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:  
NAME/RELATIONSHIP:  PHONE:  

PARENT/GUARDIAN AUTHORIZATION SIGNATURE  DATE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (WWW.FOODALLERGY.ORG) 5/2014
FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: ____________________________ D.O.B.: ____________________________

Allergy to: ____________________________

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

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.

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MILD SYMPTOMS

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOSE</td>
<td>Itchy/runny nose, sneezing</td>
</tr>
<tr>
<td>MOUTH</td>
<td>Itchy mouth</td>
</tr>
<tr>
<td>SKIN</td>
<td>A few hives, mild itch</td>
</tr>
<tr>
<td>GUT</td>
<td>Mild nausea/discomfort</td>
</tr>
</tbody>
</table>

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): ____________________________

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