

## Health Care Consultant Agreement

### Recreational Camp Information

Camp Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Agreement Information

The Massachusetts Department of Public Health regulations for recreational camps for children, 105 CMR 430.000, require that all recreational camps for children have a health care consultant. The regulation and responsibilities of this person are described below:

430.159(A) Health Care Consultant: A designated Massachusetts licensed physician, certified nurse practitioner or physician assistant having documented pediatric training, as the camp's health care consultant. The consultant shall:

1. Assist in the development of the camp's health care policy as described in 105 CMR 430.159(B);
2. Review and approve the policy initially and at least annually thereafter;
3. Approve any changes in the policy;
4. Review and approve the first aid training of the staff;
5. Be available for consultation at all times; and
6. Develop and sign written orders, including for prescription medication administration, to be followed by the on-site health care supervisor in the administration of his or her related duties; and
7. Provide training and tests of competency as required by 105 CMR 430.160 to the health care supervisor and other camp staff.

If the health care supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. 105 CMR 430.160(C)

430.159(B) Health Care Policy: A written health care policy, approved by the Board of Health and by the camp health care consultant. Such policy shall include, but not be limited to: daily health supervision; infection control; medication storage and administration, including self-administration when appropriate, pursuant to the requirements of 105 CMR 430.160(D); procedures for using insect repellent; conducting tick checks; promoting allergy awareness; handling health emergencies and accidents, including parental/guardian notifications; available ambulance services; provision for medical, nursing and first aid services; the name(s) of the designated on-site camp health care supervisor; the name, address, and phone number of the camp health care consultant required by 105 CMR 430.159(A); and the name of the health care supervisor(s) required by 105 CMR 430.159(E), if applicable.

430.160(D) Assist in developing the Camp's Administration of Medication Policy: The health care consultant shall acknowledge in writing a list of all prescription and over-the-counter medications administered at the camp, approve circumstances in which a health care supervisor or other employee may administer medication and give approval for campers to self-administer epinephrine or inulin (if appropriate).

430.160(E) The camp's health care consultant shall train health care supervisors on the signs and symptoms of hypo and hyperglycemia, and appropriate diabetic plan management.

430.160(G) The camp's health care consultant shall train health care supervisors, and other camp employees designated to administer an epinephrine auto-injector pursuant to 105 CMR 430.160(D)(3), including content standards and a test of competency developed and approved by the Department;

430.160(H) The health care consultant shall: document the training and evidence of competency of unlicensed personnel designated to assume the responsibility for prescription medication administration; and provide a training review and informational update at least annually for those camp staff authorized to administer an epinephrine auto-injector pursuant to 105 CMR 430.160(D)(3).

I meet the requirements of the health care consultant as described in 105 CMR 430.159(A).

I have reviewed these referenced regulations and understand the responsibilities of the position and agree to assist this camp regarding the same.

**Signature**

Print Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

MA License #: \_\_\_\_\_

Signature/Date \_\_\_\_\_

**Below please list the camp staff that have been trained in the following;**

**Signs and symptoms of hypo and hyperglycemia and appropriate diabetic plan management, and use of epinephrine auto injectors.**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_