

Medication Use in Scouting

The following guidance from the Boy Scouts of America on medication use in BSA-related activities has been developed for youth, parents or guardians, and adult leaders. Planning and preparation are key components.

The BSA's guiding principles for the safe use of medications include:

- All medication is the responsibility of either the individual taking the medication or that individual's parent or guardian.
- An adult leader, after obtaining all the necessary information and permission, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but the BSA does not mandate or necessarily encourage the leader to do so.
- BSA council camps may have their own standards and policies regarding the administration of medications.
- State or local laws that are more limiting than camp policies supersede any BSA guidance and must be followed.

Guidance—Eight Elements of Safe Medication Use

1. Annual Health and Medical Record

- All participants in the BSA are required to complete an [Annual Health and Medical Record \(AHMR\)](#).
- Participants must be candid when listing their medications in the Health History section in Part B of the AHMR. No medications should be kept secret.
- A parent or guardian completing the form may authorize the administration of over-the-counter (nonprescription) medications.
- In addition to the parent or guardian signature, some Scouting areas may require a signature from your health-care provider to permit over-the-counter medications to be given. Check with the camp you are attending for its requirements.

2. Plan

- Parents are cautioned against using a BSA event as a "drug holiday" by suspending administration of medications taken regularly by their youth member unless there are specific instructions from a health-care provider.
- Before the event and before an adult leader becomes involved in medication management for any youth member, the youth, the parent or guardian, and the adult leader should have a pre-event discussion that includes the reason for use and specifies the medication(s) that will be self-administered or kept by the youth member.
- Plans may be simple or more complex based on the length of the outing, the maturity of the youth, and the complexity of the medications being taken.
- Plans may include agreement on the participant's competency to self-administer; how the medicine will be accounted for; the quantity, labeling, and storage of the medication; and the protocol for emergency situations.
- All information on administration, including any specialized equipment or medication (e.g., insulin injections, insulin pumps, and emergency medications) should be provided to leaders.
- Special arrangements may be needed for events such as Order of the Arrow weekends, jamborees, Scouting contingents, and other events not unit-based.

3. Supervision of Medication Administration

- Based on agreement that includes the degree of the individual's capacity for self-care, a decision is made on who is responsible for supervising the administration of the medication.
- The youth participant with the agreed-upon capacity for self-care may be the best person to manage their own medication.
- For the youth participant who is self-administering medication, there should be agreement on the method of supervision.
- A parent or guardian who is present should assume responsibility.
- If a parent or guardian isn't available during the event, a willing adult leader may take responsibility for medication administration to any youth who cannot self-administer the medication.
- The identified leader must be informed by the youth and the parent or guardian about any special circumstances.
- Special care must be given by the responsible adult to correctly identify the youth with assurance that the right medication is being administered at the right time in the right amount.
- A process should be developed for the possibility of having to hand off the responsibility to another adult (e.g., a leader rotates home or must leave due to an emergency).
- No adult leader should assume the responsibility unwillingly.

4. Labeling

- Medication sent on an outing should preferably be in its original container and labeled with the name of the participant, medication, dose and strength, prescribing health-care provider's name, date of prescription, current instructions for use, special storage, etc.
- If a prescription label is missing or placed on an external package, the internal item (such as a tube or inhaler) should be, at a minimum, labeled with the participant's name, name of the medication, and directions for use.

5. Storage

- Medications must be stored securely, either under lock and key (e.g., a locking bank bag) or direct observation.
- Security is especially important for controlled substances.
- Most medications should be kept by an adult with some or full control of the process. (See "6. Emergency Medication" below for an exception for the youth participant.)
- Special medication storage requirements by the manufacturer, such as protection from light or the need for refrigeration, should be discussed during the planning stage. Storage containers or coolers should be provided by the parent or guardian if possible.
- To protect the medications, be sensitive to providing storage for medications in a controlled environment, e.g., avoiding a hot car or an environment where liquid medications might freeze.

6. Emergency Medication

- Medications that may be needed for an emergency or on an urgent basis may be carried by the youth participant. A buddy or the responsible adult should be sure the youth has the emergency medication.
- The youth participant must notify the adult leader immediately upon self-administering the emergency medication.
- In many cases, an evaluation or further treatment by a health-care provider may be needed after the use of some emergency medications, e.g., epinephrine, even if the youth member feels OK. It may also be necessary to obtain an additional supply if no additional doses are available.
- Planning should address how emergency medication will be administered and include how to develop the adult leader's comfort in assisting the youth if necessary.
- The parent or guardian should be notified of the use of an emergency medication.

7. Nonprescription/Over-the-Counter Medication

- Those nonprescription medications taken routinely or authorized for giving should be listed on the AHMR.
- Nonprescription medications may be kept by youth with the capacity to self-medicate.
- Limited supplies of similar medication (use approved by parent) may be kept by the adult leader.

8. Accountability

- The pre-event discussion should include an agreement between the parent or guardian, leader, and participant on some method of keeping track of medication administration.
- Accountability could range from none—although this may not be the best practice—to the use of the Routine Drug Administration Record form (see "Resources" below).
- No specific form or process is mandated, but some approach is encouraged.

Resources

- BSA Annual Health and Medical Record: www.scouting.org/health-and-safety/ahmr/
- Scouting Safely: www.scouting.org/health-and-safety/
- *Guide to Safe Scouting*: www.scouting.org/health-and-safety/gss/
- Routine Drug Administration Record: www.scouting.org/health-and-safety/forms/