

Managing Food Allergies at Camp

Food allergies can be life-threatening. In any camp setting: day camps, residential camps, sports camps, or travel camps the risk of accidental exposure to a food allergen is present.

Camp staff, physicians, parents, and campers themselves must work together to minimize the risk. There must also be medications and procedures in place to deal with accidental ingestion or contact.

Family Responsibility

Choose an appropriate camp for the child. Find out the following:

- Who is the primary healthcare person and what are their credentials? Who is responsible for their duties in this person's absence?
- How does camp communicate and monitor food allergy information? Is this sufficient for your child?
- How far is the camp from a medical treatment center?
- What trips might the camper take that change the response time?
- Do travel personnel have sufficient medication to provide a margin of safety?
- What limits a camp's ability to care for your child?

Notify the camp of the camper's allergies or suspected allergies.

- Use the camp application and/or health form to fully describe the allergy. List foods to which the camper is allergic, and the specific symptoms of the child's typical allergic reaction.
- Inform the camp director of the allergy early in the process so that appropriate personnel can be hired or instructed on proper approach to the camper with food allergy.

Make personal contact with the director, counselor, or the division supervisor before the camper's arrival at the facility.

- Make certain that the camp director notifies all affected personnel. Life guards, transportation drivers, dining hall/cafeteria workers, camp nurses, counselors, specialty area workers, and anyone else who may offer food or plan parties or events all need to be informed of the allergy. Additionally, camps may use volunteers who may only come to camp one or two days during the week. These individuals will also need to understand the camp's food allergy policy.

Provide the camp with a recent photo of the child, attached to written instructions, medical documentation, and medications as prescribed by the physician for managing an allergic reaction.

- Do not simply transfer school documentation; camp is different from school.
- The specific camp personnel need to be authorized and instructed on how to proceed.

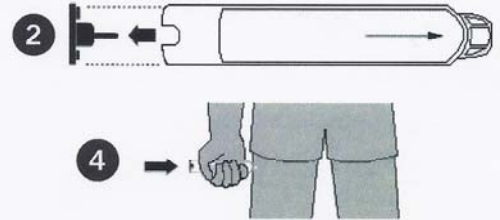
Check the expiration date of all medications.

- Be prepared to replace any expired or unsealed, previously used medication. Review with camp director and nurse the location and storage of medications. Given the remote location of many camps, provide an adequate supply of epinephrine, if prescribed.



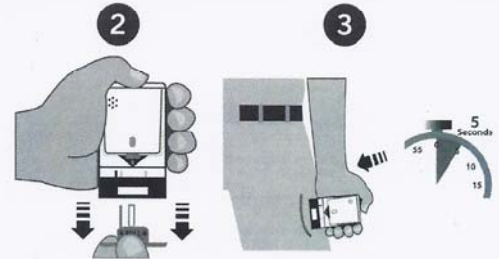
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____

DATE _____

**FARE**

Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: [] Yes (higher risk for a severe reaction) [] No

**PLACE
PICTURE
HERE****NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.****Extremely reactive to the following foods:** _____**THEREFORE:**

[] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

[] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

**FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS****LUNG**Short of breath,
wheezing,
repetitive cough**HEART**Pale, blue,
faint, weak
pulse, dizzy**THROAT**Tight, hoarse,
trouble
breathing/
swallowing**MOUTH**Significant
swelling of the
tongue and/or lips**SKIN**Many hives over
body, widespread
redness**GUT**Repetitive
vomiting, severe
diarrhea**OTHER**Feeling
something bad is
about to happen,
anxiety, confusion**OR A
COMBINATION**
of symptoms
from different
body areas.**1. INJECT EPINEPHRINE IMMEDIATELY.****2. Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.

- Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS**NOSE**Itchy/runny
nose,
sneezing**MOUTH**

Itchy mouth

**SKIN**A few hives,
mild itch**GUT**Mild nausea/
discomfort**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.****FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: [] 0.15 mg IM [] 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE