition of the medication on a Medication Final Disposition Form that includes:
   (a) If the medication is returned to the parent or guardian the:
      (i) Child’s name;
      (ii) Child’s date of birth;
      (iii) Name of the medication;
      (iv) Final disposition of the medication;
      (v) Name of the person to whom the medication was returned; and
(vi) Signature of the camp staff member or volunteer who returned the medication; and
(b) If the medication is not retrieved by the parent or guardian within 1 week of the child leaving camp, the:
(i) Child’s name;
(ii) Child’s date of birth;
(iii) Name of the medication;
(iv) Final disposition of the medication;
(v) Signature of the person responsible for destroying the medication;
(vi) Signature of the person witnessing the destruction of the medication; and
(vii) Dates each person signed the form; and
(14) Medication is returned to the parent or guardian or destroyed:
(a) At the end of the camping session; or
(b) When it is no longer needed.

D. Except as allowed in Regulation .15 of this chapter, an operator shall ensure that:
(1) Emergency medication is:
(a) Carried by the camper needing the medication, by a staff member or volunteer directly supervising the
   camper, or stored at a designated location in a locked compartment;
(b) Kept in a secure manner;
(c) Administered according to the plan of action developed for the camper and the prescriptive order for the
    medication; and
(d) Administered by the camper if authorized to self-administer or by an individual trained by a health
    supervisor; and
(2) When a camper self-carries an emergency medication, the parent or guardian and a licensed or authorized
    prescriber have provided written consent for the camper to self-carry the emergency medication.

E. When a staff member or volunteer administers a medication and an operator uses standing orders from a
   licensed or certified professional authorized to prescribe medication, in place of the Medication Administration
   Authorization Form required in §C of this regulation, an operator shall obtain written permission from the child’s
   parent or guardian to administer the medication.

F. 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 administering a medication to another staff member or volunteer:
   (a) A staff member or volunteer is not required to complete the Medication Administration Authorization
       Form for medications brought to camp.
   (b) An operator is not required to have on file a Medication Administration Authorization Form, Medication
       Administration Form, or Medication Final Dispensation Form for medications brought to camp by a staff member or
       volunteer.

.15 Emergency Epinephrine.
A. An individual may apply, on a form prescribed by the Department, for a certificate for emergency epinephrine,
   which shall be valid for up to 1 year if the applicant:
(1) Is an operator of a youth camp;
(2) Is at least 18 years old; and
(3) Has successfully completed, at the applicant’s expense, an emergency epinephrine educational training
    program approved by the Department.
B. The applicant shall submit to the Department with the form required in §A of this regulation a written policy that
   includes:
   (1) Designation of agents;
   (2) The name of the approved emergency epinephrine educational training program; and
   (3) Procedures to:
      (a) Store emergency auto-injectable epinephrine;
      (b) Notify a parent or guardian that emergency auto-injectable epinephrine is available at camp;
      (c) Maintain the emergency auto-injectable epinephrine in a secure manner;
      (d) Report use of emergency auto-injectable epinephrine according to Regulation .06 of this chapter;
      (e) Train an emergency epinephrine certificate holder and agent annually; and
      (f) Maintain documentation of an emergency epinephrine certificate holder and agent training for 3 years.
C. A provider of an emergency epinephrine educational training program may apply to the Department to have the
   training program recognized as approved for 5 years by submitting:
   (1) An application form prescribed by the Department;
   (2) A copy of all training program materials, including but not limited to handouts, presentations, and exams;
   and
The following credentials of the instructor:
(a) Name;
(b) License type as required in §E of this regulation; and
(c) License number.

D. An emergency epinephrine educational training program shall include:
(1) The signs and symptoms of anaphylaxis;
(2) Use of an emergency auto-injectable epinephrine pen;
(3) Follow-up procedures with a parent or guardian after an emergency auto-injectable epinephrine is administered;
(4) A skills demonstration; and
(5) A written examination.

E. An individual teaching an emergency epinephrine educational training program shall be licensed as a physician, a registered nurse, or a certified nurse practitioner.

F. The Department shall:
(1) Issue a certificate for emergency epinephrine to an applicant who meets the requirements in §§A and B of this regulation;
(2) Deny, revoke or suspend a certificate for emergency epinephrine from an applicant who does not meet the requirements in §§A and B of this regulation;
(3) Approve an emergency epinephrine educational training program if the training program meets the requirements of §C of this regulation;
(4) Disapprove an emergency epinephrine educational training program if the training program does not meet the requirement of §C of this regulation; and
(5) On or before January 31 of each year, publish a report summarizing the information obtained from the Reportable Incident Report Forms submitted to the Department related to the use of auto-injectable epinephrine at youth camps.

G. A physician licensed to practice medicine in the State may prescribe auto-injectable epinephrine in the name of a certificate for emergency epinephrine holder.

H. A pharmacist licensed to practice pharmacy in the State or a physician may dispense auto-injectable epinephrine under a prescription issued to a certificate for emergency epinephrine holder.

I. A certificate for emergency epinephrine holder may:
(1) On presentment of a certificate for emergency epinephrine, receive from any physician licensed to practice medicine in the State a prescription for auto-injectable epinephrine; and
(2) Possess and store prescribed auto-injectable epinephrine.

J. In an emergency situation when physician or emergency medical services are not immediately available, a certificate for emergency epinephrine holder or agent may administer auto-injectable epinephrine to an individual who is experiencing or believed in good faith by the certificate for emergency epinephrine holder or agent to be experiencing anaphylaxis.

.16 Appeal Rights.
A. Except as otherwise provided in the Administrative Procedure Act, State Government Article, Title 10, Subtitle 2, Annotated Code of Maryland, or in this regulation, before the Department takes any final action to deny, suspend, or revoke a certificate for emergency epinephrine the Department shall give the person against whom the action is contemplated an opportunity for a hearing.

B. The Department shall give the applicant for a certificate for emergency epinephrine:
(1) Written notice of the denial, suspension, or revocation of the certificate for emergency epinephrine;
(2) The reasons for the denial, suspension, or revocation; and
(3) In accordance with §A of this regulation, an opportunity for a hearing.

C. A person shall request a hearing, if a hearing is desired, by submitting to the Department a written request for a hearing.

D. To preserve the right to a hearing, a person shall submit the written request within 10 calendar days of the receipt of the denial, suspension, or revocation notice.

VAN T. MITCHELL
Secretary of Health and Mental Hygiene